|  |  |  |
| --- | --- | --- |
|  | **SOP** |  |

**Accreditation of Assessment Centres For**

 **RPL/CBT/CVT Programmes**

****

**TRADE TESTING BOARD Government of Punjab**

**45- Garden Block, New Garden Town, Lahore**

**Ph:-042-99237342**

**Website:-www.ttbp.edu.pk**

**December, 2016**

**TABLE OF CONTENTS**

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Topics** | **Page No.** |
|  | Abbreviations | 3 |
| 1 | Introduction | 4-5 |
| 2 | Eligible Institutes / Organizations  | 6 |
| 3 | Criteria For Evaluation Of Assessment Centre  | 6 |
| 4 | Submission Of Application To TTB | 6-7 |
| 5 | Responsibilities Of Assessment Centre | 8 |
| 6 | Responsibilities Of Trade Testing Board | 9-10 |
| 7 | TTB Accreditation Charges | 10-11 |
| 8 | Re- Accreditation/Renewal | 11 |
| 9 | Amendment To The Scope Of Accreditation | 11 |
| 10 | Withdrawal Of Accreditation | 12 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **List of Annexure** | **Annex** | **Page No.** |
| 1 | Evaluation Sheet for Accreditation of Assessment Centre | A | 13-16 |
| 2 | Letter of Intent | B | 16 |
| 3 | Application Form | C | 18-21 |
| 4 | Details of Building | D | 22 |
| 5 | Staff Statement | E | 23 |
| 6 | Details of Equipment/Machinery | F | 24 |
| 7 | Details of Furniture/Fixture | G | 25 |
| 8 | Specimen of Affidavit | H | 26 |
| 9 | Request for Visit of Evaluation Team | I | 27 |

**ABBREVIATIONS**

|  |  |
| --- | --- |
| **CBT** | **Competency Based Training** |
| **CVT** | **Co-Operative Vocational Training** |
| **NAVTTC** | **National Vocational Technical Training Commission** |
| **PBTE** | **Punjab Board of Technical Education** |
| **QAB** | **Qualification Awarding Body** |
| **RPL** | **Recognition of Prior Learning** |
| **SOP** | **Standard Operation Procedure** |
| **TEVTA** | **Technical Education & Vocational Training Authority** |
| **TTB** | **Trade Testing Board** |
| **G-V** | **Skills Standard of Basic/Entry Level Worker** |

**SOP**

**Accreditation of Assessment Centres**

**For**

**RPL/CBT/CVT Programmes**

1. **INTRODUCTION**

Accreditation is a certification of an Institute/Organization, having the capacity to fulfill a particular function by meeting the minimum defined criteria. Accreditation is necessary for any Institute/Organization to prove that they meet a general standard of quality.

Accredited status represents the commitment of the Institute/ Organization to quality and continuous improvement. It helps in gaining confidence of stakeholders and in giving a strong message that the product or services are delivered according to the established standards. The process of accreditation helps in realizing a number of benefits, such as:

* Helps the Institute to know its strengths, opportunities, weaknesses and threats;
* Gives Institute a new sense of direction and identity;
* Improves credibility of the product and service;
* Provides society with reliable quality of training & assessment;
* Assures employers that human resource come from Institutes having quality on established standards;
* Accredited Institute may be preferred by funding agencies.

Trade Testing Board (TTB), being Qualification Awarding Body (QAB) is responsible for Quality Assessments both formative & integrated/summative assessment for the Trades/ Qualifications approved Nationally or Provincially.

**The accredited Institutes/Organizations will act as Assessment Centre on behalf of Trade Testing Board for RPL/CBT/CVT programmes.** Thus the accreditation of Assessment Centres has been launched in order to evaluate that the required facilities and processes are in place to conduct quality assessment for a specific programme. In the beginning, accreditation will be awarded to the Institutes/Organizations to run RPL programme. However, National Qualifications i-e CBT/CVT will also be included at the later stage to expand the scope of work.

The SOPs for the conduct of assessment of RPL, CBT and CVT programmes have been notified by TTB separately, to assist Principals of Institutes/Head of Assessment Centres to manage assessment effectively.

**Recognition of Prior Learning** **(RPL) is formal recognition of competencies an individual has, regardless of how, when and where the learning occurred. RPL gives an opportunity to obtain Certificate of Qualification, through assessment of competencies, to those who could not attain certification through institutional training.**

In Punjab, there are number of workers in job market, who have acquired competencies through **Informal/ Ustad Shagird system.** TTB has decided to provide them an opportunity to earn certificates after going through notified assessment procedure under RPL.

For RPL programme the candidates will be selected by accredited Institutes/Organizations, as per schedule notified by TTB. The competencies of candidates will be assessed against Skill Standards developed by TEVTA Academics Department for “G-V” level in 15- trades for RPL. TTB will award certificates of “G-V” level to successful candidates recognizing that the certified person has competencies of Basic/Entry Level Worker in specific trade.

**This SOP outlines the minimum criteria, procedure an guidelines for the Institutes/Organizations wishing to apply for accreditation as Assessment Centres by TTB Punjab for RPL/CBT/CVT Programmes.**

**2. ELIGIBLE INSTITUTES / ORGANIZATIONS**

**2.1 For CBT/CVT/RPL Accreditation**

1. Private Institutes;
2. Public/Government Institutes;
3. Industrial Units having training facilities.

**2.2 For RPL Accreditation Only**

1. Chambers of Commerce & Industries having training facilities;
2. Trade Associations having training facilities;
3. Contractors having contract of construction sites;
4. Others entity deemed appropriate by TTB.

**3. CRITERIA FOR EVALUATION OF ASSESSMENT CENTRE**

The Institutes / Organizations desire to get accreditation have to meet minimum specified criteria of TTB and must have the capacity to conduct fair and credible assessment for specific Programme. The Criteria may be reviewed by TTB from time to time for continuous improvements. The Institutes/Organizations are required to prepare themselves according to the **Criteria mentioned in Evaluation Sheet at Annexure-A** and then submit their application for accreditation with TTB.

**4. SUBMISSION OF APPLICATION TO TTB**

The staff of interested Institutes/Organizations may visit TTB for better understanding of prescribed Application Form and required documentary evidences. **Letter of Intent is at Annexure-B and Application Form is at Annexure-C.** Submission of case to TTB should be in a folder and complete in all respect with necessary signatures, stamps and documentary evidences.

**The folder will contain following documents:**

1. Letter of Intent, at the top;
2. Original Bank Deposit Slip of Processing Charges;
3. Application Form, filled, signed and stamped;
4. Information related to Building, Staff, Equipment and Furniture on prescribed formats at **Annexure D, E, F, G;**
5. Documentary Evidences in support of different claim.

The following documents are necessary to be attached with:-

1. Attested copies of valid CNIC of Principal and Authorized Signatory;
2. Attested copy of NTN Certificate of Institute/Organization/ Sole Proprietor;
3. Attested copy of registration/ affiliation/ accreditation with other authorized provincial or federal agency such as TTB/ PBTE/ PVTC/ NAVTTC etc;
4. Copy of rent deed, if rented building OR Proof of Ownership OR Proof of authorized contractor of construction site;
5. Location Map of the premises;
6. Building Layout Plan of all Blocks, indicating Classrooms Workshops & Office area;
7. Attested copies of qualification and experience certificates of relevant Trade Trainers/Instructors;
8. Affidavit of Principal/Authorized Signatory on Stamp Paper worth Rs.100/- for declaration to abide by Rules, Regulations, Policy, SOP, Instructions of TTB Punjab. Specimen is at **Annexure H**.

**5. RESPONSIBILITIES OF ASSESSMENT CENTRE**

Assessment Centre will :

5.1 Deposit Processing Charges in TTB account;

5.2 Submit Application Form after making all necessary preparation for Accreditation;

5.3 Send a request for visit of Evaluation Team as **Annexure-I**, along with deposit slip of Evaluation Charges, **within 7-working days from the date of receipt of Acceptance Letter from TTB**;

5.4 Facilitate Evaluation Team for verification of facilities and other requirements for a specific programme;

5.5 Remove the short comings mentioned by Evaluation Team in case the Institute/ Organization is not approved for accreditation as Assessment Centre after the visit;

5.6 Submit request to TTB again along with Evaluation Charges, for a follow up visit of Evaluation Team **within 30- working days**;

5.7 Display “Certificate of Accreditation” awarded by TTB in the office of Institute/Organization;

5.8 Comply with the guidelines / instructions / SOPs issued by TTB related with accreditation process and RPL/CBT/CVT programme;

5.9 Charge fee from the candidate as prescribed by TTB for RPL/CBT/CVT programmes. For RPL the current rate is maximum Rs. 3000/- per candidate, including TTB Charges @ Rs.1000/-per candidate for Registration, Examination and Certification.Fee rates for CBT & CVT will be notified by TTB separately;

5.10 Adhere to the standards set by TTB Punjab, to run RPL/ CBT/ CVT programme and ensure that assessment is fair & credible.

**6. RESPONSIBILITIES OF TRADE TESTING BOARD**

Trade Testing Board will :

* 1. Review documentary evidences provided by Applicant Institute/ Organization along with Application Form;
	2. Communicate follow up action **within 15- working days from the date of receipt of Application;**
* If required, may ask the Applicant Institute / Organization to provide additional evidences to meet the requirements.
* If satisfied, will send Acceptance Letter asking the Applicant Institute / Organization to deposit Evaluation Charges to TTB account for arranging the visit of Evaluation Team.
	1. Issue schedule of visit on receipt of Evaluation Charges;
	2. Depute Evaluation Team to **visit Applicant Institute/ Organization within 10- working days** from the date of receipt of request to verify the facilities, processes and other requirements for the assessment under specific programme. The Evaluation Team will submit recommendations to Manager TTB within **3- working days** after the date of visit;
	3. Make a decision within **3- working days** of receiving the recommendations of Evaluation Team;
* If recommended for approval, issue Certificate of Accreditation to the Institute/Organization clearly indicating the Trades/ Qualifications allowed to be assessed under RPL/CBT/CVT **for a period of 1-year;**
* In case of non-approval, inform the Institute/Organization about the short coming or **discrepancies required to be removed within 3- months,** otherwise file the application to close the case of accreditation.

6.6 Train the designated staff of Assessment Centres on the SOP for RPL/CBT/CVT and other related procedures of TTB;

* 1. Monitor the performance of Assessment Centres regularly.

**7. TTB ACCREDITATION CHARGES**

7.1 Accreditation Charges consist of Processing Charges and Evaluation Charges. Accreditation Charges will be paid to TTB in two steps, as following:

1. **Processing Charges** @ Rs.3000/- while sending Application; along with documentary evidences. Processing Charges are non-refundable and non-transferable.
2. **Evaluation Charges** @ Rs.3000/- Per Trade/Qualification while sending request for the visit of Evaluation Team.

7.2 Payment will be made in form of Bank Draft / Pay Order/On-Line in favour of Deputy Manager(TT) of Trade Testing Board in following account :-

Branch Code: 0702

Account No: IPL-0001010022

The Bank of Punjab, 17-Ali Block, New Garden Town, Lahore.

**7.3 Institutes already affiliated with TTB for regular or short courses will not pay processing charges. They will pay only Evaluation Charges for Accreditation;**

7.4 In case of non-approval after 1st visit of Evaluation Team, the Institute/ Organization will deposit Evaluation Charges again to TTB account for follow up visit of Evaluation Team;

7.5 Accreditation Charges (Processing Charges and Evaluation Charges) are waived for TEVTA Institutes. However the Service Centres functioning under TEVTA will pay Accreditation Charges and follow the same procedure as notified for other Institutes/ Organizations.

1. **RE- ACCREDITATION/RENEWAL**

Accreditation is a continuous quality assurance effort. Once the Institute/Organization gets accreditation, it is essential to maintain it as part of the organization’s ongoing performance improvement.

The accredited Institute/ Organization will be re-evaluated on annual basis for Re-accreditation on payment of **Renewal Charges @ Rs.3000/- Per Trade/Qualification annually**.

**9. AMENDMENT TO THE SCOPE OF ACCREDITATION**

9.1 An accredited Assessment Centre may expand its scope by applying to add Trades/Qualifications. For the purpose the interested Institute/Organization has to pay only Evaluation Charges;

9.2 An accredited assessment centre may add another Programme but they have to undergo the whole accreditation process;

9.3 TTB may modify its criteria for accreditation of assessment centre.

9.4 Any Institute/Organization will not enroll candidates in any trade or programme, in anticipation of its approval from TTB for expanding the scope of accreditation.

 **10. WITHDRAWAL OF ACCREDITATION**

The Manager TTB may terminate/ revoke the accreditation of any Assessment Centre on reasonable grounds which include but not limited to:

1. Deviation from the prescribed procedures of TTB;
2. Proof of corrupt practices;
3. Failure or refusal to fulfill accreditation responsibilities;
4. Poor record keeping or poor reporting on assessment;
5. Mismanagement of assessment;
6. Exerting external pressure in assessment matters.

The de-accredited Institute/Organization may submit appeal to Chairperson TTB **within 30- working days of the notification** of de-accreditation. The decision of Chairperson TTB will be communicated in writing to the concerned Assessment Centre, **within 45- working days of submission of appeal.**

**Evaluation Sheet**

**Annexure-A**

**for Accreditation of Assessment Centre**

**RPL/CBT/CVT**

**Date of Visit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purpose:**  **Accreditation**  **Re-Accreditation**

**Name of Institute /Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postal Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District:\_\_\_\_\_\_\_\_\_**

**Note:**  Each page of Evaluation Sheet must be signed by Evaluation Team. Evidences will be indicated in bullet form and rating will be mentioned against each criteria. Summary of Evaluation will be made on last page.

|  |
| --- |
| **Performance Area 1: Governance and Management** |
| **Sr.** | **Criteria** | **Evidences Verified****By Evaluation Team** | **Weightage** | **Rating****Obtained** |
| 1.1 | The Assessment Centre has copy of Assessment Schedule, Skill Sets, SOP and other resources material to manage RPL/CBT/CVT |  | 30 |  |
| 1.2 | The Assessment Centre maintains an adequate health, safety and environment management |  | 20 |  |
| 1.3 | The Assessment Centre has Support Services for briefing and self-assessment of candidates  |  | 20 |  |
| 1.4 | The Assessment Centre has established a system to deal with complaints  |  | 15 |  |
| 1.5 | The staff of Assessment Centre has sufficient knowledge of RPL/CBT/CVT. |  | 15 |  |
| **Total** | **100** |  |

|  |
| --- |
| **Performance Area 2: Finances** |
| **Sr.** | **Criteria** | **Evidences Verified****By Evaluation Team** | **Weightage** | **Rating****Obtained** |
| 2.1 | The Assessment Centre has allocated funds/ budget to operate effectively for the accreditation period |  |  |  |
| * HR
 |  | 15 |  |
| * Recurring
 |  | 15 |  |
| * Consumable material
 |  | 20 |  |
| 2.2 | The Assessment Centre has adequate processes to collect fee from candidates. |  | 20 |  |
| 2.3 | The Assessment Centre has adequate procurement management. |  | 15 |  |
| 2.4 | The Assessment Centre has an effective inventory management system. |  | 15 |  |
| **Total** | **100** |  |

|  |
| --- |
| **Performance Area 3: Human Resource Management** |
| **Sr.** | **Criteria** | **Evidences Verified****By Evaluation Team** | **Weightage** | **Rating****Obtained** |
| 3.1 | The Assessment Centre has adequate number of relevant Trade Trainers/ Instructors to conduct RPL/CBT/CVT. |  | 30 |  |
| 3.2 | The Assessment Centre has adequate number of Non- Instructional staff. |  | 20 |  |
| 3.3 | The Assessors have hard copy of resource material i-e Assessment Schedule, Relevant Skill Set and SOP. |  | 25 |  |
| 3.4 | The Assessors have intensions to act as External Assessor for other Assessment Centres. |  | 25 |  |
| **Total** | **100** |  |

|  |
| --- |
| **Performance Area 4: Physical Infrastructure**  |
| **Sr.** | **Criteria** | **Evidences Verified****By Evaluation Team** | **Weightage** | **Rating****Obtained** |
| 4.1 | The Assessment Centre maintains an adequate infrastructure that is safe, secure and accessible to the candidates |  | 10 |  |
| 4.2 | The Assessment Centre takes care of a good and pleasant appearance of the buildings and facilities. |  | 10 |  |
| 4.3 | The Assessment Centre maintains an adequately equipped administrative office with ICT resources.. |  | 10 |  |
| 4.4 | Consumables material is sufficiently available for the selected trades. |  | 20 |  |
| 4.5 | Workshops for selected trades are available, in good condition & adequate size. |  | 20 |  |
| 4.6 | Tools, Equipment & Furniture is adequate in numbers and in good working condition. |  | 30 |  |
| **Total** | **100** |  |

|  |
| --- |
| **Performance Area 5: Quality Assurance** |
| **Sr.** | **Criteria** | **Evidences Verified****By Evaluation Team** | **Weightage** | **Rating****Obtained** |
| 5.1 | The Assessment Centre has adequate system to protect Examination/ Assessment Material, provided by TTB. |  | 20 |  |
| 5.2 | The management invites systematic feedback from candidates and uses it to improve their services. |  | 20 |  |
| 5.3 | The Assessment Centre has a system to ensure that the evidences and record of assessment are properly stored for at least 1-year. |  | 30 |  |
| 5.4 | The Assessment Centre has secure data management and record keeping system. |  | 30 |  |
| **Total** | **100** |  |

**Summary of Evaluation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Performance Area** | **1** | **2** | **3** | **4** | **5** | **G.Total** |
| **Weightage** | **100** | **100** | **100** | **100** | **100** | **500** |
| **Rating Obtained** |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Signature Member 1**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Off Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature Member 2**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Off Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Submission Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To,**

**Annexure-B**

**The Chairperson**

**Trade Testing Board,**

**45 – Garden Block, New Garden Town,**

**Lahore**

Subject: **Letter of Intent for Accreditation/ Re-Accreditation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **RPL**  |  | **CBT**  |  | **CVT** |

Sir,

The undersigned submits herewith the application on prescribed Performa, complete in all respects and requests that the Institute mentioned in the Application Form may kindly be accredited as Assessment Centre,

Namely……………………………………………...………………………………………

(Name of Institute / Organization)

Located at : …………………………………………………………………………………

(Address of Institute / Organization)

The undersigned undertakes to abide by all the Rules, Regulations, SOP, Instructions etc. of the Trade Testing Board (TTB), Govt of Punjab, Lahore.

An affidavit in this regard is also attached herewith.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  | Yours Obediently, |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Signature** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **of** |  |
|  |  |  |  |  |  |  |  |  |  | **Principal / Authorized Signatory** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Thumb Impression of** |  |  |  |  |  |  |  |  |  |
|  |  | Name in Block Letters |  |
|  | **Principal /** |  |  |  |  |  |  |  |  |  |
|  | **Authorized Signatory** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CNIC No. of Principal |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| / In-charge  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

CNIC No. of

Authorized Signatory

|  |
| --- |
|  Please attach readable photocopies of CNICs of |
|  Principal /In-charge and Authorized Signatory  |
|  |  |  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (Official Stamp of Institute) |

**Application Form**

**Annexure-C**

**Accreditation of Assessment Centre**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **RPL**  |  | **CBT**  |  | **CVT** |

**1. Details of Institute / Organization**

1. Name of Institute/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact: Tel No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Plot area of Institute/ Organization: \_\_\_\_\_\_\_­­­­\_\_\_\_\_ Sq Ft
5. Status of Building: Owned Rented
6. Nature of Management : Private Industry Govt Other
7. Institute / Organization NTN No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Institute/ Organization Bank Name & Account No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Principal / In-Charge of the Centre**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specimen Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Authorized Signatory (If different from Principal)**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Specimen Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Previous Registration/ Affiliation Details (If Any)**

1. Name of Registering Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date Registration Awarded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Period for which registration awarded: from: \_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Detail of Registered Vocational/ Technical Courses

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr.#** | **Name of Vocational Courses** | **Duration in Months** | **Offered Since** | **Approved Capacity** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**5. Trades Planned for Accreditation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.#** | **Name of Trade Offered**  | **Level** | **Capacity****(10-25)** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**6. Preferred Time for Final/Integrated Assessment :** Morning (10.00 to 12.30 am)

 Evening ( 2.00 to 4.30 pm )

**7.** Whether the building will be used for any other purpose during or after the working hours of Assessment Centre? If yes, give details.

|  |
| --- |
|  |
|  |

**7. Details of Institute/ Organization attached**

1. Details of Building, Annexure- D
2. Staff Statement, relevant Trade Trainers/ Instructors and & Non-Instructional staff, Annexure-E
3. Details of Equipment/Machinery, for each trade, Annexure-F
4. Details of Furniture/Fixture , for each trade, Annexure-G

**8. Applicant (Authorized Signatory)**

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. CNIC No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Amount deposited as TTB Charges : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Applicant’s Undertaking**It is certified that the facts stated in this application and the documents attached herewith are true to the best of my knowledge. The management has agreed to abide by the Rules, Regulations, SOP & Instructions of Trade Testing Board, Govt. of Punjab, Lahore. |
| Signature & Thumb Impression of Authorized Signatory | Official Seal of Institute |

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paste

Copy of Bank deposit Slip

 Of Processing Charges

**For Office Use Only:**

**Receipt of Application ( Date) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Date)

**Scrutinized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Designation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signatures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

**Re-Scrutinized by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. (Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Designation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signatures) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

**Status of the Case: Accepted Not Accepted**

**If Not- Accepted then, Indicate the Deficiencies/ Snags:**

**Details of Building**

**Annexure-D**

**of Institute / Organization**

(As per Scaled Map)

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr. No.** | **Details** | **Number** | **Average Size** |
|  |  |  |  |
| **1** | **Class Rooms** |  |  |
|  |  |  |  |
| **2** | **Labs / Workshops** |  |  |
|  |  |  |  |
| **3** | **Computer Labs** |  |  |
|  |  |  |  |
| **4** | **Multipurpose Hall / Auditorium** |  |  |
|  |  |  |  |
| **5** | **Office** |  |  |
|  |  |  |  |
| **6** | **Store** |  |  |
|  |  |  |  |
| **7** | **Open Space** |  |  |
|  |  |  |  |
| **8** | **Play Ground** |  |  |
|  |  |  |  |
| **9** | **Any other details** |  |  |
|  |  |  |  |
| **10** |  |  |  |
|  |  |  |  |
| **11** |  |  |  |
|  |  |  |  |

**Signature of Principal Institute / Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Statement**

**Annexure-E**

**Trade Trainers/Instructors and Non-Instructional Staff**

**Name of Institute / Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.****No.** | **Name** | **Father’s Name** | **Designation** | **Qualification** | **Trade** | **Mobile No** | **Status****(Regular/** **Visiting)** |  |
| **Academic & Professional** |  |
|  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |

**(Plz attach attested photocopies of qualification & experience certificates of Trade Trainers/Instructors)**

 **Signature of Principal Institute / Authorized Signatory: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Details of Equipment /Machinery**

**Annexure-F**

**Trade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Institute / Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.****No.** | **Description** | **Quantity** | **Status** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |

**Name of Lab / Workshop In-charge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_**

**Details of Furniture / Fixture**

**Annexure-G**

**Trade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Institute / Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.****No.** | **Description** | **Quantity** | **Status** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **13** |  |  |  |
| **14** |  |  |  |
| **15** |  |  |  |
| **16** |  |  |  |
| **17** |  |  |  |
| **18** |  |  |  |

**Name of Lab / Workshop In-charge:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_**

**Annexure-H**

**Specimen of the Affidavit to be submitted by the Authorized Signatory on stamp paper worth Rs. 100/-**
**AFFIDAVIT**

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the
(Name of Authorized Signatory) (Designation) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(Name of Institute/ Organization) (Complete Address)
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby submit application for accreditation of above mentioned Institute/Organization to act as Assessment Centre of Trade Testing Board, Government of Punjab for \_\_\_\_\_\_\_\_ Programme.

**I solemnly affirm and declare that:**

* + - 1. I am an authorized signatory of the above mentioned Institute/Organization and the facts stated in this application and the documents attached herewith are true to the best of my knowledge and nothing is concealed.
			2. The applicant institute is working under: (Plz tick any one)

 Sole Proprietor Association of Person/Partnership

 Registered under Companies/ Societies Act Other

* + - 1. The Institute/ Organization will not enroll candidates in the program applied for, until and unless accreditation is accorded by Trade Testing Board.
			2. I am bound to maintain the standards required for the program(s). The management has agreed to abide by the Rules, Regulations, SOP & Instructions of Trade Testing Board, Govt. of Punjab, Lahore and I acknowledge that in case of any violation Trade Testing Board shall cancel the accreditation granted to the above mentioned Institute/Organization.

|  |  |
| --- | --- |
| Thumb ImpressionOf Authorized Signatory | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_ |

**To,**

**Annexure-I**

**The Chairperson**

**Trade Testing Board,**

**45 – Garden Block, New Garden Town,**

**Lahore**

Subject: **REQUEST FOR THE VISIT OF EVALUATION TEAM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **RPL**  |  | **CBT**  |  | **CVT** |

 Date of Previous Visit of Evaluation Team (If Applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir,

The undersigned submits that the applicant Institute/ Organization mentioned below is ready for operation as Assessment Centre.

Namely\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Institute / Organization)

Located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Address of Institute / Organization)

The Evaluation Team of Trade Testing Board, Punjab can carryout the evaluation for accreditation as Assessment Centre at any time. I understand that in case of non-approval informed by Trade Testing Board I will remove the short coming or discrepancies within 3- months, otherwise Trade Testing board can close the case of accreditation. I declare that in case of non-approval I will not seek any legal remedy from the court of law for the purpose.

Trade Testing Board Evaluation Charges have been deposited on dated \_\_\_\_\_\_\_\_\_\_\_, Original Bank Deposit Slip is attached herewith.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  | Yours Obediently, |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Signature** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | **of** |  |
|  |  |  |  |  |  |  |  |  |  | **Principal / Authorized Signatory** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Thumb Impression of** |  |  |  |  |  |  |  |  |  |
|  |  | Name in Block Letters |  |
|  | **Principal /** |  |  |  |  |  |  |  |  |  |
|  | **Authorized Signatory** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CNIC No. of Principal/ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| In-charge / Authorized signatory  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
|  Please attach readable photocopies of CNIC |
|  |  |  |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | (Official Stamp of Institute) |