



**Centre for Entrepreneurship Development
Madhya Pradesh (CEDMAP)**

(Under department of MSME, Govt. Of Madhya Pradesh)

16-A, Arera Hills, Bhopal -462011 (M.P.)

Expression of Interest (EOI) for Empanelment

CEDMAP invites expression of interest for empanelment from Individuals and Organizations as project consultants, field implementing agencies, service providers and resource persons.

For details please visit our website
www.cedmapindia.mp.gov.in.

EXPRESSION OF INTEREST (EOI)

Empanelment of Project Consultants/Field Implementation agencies /Service Providers/ Resource persons

Centre for Entrepreneurship Development Madhya Pradesh (popularly known as CEDMAP), the autonomous, not-for-profit, registered Society under Department of Micro, Small and Medium Enterprises (MSME), Govt. of Madhya Pradesh is engaged in Entrepreneurship development, training, research, study and survey, business facilitation, manpower outsourcing, etc.

CEDMAP intends to create a panel of Project Consultants/Field Implementation agencies/ Service Providers/ Resource persons on different thematic sectors to support its mandate and activities.

A) EXPRESSION OF INTEREST

CEDMAP invites expression of interest from agencies / organizations and or individuals for below mentioned categories:

Category-1: Project Consultant

Scope of work – Project proposal development, coordination with donors and fundraising (Govt/Public sectors/CSR Project implementation plan, quality control etc., others for development sector project)

Category-2: Field Implementing Agency

Scope of work - Execution of Development Sector Projects like field training, research, survey, study, coordination, etc

Category-3: Service Provider

1. IT Related Services (Website Development, Data Processing, Learning Management System, Back Office support /Call Centre, Mobile Apps Development, Cyber security, MIS, HRM, Payroll, hardware & networking and other ITES)
2. Content development for Learning Management Systems (for courses / training programs of CEDMAP)
3. Design, Animation, Graphics and Printing Services
4. Public Relation and Media

5. Recruitment / staffing & HR consultancy (Screening, hiring/ selection of job seekers)
6. Chartered Accounts / Company Secretary Firms
7. Law firms
8. PMKVY, PMKK, DDUGKY approved training centres and other approved training centre (for imparting trainings on behalf of CEDMAP)
9. Hostel (separate accommodation for boys and girls trainees)
10. Catering / Canteen services
11. Transport services
12. Any other, Please specify

Category-4: Resource Person

Subject Experts/ Faculties / Resource Person on subjects like rural development, women and child development, specially abled and gender issues, senior citizen, agriculture and allied sector (including horticulture, food processing and animal husbandry, etc.) WASH, Livelihood, Environment and Energy, Climate change, HR, Finance, Proposal writing, Communication, Soft skills, Cyber crime, Entrepreneurship, Business Opportunity Guidance, Market Survey, etc.

B) GENERAL GUIDLINES

1. The duration of empanelment is for two years.
2. Success Fee will be decided as per policy of the organization for category 1 & 2
3. Individuals /Organisation must apply in forms and Annexure as detailed below in section (application procedure)
4. Fee (Non refundable) is Rs 5000/- per category (No fee for Category-4).
5. Fee must be paid on line to Centre for Entrepreneurship Development Madhya Pradesh (CEDMAP), Central Bank of India, Arera Hills Branch, Account No. 1793101203, IFSC code : CBIN0283312 (Receipt of on line payment must be enclosed with application.)
6. Those applying for PMKVY, PMKK, DDUGKY training centres and other approved training centre will be required to pay Inspection fee (Non-refundable) of Rs 5000/- for one office/training centre (within MP), and for each additional office/centre (within M.P.) extra fee of Rs 5000/- per centre will be charged.
7. Inspection fee for offices/centre outside MP will be decided on case to case basis and will be communicated to the short-listed agencies

8. Empanelment with CEDMAP does not guarantee work allocation.
9. Entity should not be black listed by any Department. A self declaration needs to be submitted as per the prescribed format (**Annexure A**).
10. Agency/ Organization seeking empanelment must possess the required registrations as per their specific areas of applications and should be non-political in nature. (Undertaking in **Annexure B** must be furnished)
11. Incomplete application or without required supporting documents will be treated as rejected.
12. CEDMAP reserves the right to cancel empanelment process without any notice at any point of time and without assigning any reason thereof.

C) APPLICATION PROCEDURE

1. Application must be submitted in hard copy in sealed envelope to CEDMAP at 16-A, Arera Hills, Bhopal (M.P.) 462011, also a soft copy of all documents duly signed and scanned to be sent by mail at cedmap_ea@yahoo.com and cedmapbhopal.sm@gmail.com. For any queries contact at mobile no. 07000783570
2. Category wise application forms and annexure to be filled are as follows:-

| Category no. | Category | Form no. | Annexure |
|--------------|-----------------------------------|----------|---|
| 1 | (A) Project Consultant Firm | F1 | <ul style="list-style-type: none"> • Enclosures as mentioned in format • Declaration in Annexure-A • Undertaking in Annexure-B |
| | (B) Project Consultant Individual | F2 | |
| 2 | Field Implementing Agency | F1 | |
| 3 | Service Provider | F3 | |
| 4 | Resource Person | F2 | |

(Covering letter to be sent by all category applicants on letter head)

Note: Project consultant Individuals/recourse person can send without letter head

Date

To,

The Secretary,
CEDMAP
16-A, Arera Hills,
Bhopal (M.P.) 462011

Subject: - Application for Empanelment

Dear Sir,

In response to your recent advertisement, I hereby apply for empanelment for the Category..... and have enclosed stipulated form/s, annexure, undertaking, declaration etc as detailed below.

- A) Application in prescribed format
- C) Enclosure/ Annexure as per format (mention the name of enclosures/annexure.)
- D) Declaration and Undertaking on letter head
- E) Copy of Receipt of fee paid online (if applicable)

Regards,

Name and Designation:.....

Firms Name:

Address:.....

**Format for Category-1(A) & 2
Form - F1 (Application form for firms)**

Application Form for Project Consultant Firm/ Field Implementing Agency

1. ORGANISATION's DETAILS

| | |
|---|--|
| Category for which applied | |
| Organization's Name | |
| Organization Type | SOCIETY / PRIVATE LTD/ PUBLIC LTD/ OTHER |
| Registration Details of Organisation (Registration No., Date etc.) | |
| Registered Address | |
| Address for Communication | |
| Telephone No | |
| E-mail ID | |
| Key Contact Person His/her Mobile No. | |
| PAN No | |
| GST No. | |
| Details of Head/Branch office Address Owned/rented Area | |
| No. of employees (Full time & part time separately) | |
| Turnover for last three years 2021-22 2020-21 2019-20 | |
| Specialization | |
| Any other relevant details | |

2. DETAILS OF KEY PERSON(S)

| S.No | Name | Designation | Age | Qualification | Experience (Years) | Area of Expertise |
|------|------|-------------|-----|---------------|--------------------|-------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

* (Only full time and on roll)

3. DETAILS OF WORKS COMPLETED DURING LAST THREE YEARS

| S.No | Name of the Activity | Sponsored Agency/ Department | Value of Project | Duration | Outcome |
|------|----------------------|------------------------------|------------------|----------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

4. PLEASE PROVIDE SELF CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS

| S.No | Description | Documents enclosed |
|-------------|--|---------------------------|
| 1 | Copy of Registration | Yes / No |
| 2 | Copy of PAN | Yes / No |
| 3 | Copy of GST certificate | Yes / No |
| 4 | Copy of Work Orders | Yes / No |
| 5 | Annual Reports of last three Financial Years | Yes/No |
| 6 | Photographs of Office from inside and outside | Yes/No |
| 7 | Copy of receipt of Empanelment Fee | Yes/No |
| 8 | Articles and Memorandum of Association / Societies by laws | Yes/ No |
| 9 | List of Reference of past clients along with contact numbers | Yes/No |

Signature:

Name and Designation:.....

Firms Name:

Address:.....

Date:

**Application Format for Category - 1(B) & 4
Form - F2 (Application form for Individuals)**

**Application Form for Project Consultant Individual/ Resource Person to
Empanelment**

1. INDIVIDUAL'S DETAILS

| | |
|---|--|
| Category for which applied | |
| Full Name | |
| Father's/Husband's Name | |
| Complete Address of Residence | |
| Address of Communication | |
| Telephone/ Mobile No | |
| E-mail | |
| Date of Birth | |
| Educational Qualification | |
| Technical Qualification (In Any Specific Sector) | |
| Computer Skills | |
| Languages Known | |
| PAN No | |
| Aadhaar No | |
| Area of specialization/ thrust sector | |

2. AREA OF INTEREST FOR ASSOCIATION WITH CEDMAP (PLEASE SPECIFY AREA)

.....

.....

.....

.....

.....

3. WORKING EXPERIENCE:

| S. No. | Name of Organization | Post | Type of Engagement (Regular/ Contractual) | Duration of Working with organization from..... to | Remuneration |
|--------|----------------------|------|---|--|--------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. | | | | | |

4. MAJOR PROJECTS HANDLED IN LAST THREE YEARS

| S. No | Name of the Activity | Sponsored Agency/ Department | Value of Project | Duration | Outcome | Role played by you in Project |
|-------|----------------------|------------------------------|------------------|----------|---------|-------------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |

Note: Enclose Sanction order/ Work order of the projects

5. OTHER RELEVANT INFORMATION

.....

6. PLEASE PROVIDE SELF CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS

| S. No | Description | Documents enclosed |
|--------------|--|---------------------------|
| 1 | Copy of educational qualification certificates | Yes / No |
| 2 | Copy of PAN | Yes / No |
| 3 | Copy of Aadhaar Card | Yes / No |
| 4 | Copy of Work Orders | Yes / No |
| 5 | Experience Certificate | Yes / No |
| | | |

Signature

Name and Designation:.....

Firms Name:

Address:.....

Date:

**Application Format for Category- 3
Form - F3 (Application form for Firms)**

Application for empanelment of Service provider

1. ORGANISATION'S DETAILS

| | |
|---|---|
| Service for which applied | |
| Name of organisation | |
| Type of Organisation | SOCIETY / PRIVATE LTD/ PUBLIC LTD/ OTHER |
| Registration Details of Organisation (Registration No., Date etc.) | |
| Registered Address | |
| Address for Communication | |
| Telephone No | |
| E-mail ID | |
| Key Contact Person His/Her Mobile No. | |
| PAN No | |
| GST No. | |
| Details of Head/Branch office Address Owned/rented Area | |
| No. of employees (Full time & part time separately) | |
| Turnover for last three years 2021-22 2020-21 2019-20 | |
| Specialization | |
| Any other relevant details | |

2. DETAILS REQUIRED FROM TRAINING CENTRES

Training Centre

| | |
|---|---------|
| Total Area of Training Centre (in sq.ft) | |
| Number of Class Rooms available | |
| Area Per Room (in sq.ft) | |
| Open Area (in sq.ft) | |
| Availability of Computer Lab (If yes area of lab in sq.ft. with numbers of computer available) | |
| Availability of CCTV cameras in Every Class room | |
| Availability of Bio metric machine for attendance | |
| availability of Tools and equipments for training (Please mention the name of Trade/Sector for which tools are available) | |
| Number of workers available | |
| No. of Separate washroom and toilets for Girls | |
| No. of Separate washroom and toilets toilets for Boys | |
| Availability of Drinking Water facility | RO etc. |
| Availability of Security Services (Security Guard etc.) | Yes/No |

3. PLEASE PROVIDE SELF CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS

| S.No | Description | Documents enclosed |
|------|--|--------------------|
| 1 | Copy of Registration | Yes / No |
| 2 | Copy of PAN | Yes / No |
| 3 | Copy of TAN | Yes / No |
| 4 | Copy of GST certificate | Yes / No |
| 5 | Photograph of service unit | Yes / No |
| 6 | Articles and Memorandum of Association / Societies by laws | Yes / No |
| 7 | List of Reference of past clients along with contact numbers | Yes / No |

Signature

Name and Designation:.....

Firms Name:

Address:

Date:

Annexure-A

(To be printed and signed on the letterhead of the organization)

DECLARATION

I/We hereby declare that,
..... (Name & Address) have not been
sentenced by any court of law, found defaulter or blacklisted by any State, Centre
Government or any other public sector undertaking or a Corporation as on date to day.

(Seal & Signature of Applicant)

Name :

Designation :

Company :

Date :

Stamp:

Annexure-B**UNDERTAKING**

(to be signed by the Individual or authorized signatory of the firm/company firm/Society/Pvt. Ltd/Public Ltd.)

I/We have applied for Empanelment as Individual/firm/Society/Pvt. Ltd./Public Ltd. in your organization and declare that:

- 1- I/We understand and accept that empanelment shall be at the discretion of CEDMAP as per the requirement and CEDMAP has the right to reject our application without assigning any reasons thereof.
- 2- If my/our application for empanelment with CEDMAP is considered favorably, I/We shall abide by all the terms & conditions stated herein as well as other terms & conditions prescribed by CEDMAP from time to time.
- 3- I/We understand that Empanelment as such does not guarantee award of assignments by CEDMAP.
- 4- I/We agree and understand that the validity of empanelment is for two (2) years from the date of empanelment and CEDMAP reserves the right to cancel the empanelment/stop awarding, future assignments without prior notice or assigning any reasons whatsoever.
- 5- The work, if any, shall be assigned on the basis of the criteria/terms of reference specified by CEDMAP from time to time depending on the project.
- 6- I/We shall maintain secrecy of the work allotted by CEDMAP.
- 7- Under no circumstance, I/We shall use the name or logo of CEDMAP in my/our correspondence with other organizations without prior approval.
- 8- I/We have not concealed or suppressed any material information facts and record and I have made complete and full disclosure.
- 9- I/we would furnish details the required training infrastructure (including machinery, tools, space, furniture etc.) as required by the sponsor.(if applicable)

Signature of the Applicant

Date :

Place :

Stamp