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|  | Government of Maharashtra  Skill Development and Entrepreneurship Department  Directorate of Vocational Education and Training  **MAHARASHTRA STATE COUNCIL OF VOCATIONAL TRAINING** |  |

**ASSESSMENT PROCESS BY MSCVT**

**About MSCVT**

1. Government of Maharashtra has established Maharashtra State Council of Vocational Training (MSCVT) in line with National Council for Vocational Training (NCVT) as per directives of Directorate General of Training, New Delhi Ministry of Skill Development and Entrepreneurship, Government of India
2. MSCVT has been entrusted with following 4 functions:
   1. Course Approval
   2. Empanelling Inspecting Agency (IA)
   3. Affiliation of Vocational Training Institute (VTI)
   4. Empanelling Skill Assessment Agency (SAA)

**Assessment Process:**

1. Filled “**ASSESSMENT REQUEST FORM”** to be sent to MSCVT through E-mail on [asmt.mscvt@dvet.gov.in](mailto:asmt.mscvt@dvet.gov.in)
2. MSCVT shall assign empaneled Skill Assessment Agency (SAA) and issue Assessment Order
3. The order copy shall be mailed to VTP/ VTI and also informed through SMS
4. VTP/ VTI shall contact the assigned SAA and fix up the assessment date
5. Assessment Fees to be paid by VTP/ VTI for all Candidates appearing for Assessment
6. **VTP/ VTI has to pay the Assessment Fees of Rs.650 per candidate of which Rs.150 has to be paid to MSCVT and Rs.500 to the assigned Assessor before commencement of Assessment**
7. MSCVT Account Details:

Account Name: Maharashtra State Council of Vocational Training

Account No: 917010078984758

IFSC Code: UTIB0000294

Bank & Branch: Axis Bank, Craw Ford Market Branch

1. The candidates appearing for Assessment must have achieved the required minimum attendance
2. VTP/ VTI shall fill up relevant details in “**ASSESSMENT REPORT**” and hand over to SAA on the day of Assessment along with
   1. Attendance Report - Printed as on MSSDS Portal or NULM Portal in case of NULM Batches
   2. Candidates details - Printed and Softcopy (Excel Format) as on MSSDS Portal or NULM Portal in

case of NULM Batches

* 1. Assessment Fees Payment Receipt - Printed

1. SAA shall fill up the relevant details in “**ASSESSMENT REPORT**” and submit to MSCVT along with above mentioned documents and Result
2. MSCVT shall communicate the result to VTP/ VTI, MSSDS, NULM or other concerned organization as the case may be
3. Certificates for the qualified candidates shall be issued by MSCVT to respective VTP/ VTI through Courier/ Speed Post on receipt of “**ASSESSMENT REPORT**” along with above mentioned documents
4. Certificate data shall be as per Candidates details as provided by VTP/ VTI to MSCVT through SAA
5. The qualified candidates shall be awarded MSCVT Certificate and the same has to be informed to the candidates
6. Assessment Fees shall not be refunded to VTP/ VTI for the Absent and Failed Candidates and also in case the Batch is cancelled on the request of VTP/ VTI.
7. Assessors shall bear all expenses related to conduct of assessments including travel, boarding / lodging, preparation of assessment material, audit, preparation of result, uploading of results, documentation, photo and videography, etc. and shall not charge any fees or claim any reimbursement from respective VTP/ VTI.
8. VTP/ VTI may contact Mr. Mahendra Wagh on 94203 49865 in case of any queries only.

**ASSESSMENT REQUEST FORM**

*(Separate form for each TBN to be sent to MSCVT through E-Mail by VTP/ VTI on* [*asmt.mscvt@dvet.gov.in*](mailto:asmt.mscvt@dvet.gov.in)*)*

Date: \_\_\_/\_\_\_/2019

To:

The Member Secretary,

Maharashtra State Council of Vocational Training (MSCVT),

Mumbai - 01

We, the registered Vocational Training Provider (VTP) / Institute (VTI), requests MSCVT to conduct assessment for trainees. The VTP/ VTI and Batch details are as following:

**VTP/ VTI Details**

|  |  |  |
| --- | --- | --- |
| MSSDS VTP No. |  | *Either VTP or VTI Number is Mandatory* |
| MSCVT VTI No. |  |
| VTP Name |  | |
| Address |  | |
| Contact Person |  | |
| Mobile No. |  | |
| E-Mail |  | |

**Batch Details**

|  |  |  |
| --- | --- | --- |
| Course Approved by | SSC/ NCVT/ MSCVT | |
| Sector |  | |
| Name of Course |  | |
| Course Code |  | |
| TBN No. |  | |
| No. of Candidates Eligible for Assessment (as on MSSDS Portal) |  | |
| Date of Training Completion |  | |
| Funding Scheme | Self-Finance / NULM / SULM / PMKVY / PMKUVA / CSR / DPC / Other (Plz mention) | |
| TN Id as per NULM Portal |  | *Applicable only for NULM Batches* |

Signature:

Name:

**ASSESSMENT REPORT**

*(To be sent to MSCVT by VTP/ VTI through Skill Assessment Agency)*

**Skill Assessment Agency (SAA) Details** *– to be filled by SAA*

|  |  |  |
| --- | --- | --- |
| 1 | SAA No. |  |
| 2 | Name |  |
| 3 | Contact Person Name and Mobile No. |  |

**VTP/ VTI Details** *– to be filled by VTP/ VTI*

|  |  |  |  |
| --- | --- | --- | --- |
| 4 | MSSDS VTP No. |  | *Either VTP or VTI Number is Mandatory* |
| 5 | MSCVT VTI No. |  |
| 6 | VTP Name |  | |
| 7 | Contact Person |  | |
| 8 | Mobile No. |  | |

**Course Details** *– to be filled by VTP/ VTI*

|  |  |  |  |
| --- | --- | --- | --- |
| 9 | Course Approved by | SSC/ NCVT/ MSCVT | |
| 10 | Sector |  | |
| 11 | Name of Course |  | |
| 12 | Course Code |  | |
| 13 | TBN No. |  | |
| 14 | No. of Candidates Eligible for Assessment (as on MSSDS/ NULM Portal) |  | |
| 15 | TN Id as per NULM Portal |  | *Applicable only for NULM Batches* |

**Assessment Details** *– to be filled by SAA*

|  |  |  |
| --- | --- | --- |
| 16 | Date of Assessment |  |
| 17 | Name of Assessor and Mobile No. |  |
| 18 | Number of Candidates Present |  |
| 19 | Number of Candidates Passed |  |
| 20 | Number of Candidates Failed |  |

**Assessment Fees Details** *– to be filled by VTP/ VTI*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Particular | Total | SAA | MSCVT |
| 21 | Fees Per Examinee | **Rs. 650** | **Rs. 500** | **Rs. 150** |
| 22 | Total Fees ( *= Row 20 X Row 14*) | Rs. | Rs. | Rs. |
| 23 | Mode of Payment  (as RTGS/NEFT/Internet Banking/ etc. |  |  |  |
| 24 | Transaction ID/ Number |  |  |  |
| 25 | Date of Transaction |  |  |  |
| 26 | Attach Slip for Payment to MSCVT |  |  |  |

Date, Signature and Name of SAA Representative

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FOR MSCVT USE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*to be filled by MSCVT*

|  |  |  |
| --- | --- | --- |
| 26 | Assessment Fees Amount Received |  |
| 27 | Date of Assessment Fees Receipt |  |
| 28 | Signature of Account Clerk |  |
| 29 | Certificate Dispatch Date |  |
| 30 | No. of Certificates Dispatched |  |
| 31 | Signature of Administrative Officer |  |
| 32 | Remark |  |