1. **ORGANISATION / COMPANY DETAILS**

|  |  |
| --- | --- |
| Name of the Project Promoter |  |
| Name of the Project  |  |
| Location of Project  |  |
| Location of Project  |  |
| Phone/ contact no.  | **Fax:** |
| 1. Email Address
 |  Website: |
| 1. Representative
 | **Mr. / Ms.** |
| 1. Position in the organization
 |  |  |

**2. SERVICE PATTERN**

|  |  |  |  |
| --- | --- | --- | --- |
| DPR PREPARATION |  | **TRAINING**  |  |
| **FI COORDINATION** |  | **CERTIFICATION**  |  |
| LICENSING  |  | **INTERIM ASSESSMENT**  |  |
| **SURVEY** |  | **PRESENTATION** |  |
| The Scope of Project:  |
| (Trunkey Contract )  |

1. **BENEFICIARY**

|  |  |  |
| --- | --- | --- |
| 1. Target group or People
 | **\_\_\_\_** Age Group **\_\_\_\_** Gender **\_\_\_\_** Qualification **\_\_\_\_** Social Status **\_\_\_\_** Skill  |  **Remarks**   |

**4. PROCESS ACTIVITIES**

|  |  |
| --- | --- |
| **i) Your main Activities / Services ( Brief Description )**  |  |
| **ii) Any Affiliation / Certification of your projected Activities/ services**  |  |
| **iii) The Main Stakeholders of your projected Activities / Services**  |  |
| **iv) Please mention required compliance at primary stage / phase**  |  |
| **v) Proposed Financial Layout**  | 1. **Allocation of Fund**
2. **Beneficiary Contribution**
3. **Time Frame**
4. **Expected margin**
 |
| **vi) Please mention detailed description of facilities you provide to your target group in this projects / Pilot Project**  | **1)****2)****3)****4)****5)** |
| vii) Projected outsourced process(es) |  |

**5. ANY ADDITIONAL INFORMATION**

|  |
| --- |
|  |
|  |

**6. AUTHORISATION**

|  |  |
| --- | --- |
| Name |  |
| **Position** |  |
| Sign | **Date:** |
| **Remarks (if any)** |  |

Please send the duly filled up PRF to <csmsystems.info@gmail.com> .

Note: i) If any extra sheet is required for detailed information against any point , please attach herewith

 ii) If any point is supposed to be irrelevant for present project, leave it blank