**AA SELF APPRAISAL CHECKLIST (FOR AFFILIATION & RE-AFFILIATION)**

**(To be PRINTED on AA Company Letter Head & later duly Signed by authorized signatory)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **The AA to fill this information by hand. Kindly use black pen**. | | | | | |
| **S N** | **CRITERIA** | **MEANS OF VERIFICATION DOCUMENTS** | **RANGE OF MARKS** | | | **NAME OF ATTACHED SUPPORTING DOCUMENTS** | **PAGE NUMBER IN THE FILE** | |
|  |  |  | **AA to tick one from below as per eligibility** | | | ***Please write*** | ***from*** | ***to*** |
| 1 | **Geographic Presence (No. of States covered as per Regional Office presence in States apart from Registered/Corporate/Head office)** | **Rent Agreement or electricity Bill** | 3 or more States | 2 States | 1 State |  |  |  |
| 5 | 3 | 2 |  |  |  |
| 2 | **Geographic Presence (No. of States covered as per CSDCI certified assessors’ domicile)** | **Assessor’s address proof document & self-declaration of languages read/write/spoken fluently by assessor** | Belonging from 9 or more States | Belonging from 5 to 8 States | Belonging to up to 4 States |  |  |  |
| 10 | 7 | 5 |  |  |  |
| 3 | **Geographic Presence (No. of States covered as per assessments conducted)** | **Will be verified via CSDCI’s database** | Belonging from 15 or more States | Belonging from 8 to 14 States | Belonging to up to 7 States |  |  |  |
| 5 | 3 | 2 |  |  |  |
| 4 | **No. of Job roles in which assessors are certified (in minimum 3 occupations).** | **Valid certificates issued by CSDCI** | 10 Job roles or more | 5 to 9 Job roles | 3 to 4 Job roles |  |  |  |
| 10 | 7 | 5 |  |  |  |
| 5 | **Monitoring Mechanism of assessments (for Continuous Monitoring of the Assessment)** | **Proof of existence & practice of such monitoring mechanism** | Real time Online Video -Audio Monitoring & Recording | Standalone Video- Audio Records | Visits by Proctors |  |  |  |
| 5 | 4 | 3 |  |  |  |
| 6 | **Number of Subject Matter Experts on company’s payroll in separate occupations** | **Qualification equivalent to a NSQF Level 6 Master Assessor will be considered and their payroll info like EPF, ESI etc to be provided** | More than 3 Experts | 2 to 3 Experts | 1 Experts |  |  |  |
| 10 | 7 | 5 |  |  |  |
| 7 | **Valid ISO Certification in assessment services** | **ISO certificate in assessment services & operations** | More than 2 Years | 1 to 2 Years | Up to 1 Years |  |  |  |
| 5 | 4 | 3 |  |  |  |
| 8 | **No. of CSDCI certified assessors on payroll (Two Assessors on pay roll is mandatory)** | **Valid certificates issued by CSDCI and their payroll info like EPF, ESI etc to be provided** | More than 5 Assessors | 3 to 5 Assessors | 2 Assessors |  |  |  |
| 15 | 10 | 7 |  |  |  |
| 9 | **No. of CSDCI certified assessors on SIP** | **Valid certificates issued by CSDCI & their SIP presence** | More than 25 Assessors | 12 to 25 Assessors | 5 to 11 Assessors |  |  |  |
| 15 | 10 | 7 |  |  |  |

I……………………………………..…………………… (Name & designation), S/O…………………………………………………… R/O……………………………………., Mobile No………………………………………….. do hereby declare that I have furnished the above details to the best of my knowledge and I fully understand that any incorrect information will render my Assessment Agency disqualified for Affiliation. If granted affiliation, I do also agree to meet the other operational condition as laid down by CSDCI for the conduct of assessment.

Name:

Designation:

Mobile:

Email id: