**Expression of Interest**



**(EOI)**

**Title of Consulting Services: Short-term vocational Training implementation**

**Project Name : Short-term Skill Development Training**

**EOI:** 1/081/082

**Office Name: –** Vocational and Skill Development training centre Janakpurdham,Madhesh Province Janakpurdham

**Office Address:**Janakpurdham 8 Dhanusha

**Issued on: 2081÷11/1**

**Financing Agency: Government of Madhesh Province**

**Abbreviations**

VSDTC : Vocational & Skill Development Training Centre

CTEVT : Council for Technical Education and Vocational Training

CV : Curriculum Vitae

DO : Development Partner

EA : Executive Agency

EOI : Expression of Interest

GON : Government of Nepal

PAN : Permanent Account Number

PPA : Public Procurement Act

PPR : Public Procurement Regulation

TOR : Terms of Reference

TTP : Technical Training Provider

VAT : Value Added Tax

Mossw : Ministry of sports and social welfare

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## Request for Expression of Interest

Government of Madhesh Province

Ministry of Sports & Social welfare

Vocational & Skill Development Training Centre

Janakpurdham Dhanusha

Date:-2081/11/1

Name of Project: Vocational Training Implementation

1. Government of Madhesh Province has allocated fund ***toward the cost of Vocational Skills Training*** and intends to apply a portion of this *fund* to eligible payments under the Contract for which this Expression of Interest is invited for Consulting Services.
2. The *Vocational and Skill Development Training Centre, Ministry of sports & Social welfare Madhesh province*now invites Expression of Interest (EOI) from eligible consulting firms (“consultant”) to provide the following consulting services: to deliver quality skill training services for the targeted beneficiaries following the approved curricula in the following training. The training should assure the standards as provisioned by curriculum.
3. Interested Eligible consultants may obtain further information and EOI document with cost of 1000.00 Should Deposit at the address (1)Name Of the Bank: Rastriya Banijiya Bank (2) Name Of the office: Vocational and Skill Devlopment Training Centre, Madhesh Province, Janakpurdham(3) Office Code No. 3430317012 (4) Office Account No.-1000100200010000 (5)Rajaswa (revenue) Shirshak No.14229.during office hours on or before 13thPhalgun 2081. Sample of EOI available in Website for reference.
4. Expressions of interest shall be delivered *manually to the address* *Vocational and Skill Development Training Centre Janakpur with Sealed envelopes Clearly Mention Sector & Trade*on or before 5:00 PM of 15th Phalgun 2081
5. In case the last date of obtaining and submission of the EOI document happens to be a holiday, the next working day will be deemed as the due date but the time will be the same as stipulated.
6. EOI will be assessed based on ***Qualification 30 %, Experience 50 % and Capacity 20 %*** of consulting firm and key personnel. Based on evaluation of EOI, only shortlisted firms will be invited to submit technical and financial proposal through a request for proposal.
7. Minimum score to pass the EOI is 60 (sixty) percent.
8. A company/firm/organization/person can submit EOI for maximum only 2 sectors

## Instructions for submission of Expression of Interest

1. Expression of Interest may be submitted by a sole firm. Joint venture of consulting & JV shall not be allowed.
2. Interested consultants must provide information indicating that they are qualified to perform the services *(descriptions, organization and employee and of the firm or company, description of assignments of similar nature completed in the last 3 years and their location, experience in similar conditions, general qualifications and the key personnel to be involved in the proposed assignment).*
3. This expression of interest is open to all eligible ***consulting firm/person/ company/ organization.***
4. In case, the applicant is individual consultant, details of similar assignment experience, their location in the previous 3 years and audited balance sheet and bio-data shall be considered for evaluation.
5. The assignment has been scheduled for a period of asadh 15, 2082.
6. A Consultant will be selected in accordance with the ***Quality and Cost Based Selection*** method.
7. Expression of Interest should contain following information:
   1. A covering letter addressed to the representative of the client on the official letter head of company duly signed by authorized signatory.
   2. Applicants shall provide the following information in the respective formats given in the EOI document:

* *EOI Form: Letter of Application (Form 1)*
* *EOI Form: Applicant’s Information (Form 2)*
* *EOI Form: Work Experience Details (Form 3(A), 3(B) & 3(C))*
* *EOI Form: Capacity Details (Form 4)*
* *EOI Form: Key Experts List (form 5).*

1. Applicants may submit additional information with their application but short listing will be based on the evaluation of information requested and included in the formats provided in the EOI document.
2. The Expression of Interest (EOI) document must be duly completed and submitted in sealed envelope and should be clearly marked as “EOI Application for Short-listing for the ***Implementation of Vocational Skills Training***. The Envelope should also clearly indicate the ***name and address of the Applicant***,Applied sector and Trade
3. All documents which submit as Evidence should be notarized by notary public.
4. The completed EOI document must be submitted on or before the date and address mentioned in the **“*Request for Expression of Interest*”.** In case the submission falls on public holiday the submission can be made on the next working day. Any EOI Document received after the closing time for submission of proposals shall not be considered for evaluation.
5. **Objective of Consultancy Services or Brief TOR**
6. **Background**
   1. Province Government has its plan to provide skills training to needy people in the fiscal year 081/082 through Vocational and Skill Development Training Centre janakpur under Ministry of Sports & social welfare , Madhesh province. The program is to equip people with skills so that trained people either join in employment or create their own self-employment through enterprise development on an individual or group of people basis.
   2. In order to accomplish the approved programs, VSDTC aims to conduct training programs through Technical Training Provider Companies/ Firms and wants to make TTPs more responsible to facilitate trained youths in gainful employment opportunities.
   3. The Technical Training Providers will be selected based on quality and cost based selection (QCBS) in accordance with the PPMO Guidelines.
   4. These TORs provide guidelines to aspire TTPs about the scope of work and deliverables.
7. **Scope of Work**
   1. The main objective of the Consulting Service is to deliver quality skill training services for the targeted beneficiaries following the approved curricula.
   2. The TTPs will be responsible for providing skills training to the above-mentioned target groups. The Sectors & trade identified for training are

|  |  |  |  |
| --- | --- | --- | --- |
| Agriculture sector | Constructions sector | Hospitality sector | Others |
| Goat Keeping | Masson | Cook | Bansh samgri nirman |
| Poultry Farming | Tile marble | Bakery | Hand Embrodiary |
| Pashupalan | Scaffolder | House keeping | A/C Fredge Technician |
| Mushroom Farming |  | Waiter waitress |  |
| Offseason vegetable farming |  |  |  |

* 1. The training period should be 160 hrs. to 390 hours as specified by prescribed curriculum.
  2. The TTPs will establish a reliable internal monitoring and supervision mechanism during training delivery period.
  3. The trainings being provided by TTPs need to assure the standards as provisioned by curriculum.
  4. The service contract period may vary from occupation to Occupations and should accomplish within the agreed time period.
  5. The annual average turnover of the last three F/Y should be minimum 20 Lacs Nepalese rupees.

1. **Conditions**
   1. The related training organization should have been registered in the Company/firm of the government and have minimum 3 years' of training implementation experience.
   2. A company/firm/organization/person can submit EOI for maximum 2 Sectors only.
   3. VSDTC reserves the right to accept or reject the EOI application with or without mentioning any reason.
   4. VSDTC may conduct the onsite visit of the training center of the EOI submitting individual/firm/company/organization.
   5. The organization must have obtained the affiliation from CTEVT for the proposed occupations for the training.
   6. The organization should have the necessary physical infrastructure (Class room -10 m2, workshop - 30 m2 for one group of trainees and required tools, equipment and training materials for the training).
   7. The training organization should submit at least 2 main trainers and 2 assistant trainers with required qualification and experience for each purposed trade. Minimum Qualifications of Main trainer is CTEVT Level 2 with TOT & Assistant trainer is CTEVT Level 1 in Concern Sectors.
   8. The training providers should have required support staff, at least Training co-coordinator, Field co-coordinator.
   9. Experience of only one training Provider (Individual, company, organization, or firm) will be valid while counting the experience. Experience of multiple companies/organization of the same owner will not be counted.
   10. The TTP should maintain attendance of the trainers and trainees each day and should provide online access to VSDTC.
   11. VSDTC may add or reduce the proposed number of trainees as per the requirement of the training arrangements. Therefore, the TTP may propose additional number of trainees and training locations accordingly as per the available training facilities of the TTP. VSDTC reserves the right to change the proposed training location in order to ensure the effectiveness of the training within the same province.
   12. All documents which submit as Evidence should be notarized by notary public.
2. **Evaluation of Consultant’s EOI Application**

Consultant’s EOI application which meets the eligibility criteria will be ranked on the basis of the Ranking Criteria.

|  |  |
| --- | --- |
| **i) Eligibility & Completeness Test** (EOI will be rejected if required documents mentioned in this section are not submitted) | **Compliance** |
| Copy of Registration of the company/firm with update letter 080/081  (With Prabandhapatra/ Niyambali) |  |
| Copy of certificate of Council for Technical Education and Vocational Training (CTEVT) affiliation with renew for 081/082 |  |
| Value Added Tax (VAT)/Personal Account Number (PAN) Registration |  |
| Proof of minimum 3years' experience in the similar nature of Work |  |
| Tax Clearance Letter of Last 3 F/y 078/079/ 079/080/080/081 |  |
| In case of a natural person or firm/institution/company which is already declared blacklisted and ineligible by the GoN, any other new or existing firm/institution/company owned partially or fully by such Natural person or Owner or Board of director of blacklisted firm/institution/company; shall not be eligible consultant. |  |
| EOI Form 1: Letter of Application |  |
| EOI Form 2: Applicant’s Information Form |  |
| EOI Form 3: Experience (3(A) ,3(B) and 3(C) |  |
| EOI Form 4: Capacity |  |
| EOI Form 5: Qualification of Key Experts |  |
| All Documents Should be Stamping & signature by Authorized person. |  |

|  |  |
| --- | --- |
| **ii) EOI Evaluation Criteria** | **Score [Out of 100%]** |
| *Qualification* | ***30 %*** |
| *experience* | ***50 %*** |
| *Capacity* | *20 %* |

Note: In case, a corruption case is being filed to Court against the Natural Person or Board of Directors of the firm/institution/company EoI shall be excluded from the evaluation, if public entity receives instruction from Government of Nepal.

**EOI Forms & Formats**

Form 1. Letter of Application

Form 2. Applicant’s information

Form 3.Experience *(General, Specific and Geographical)*

Form 4. Capacity

Form 5. Qualification of Key Experts

1. **Letter of Application**

*(Letterhead paper of the Applicant or partner responsible for a joint venture, including full postal address, telephone no., fax and email address)*

Date:

To,

Full Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sir/Madam,

1. Being duly authorized to represent and act on behalf of (hereinafter "the Applicant"), and having reviewed and fully understood all the short­-listing information provided, the undersigned hereby apply for following training to be short-listed by Vocational and Skill Development Training Centre as Consultant to deliver quality skill training services for the targeted beneficiaries following the approved curriculum in the trades.
2. **Proposed Training Sectors & Number.**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Proposed Sectors** | **Proposed Trade** | **Purposed no.** |
|  |  |  |  |
|  |  |
|  |  |
|  |  |

1. Attached to this letter are photocopies of original documents defining:
2. the Applicant's legal status;
3. the principal place of business;
4. Vocational and Skill Development Training Centre and its authorized representatives are hereby authorized to verify the statements, documents, and information submitted in connection with this application. This Letter of Application will also serve as authorization to any individual or authorized representative of any institution referred to in the supporting information, to provide such information deemed necessary and requested by yourselves to verify statements and information provided in this application, or with regard to the resources, experience, and competence of the Applicant.
5. Vocational and Skill Development Training Centre and its authorized representatives are authorized to contact any of the signatories to this letter for any further information.[[1]](#footnote-1)
6. All further communication concerning this Application should be addressed to the following person,

Name:

Post

Phone No:–

E mail:–

1. We declare that, we have no conflict of interest in the proposed procurement proceedings and we have not been punished for an offense relating to the concerned profession or business and our Company/firm has not been declared ineligible.
2. We further confirm that, if any of our experts is engaged to prepare the TOR for any ensuing assignment resulting from our work product under this assignment, our firm, or sub-consultant, and the expert(s) will be disqualified from short-listing and participation in the assignment.
3. The undersigned declares that the statements made and the information provided in the duly completed application are complete, true and correct in every detail.

**Signed :**

**Name :**

**For and on behalf of (name of Applicant or partner of a joint venture):**

1. **Applicant’s Information Form**

(In case of joint venture of two or more firms to be filled separately for each constituent member)

A.General Information of Training Provider

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| s.no | Discription |  |  | Remarks |
| 1 | Name of the TP Institute |  | |  |
| 2 | Address | District |  |  |
| Municipality/RM |  |  |
| Ward no |  |  |
| 3 | Contact Detail | Office phone no |  |  |
| Email Adress |  |  |
| 4 | Contact Person | Name |  |  |
|  | Designation |  |  |
| Mobile no |  |  |
| Email Address |  |  |

B.Legal information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Main Stakeholders and their Holding | Name | Shared Percentage | Remarks |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| 2 | Head of organization |  |  |  |
|  | Name |  |  |  |
|  | Home Address |  |  |  |
|  | Mobile |  |  |  |
|  | Email Address |  |  |  |
| 3 | Company Registration status | Registration number |  |  |
|  |  | Registration Date |  |  |
|  |  | Update till |  |  |
| 4 | CTEVT Affiliations | Affiliation no |  |  |
|  |  | Date of Affiliation |  |  |
|  |  | Affiliations Level and occupations |  |  |
|  |  | Validity Date |  |  |
| 5 | VAT/PAN Registration | Registration no |  |  |

2(C). Brief Introduction of the organizations

|  |  |  |
| --- | --- | --- |
| SN | Description | Remarks |
| 1 | Introduction |  |
| 2 | Vision |  |
| 3 | Mission |  |
| 4 | Goal |  |
| 5 | Areas of Expertise: |  |
| 6 | Geographical Experiences: |  |
| 7 | Organizational Chart including the full name of Board of Directors |  |

*(Provide Company Profile with description of the background and organization of the Consultant and, if applicable, for each joint venture partner for this assignment.)*

**D.** please provides information of the legally established branch office/s or approval received from local leval for conducting Training services.

|  |  |
| --- | --- |
| Information | Branch 1 |
| Province/s |  |
| District/s |  |
| Municipalities |  |
| Ward Number |  |
| Office Telephone No. |  |
| Contact Person's Name |  |
| Contact Person's Designation |  |
| Contact Person's Mobile Number |  |
| Email |  |

**Experience**

**3. (A). General Work Experience**

*(Details of assignments undertaken must fill in this form.)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Name of assignment** | **Location** | **Value of**  **Contract** | **Year**  **Completed** | **Client** | **Description of work carried *out*** |
| *1.* |  |  |  |  |  |  |
| *2.* |  |  |  |  |  |  |
| *3.* |  |  |  |  |  |  |
| *4.* |  |  |  |  |  |  |
| *5.* |  |  |  |  |  |  |
| *6.* |  |  |  |  |  |  |
| *7.* |  |  |  |  |  |  |

Please attach notarized copy of evidences in Annex

**3(B). Specific Experience**

**Details of similar assignments undertaken in the Last 3 years.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. N.** | **Name of assignment** | **Location** | **Value of**  **Contract** | **Year**  **Completed** | **Client** | **Description of work carried *out*** |
| *1.* |  |  |  |  |  |  |
| *2.* |  |  |  |  |  |  |
| *3.* |  |  |  |  |  |  |
| *4.* |  |  |  |  |  |  |

Please attach notarized copy of evidences in Annex **3(C). Geographic Experience**

**Experience of working in similar geographic region**

|  |  |  |  |
| --- | --- | --- | --- |
| ***No*** | ***Name of the Project*** | ***Location***  ***(Country/ Region)*** | ***Execution Year and Duration*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(Please insert more rows as necessary)

## Capacity

**4(A). Financial Capacity**

|  |  |
| --- | --- |
| **Annual Turnover** | |
| **Year** | **Amount Currency** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Average Annual turnover of last Three F/Y**

*(Note: t 3 Years(078/079,079/080,80/081) Tax clearance Certificate for Average Turnover should be submitted for the above.)*

**4(B). Infrastructure/equipment related to the proposed assignment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Infrastructure/equipment Required** | | **Requirements Description** |
| **SN** | **Description** | **Unit** | **Size** | **Remarks** |
| 1 | Office and Training Building |  |  |  |
| 2 | Class Rooms |  |  |  |
| 3 | Lab/Workshop |  |  |  |
| 4 | Store |  |  |  |
| 5 | Office Rooms |  |  |  |
| 6 | Toilet (Male/Female) |  |  |  |

(Please insert more rows as necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SN** | **Description** | **Specification** | **Unit** | **Number** | **Remarks** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

List of Available Tools, Equipment and Materials required for proposed each occupation:

(Please insert more rows as necessary)

## 5. Key Experts (Incude details of Key Experts only)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Position** | **Highest Qualification** | **Work Experience**  **(in year)** | **Specific Work Experience (in year)** | **Nationality** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

(Please insert more rows as necessary)

Provide Highest Qualifications evidence, Experience evidence of Key experts with Cvs in Annex.

4. (D) Methodological Experience.

Please Describe the Training and employment approach for this assignment that your organizations have intended based on our TOR and based on your Previous Experience.

**CURRICULUM VITAE (CV)**

|  |  |
| --- | --- |
| Name of Expert: |  |
| Purposed Post: |  |
| Date of Birth: |  |
| Citizenship/Residence |  |

**Academic Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| S.N. | Name of Institute | Level | Division |
|  |  |  |  |

**Training**

|  |  |  |  |
| --- | --- | --- | --- |
| S.N | **Name of Training** | **Institution Providing Training** | **Period** |
|  |  |  |  |
|  |  |  |  |

**Employment record relevant to the assignment**

|  |  |  |  |
| --- | --- | --- | --- |
| Period | Employing organization and your title/position. Contact information for references | Country | Summary of activities performed relevant to the Assignment |
|  |  |  |  |
|  |  |  |  |

Membership in Professional Associations and Publications:

Language Skills (indicate only languages in which you can work):

Adequacy for the Assignment:

|  |  |
| --- | --- |
| Detailed Tasks Assigned on Consultant’s Team of Experts: | Reference to Prior Work/Assignments that Best Illustrates Capability to Handle the Assigned Tasks |
|  |  |

Expert’s contact information: (e-mail:– Mobile no :–

Certification:

I, the undersigned, certify to the best of my knowledge and belief that:

(i) This CV correctly describes my qualification and experience

(ii) I am not a current employee of the GoN

(iii) I certify that I have been informed by the company that it is including my CV for this proposal. I confirm that I will be available to carry out the assignment for which my CV has been submitted in accordance with the implementation arrangements and schedule set out in the Proposal.

(iv) I declare that I am participating in this selection process only from this Company.

Name of Expert: – Name of Authorized Representative of the consultant: –

Signature: – Signature: –

Date: – Date: –

1. [↑](#footnote-ref-1)