

Annexure II(B): Application form for Affiliation of TEs – Type ‘A’

COVER LETTER

(Date)

Dear Sir/Madam

Sub: Application for RASCI Affiliation

I, the undersigned, hereby acknowledge that I have read and understood the requirements and conditions contained in the RASCI Guidelines for Affiliation and Accreditation (A&A). I represent(**Name of the Institution**) and have the legal authority to ensure institutions' commitment to comply with the applicable requirements and conditions of RASCI.

I am aware that if the information contained in this application, self-evaluation or supporting documents found to be false/mis-represented or misleading, then RASCI may take appropriate action in accordance with its applicable Guidelines and procedures.

I, the undersigned, will also ensure that the institution acts in accordance with the Guidelines and procedures detailed in the RASCI A&A Guidelines and understand that failure to do so will result in non-compliance leading to consequences as detailed down in the A&A Guidelines for TEs by RASCI.

I understand that the RASCI absolves itself of any legal or financial liability arising out of any act involving any accidental or consequential damages to personnel/equipment at any time.

I am aware that the terms and conditions of the RASCI A&A Guidelines may be amended from time to time and that the updating of the same on the website and in writing shall constitute due notice. I understand that it is the responsibility of applicant institute (name of institute) to review these terms and conditions to maintain compliance.

Signed

(Name and Position)

On behalf of (name of organization)

Part A: Basic Details of the Institution

S.No	Fields	Details												
1.	Name of the Institution													
2.	Institutional Status/Type	☐ UGC recognized B.Voc Institutions ☐ Government Bodies/ Institutions/ Universities ☐ Central or/and State Ministries empaneled TEs ☐ Industry functioning as TE/COE												
3.	Permanent Income Tax Account Number (PAN)													
4.	GST Registration Number													
5.	Date of Establishment of the Institution													
6.	RASCI Qualifications / Job Roles Proposed <table border="1" data-bbox="305 863 1162 1043"> <thead> <tr> <th>S. No.</th><th>RASCI Qualification / Job Role Name</th><th>NSQF Level</th><th>Program Name</th></tr> </thead> <tbody> <tr> <td> </td><td> </td><td> </td><td> </td></tr> <tr> <td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S. No.	RASCI Qualification / Job Role Name	NSQF Level	Program Name									
S. No.	RASCI Qualification / Job Role Name	NSQF Level	Program Name											
7.	Complete Address of Institution													
8.	Institution Email ID													
9.	Institute's Website URL													
10.	Institutes' Phone No.													
11.	Name, Designation, and Contact Details of Single Point of Contact (SPOC)													
12.	Name, Designation, and Contact Details of Head of the Institution													
13.	Proposal Administrative Fees (Non-refundable)	i. Amt Deposited (Rs.): ii. UTR/Cheque No. iii. Mode of Payment iv. Date of Payment												

Part B. The Institution must also submit the following documents:

1. Institutional Status of the Applicant (Mandatory)

S. No	Name of Document	Submitted (Yes/ No) * Pls. mention page number/google drive link/both, wherever applicable
i.	Document establishing the legal/ institutional status of the Institution, such as Act, Government Order, Registration Certificate or another applicable statutory/competent-authority document	

2. Prior Experience in Vocational Education, Training and Skilling

Number of learners trained, certified, and placed with details of geographical spread of the organization for the past years in the format:

Year	Training Data (nos.)				
	Enrolled	Trained	Assessed	Certified	Placed
Year 1					
Year 2					
Year 3					
Total					

3. Industry Linkages (for Retail Sector)

3.1. Availability of Departments in the Institution/Organization with respect to Retail Sector

S. No	Name of Concerned Department Available	Retail Course/ Program Name

3.2. Details of subject matter expert (SME) engaged in Retail Sector (Mandatory)

S. No	Name of SME	Prior Experience (Yrs.)	Validity of Engagement (Yrs.)

3.3. Details of MoUs with industry partners from the relevant sector (Mandatory)

**Retail Sub-Sectors – Retail Operations, FMCG, Retail E-Commerce, Retail Business*

S. No	Name of the industry partner (Company)	Name of the Head of the industry partner	Mention Sectoral /Sub-Sectoral expertise of the industry in Retail*	Tenure of collaboration (start date and validity)	Scope Of collaboration	Evidence submitted (MoU/ Agreement/ LOI, etc.)

4. Creation of Training Content & Capacity

S. No	Name of Document	Submitted (Yes/No) * Pls. mention page number/google drive link/both, wherever applicable
i.	Plan for Trainer/ Faculty capacity building for next 3 years including timelines for refresher programs & certifications, and continuous professional development (CPD) activities	
ii.	SOP for Course creation and review process with identified partners for conducting relevant studies/ research, etc.	

5. Infrastructure

5.1. Infrastructure and Facilities

5.1.1. Provide an undertaking for the following (Mandatory)

- Availability of requisite infrastructure required for conduct of training in a qualification such as
 - Classrooms / Teaching Spaces
 - Laboratories / Workshops / Practical Facilities
- Availability of Equipment and Tools relevant to the proposed RASCI Qualification(s)
- Availability of IT infrastructure as owned/hired by the institution
- Availability of any other facilities relevant to the identified Programme eg. B.Voc as per respective scheme/UGC guidelines.
- Availability of required manpower and training resources/ materials for effective program implementation.

6. Governance and Manpower (Mandatory)

6.1. Organizational Structure of the Institute

6.2. Details of Staff

S. No.	Name of Document	Submitted (Yes/No) * Pls. mention page number/google drive link/both, wherever applicable
i.	Total Number of Staff (Regular and Contractual)	
ii.	Details of Key Personnel (Name, Designation, Department, Email ID)	
iii.	Details of Faculty / Trainers for the proposed RASCI Qualification(s)/ courses	

6.3. Third Party Arrangements (where applicable)

Where any external agency/ resource is engaged for training delivery, assessment, infrastructure, IT, industry exposure, placement or other activities related to the proposed RASCI Qualification(s)/ courses, the Institution shall provide details of such arrangements.

S. No.	Name of External Agency / Resource	Nature / Scope of Engagement	Agreement / MoU / Contract Available (Yes/No/In Process)

7. Comprehensive Future Plan (Retail Sector Specific) for 3 years.

i. Course Name:

Year	3 Year Plan (projection numbers)				
	Admission & Enrolment	Training	Assessment	Certification	Placement
Year 1					
Year 2					
Year 3					

8. Grievance Redressal

S. No	Name of Document	Submitted (Yes/No) * Pls. mention page number/google drive link/both, wherever applicable
i.	Documentary proof for establishment of a grievance redressal cell along with details of members	
ii.	Grievance Redressal Policy	
iii.	Documentary proof of the establishment of a POSH committee including the details of the members for the institutes' staff	
v.	Details of helpline number	

Part C. Authorization Statement of the Organization

I, the undersigned, confirm the following:

- That the information contained in this application and all supporting evidence is correct and accurate, the property of the institution and that it reflects the institution's business practices to the best of my knowledge.
- That this Institution has not been blacklisted, debarred or suspended by any ministry, department, regulatory body, agency or undertaking of the central or any state government, nor has it at any time been indicted for corrupt and/or fraudulent practice.
- That I have never been involved in a business/institution which has been blacklisted by any ministry, department, agency or undertaking of the central or any state government, nor have I ever been indicted for corrupt and/or fraudulent practice or of an offence against the law.
- That neither the Institution nor I have any direct or indirect linkages, partnerships or interests with other organizations or individuals which might constitute a conflict of interest.
- That the Institution undertakes to comply with all applicable provisions of RASCI's Guidelines for Affiliation and Accreditation of Training Entities 2026.

Signature of Nodal Officer:

Seal/Stamp:

Date