(On Agency Letterhead)

"APPLICATION FORM FOR CLUSTER LEVEL INTERVENTION PLAN (CLIP) IN MSME CLUSTERS TOWARDS ADDRESSING THE VARIOUS GAP AREAS PRIMARILY THE KNOWLEDGE AND SKILL DEVELOPMENT GAPS PERTAINING TO SELECTED MSME CLUSTERS.

A. Organizational details and area of work/operation:

| 1 | Name of the organization: | |
|----|--|--|
| 2 | Nature of the organisation: (NGO/Company/Society, etc.) | |
| 3 | Name of the Chief Promoter of the organisation | |
| 4 | Communication Address with email and phone/fax numbers: | |
| 5 | Contact Person with contact details: | |
| 6 | Registration Number & Date of Registration, if any (please attach copy of incorporation and Memorandum of Association & Article of Association): | |
| 7 | Number of Employees : | |
| 8 | Date of commencement of operation | |
| 9 | Major area of work/operation/ Core business of the agency | |
| 10 | Turnover of the agency for the last three years (in Rs. lakh) [Annual reports of last FY to be submitted] 2013-14 | |

- **B**. A brief description of your Organization as relevant to this assignment. Further, a self-assessment note with justification how the agency is capable for this assignment?
- **C.** Summary of **major projects and assignments** undertaken since last five years (including of SIDBI, if any).

| Name of the Project | Period (From – To) | State | Value (In Rupees) | Client | Lead Firm/Organi zation | Short Description of the Project |
|------------------------|--------------------------|-------|----------------------|--------|-------------------------------|----------------------------------|
| | | | | | | |
| | | | | | | |

D. Summary of major projects and assignments undertaken since last five years <u>similar to the activities under this programme</u> as per format given below (including SIDBI, if any).

| Name of the Project | Period (From – To) | State | Value (In Rupees) | Client | Lead Firm/Orga nization | Short Description of the Project |
|------------------------|--------------------------|-------|-------------------------|--------|-------------------------------|--|
| | | | | | | |
| | | | | | | |

E. Key personnel, who would be expected to provide the services during the programme.

| Name of key personnel | Educational qualification | Experience relevant to the project and project specific area. | Languages Known | Remarks |
|--------------------------|---------------------------|---|--------------------|---------|
| | | | | |
| | | | | |

- **F.** Conflict of Interest: as per Annexure-I, please indicate Yes/No. If yes, please give the details.
- **G.** Competency evaluation of the agency:

| S.No. | Criterion of Assessment | Compliance | | |
|-------|--|------------|--|--|
| 1 | The agency should be able to demonstrate its competence in | | | |
| | undertaking the proposed assignment along with supporting evidence | | | |
| | having done assignment of at least 3 similar activities. | | | |
| 2 | The agency should be in existence for more than 5 years working with | | | |

| | MSME sector/similar activities. | | |
|--------|--|--|--|
| 3 | The team leader should have at-least 5 years of experience in MSME | | |
| | sector. This should be supported by CV /resume. | | |
| 4 | The agency shall deploy at least 2 member team (including team | | |
| | leader) for one cluster | | |
| 5 | Experience of working in same region | | |
| Please | Please attach suitable evidence in support of the above. | | |

H. Name of the Clusters in which the agency is interested in undertaking the CLIP as per ToR. (The agency can indicate more than 1 cluster)

| Sr No | Name of the cluster |
|-------|---------------------|
| 1 | |
| 2 | |
| 3 | |

I. Action plan/ methodology:

> A brief description of the action plan proposed to be undertaken by the agencies in the above selected clusters.

> > Yours faithfully,

(Name of the organisation)

Interested agencies may obtain further information at the address below during office hours (9:30 AM to 5:15 PM, Monday to Friday, excluding public holidays).

The Deputy General Manager **Project Management Division**

Small Industries Development Bank of India (SIDBI)

12th Floor, Videocon Tower E1

Rani Jhansi Road, Jhandewalan Extension.New Delhi - 110 055

Contact Person: Shri Pradyumna Chowdhury & Shri Manish Shakya

Phone No: 011-23593470-71

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Conflict of Interest

You must disclose in your response, details of any known circumstances that will, or might give rise to a conflict of interest. Where a potential conflict is identified, you should state how you intend to avoid such conflict.

It is difficult to precisely define a "Conflict of Interest" and there are numerous situations in which it can arise between PMD, SIDBI, their employees, former employees and suppliers. The most common of which are:

- Suppliers and / their subcontractors not declaring their involvement in a project "design phase" when bidding separately for the "implementation" phase;
- Suppliers who are working with or whose personnel are working with PMD, SIDBI staff or partner governments or organisation;
- Suppliers who are filling or whose personnel are filling a post, which would more usually be filled by a PMD, SIDBI member of staff e.g. advisory role, team leader etc.:
- Suppliers who have relatives working for PMD, SIDBI or partner governments or organisations;
- PMD, SIDBI staff on Special Leave or former SIDBI employees (left SIDBI in last three years) associating with suppliers bidding for PSIG, SIDBI contracts in a country or region or sector where the employee has knowledge of the programme or project;

We understand suppliers may not know at this time whether "Conflict of Interest" is an issue that they need to address. Consequently it will be raised again when the Invitation to tender documents are sent out to those short-listed.