

## Application Form for Course Accreditation

Part A- Details of the Training Provider				
Name of Training Provider:				
Dzongkhag		Location:		
Telephone:		Fax No:	e-mail address:	
Registration no:		Grade:	Date of Registration:	
Ownership type: (tick)	Govt. <input type="checkbox"/>	Private <input type="checkbox"/>	Corporation <input type="checkbox"/>	NGO <input type="checkbox"/>
Part B-Details of the course applied for Accreditation				
Title of the Course(for which accreditation is sought)				
National Occupational Skills Standards Code(s) covered by the course			Date of course commencement	
Part C- Details of Modules, Code and Level of Certification				
No	Code. (e.g. 5121)	Module. (e.g. M6-01.)	Level. (e.g. L2.)	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

**Part D-Course Details and Training Documents**

Type of Curriculum used for the training delivery (Please tick)

CBT Curriculum  Non-CBT Curriculum  (Please attach a copy of curriculum)

**Part E-Curriculum and Course Duration Details**

Sl.No.	Module No.	Module Name	Duration(Hours)		NOSS Unit Code
			Theory	Practical	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

TOTAL DURATION OF THE COURSE

**Part F-OJT/In-Plant Training Details**

Do you arrange OJT to the trainees?

YES  (If yes, complete the table) NO  (If NO, go to part G)

Sl. No	Unit of Competency	Element of Competency	Time(Hours)	Where the training is conducted
1				
2				
7				
9				
10				
Total Duration of on-job training				Months :

### Part G-Training Delivery Documents (Please tick)

1. Have you prepared a year/month plan for the entire course?

YES  (If yes, please attach a copy)

NO

2. Have you prepared a scheme of training for the entire course?

YES  (if yes, attach a copy of one module

NO

3. Have you prepare a Lesson Plan for the entire module/task?

YES  (if yes, attach a copy of one module

NO

4. Have you prepared a weekly timetable?

YES  (if yes, attach a copy of one module

NO

5. Are you maintaining trainees' assessment checklist?

YES  (if yes, attach a sample copy)

NO

6. Are you maintaining a trainees' progress record book

YES

NOa

### Part H(A)-Training Facilities

1. No. of Classrooms:  Available floor area for theory class  sq.m

2. No. of Workshops:  Available floor area for practical class  sq.m

3. No. of technical laboratory:  Available floor area for practical class  sq.m

4. If others (Please explain)

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**Part H (B)-Details of Machinery and Equipment Available for the Course**  
**(Please do not attach any photo copy. Write the brief description on the space below)**

No	Name of machine & equipment	Basic Specifications	Quantity Used	Utilization for this course(Hours)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

**PART H(C)- Tools** (Group of the Tools) e.g. Number of sets of working tools

No	Name of the group of tools	Quality used	Utilizations for this Course(Hours)
1			
2			
3			
4			

5			
6			
7			
8			
9			
10			
11			
12			

**Part H(D)- Other Facilities**

<p>1. First aid facilities available:          YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>2. Toilet facilities available:          YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>3. Lighting/power supply available:          YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>4. Fire Safety: YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>5. Instructor-Trainee ratio for theory class:  <input type="text"/></p> <p>6. Instructor-Trainee ratio for practical class:  <input type="text"/></p> <p>7. Maximum number of trainees admissible to the course at a time:  <input type="text"/></p> <p>8. Present number of trainee in the course (at the submission of application)  <input type="text"/></p>
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**Part I-Trainer attached to the Course** (Please attach CVs & copies of certificates pertaining to qualification of the academic staff)

No	Name	Academic/ Professional Qualification	Industrial Experience (Years)	Teaching Experience (Years)	Subjects/ Module taught	Teaching/ Demonstration (Hours)
1						
2						
3						
4						
5						

Part J(A)-Trainees' Entry Requirements	Part J(B)-Trainees' Selection Procedure(Please tick)
1. Trainees' minimum entry academic qualification: <input style="width: 150px; height: 20px;" type="text"/>	1. An Aptitude/entrance test only Y[ ] N[ ]
2. Age limit : <input style="width: 40px; height: 20px;" type="text"/> Years	2. An Aptitude/entrance and test interview only Y[ ]
3. Other: <input style="width: 40px; height: 20px;" type="text"/>	3. Interview only Y[ ] N[ ]
	4. Other: <input style="width: 250px; height: 20px;" type="text"/>

Part K-Certificate
1. Do you award a certificate from your institute to the trainees Y[ ]Please attach a copy N[ ]
2. Do you have any scheme of survey of the students to find employment after completing the course Y[ ] N[ ]
3. Other:

Part L-Details of Quality Management System (QMS)-If, available							
Have you installed a Quality Management System?							
YES <input style="width: 60px; height: 20px;" type="text"/>	(if yes, please specify the type of quality management system) <input style="width: 500px; height: 30px;" type="text"/>  <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Date Installed Conducted</td> <td style="width: 33%;">No. of Audits already done</td> <td style="width: 33%;">Last date of Audit</td> </tr> <tr> <td><input style="width: 60px; height: 20px;" type="text"/></td> <td><input style="width: 60px; height: 20px;" type="text"/></td> <td><input style="width: 60px; height: 20px;" type="text"/></td> </tr> </table>	Date Installed Conducted	No. of Audits already done	Last date of Audit	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>
Date Installed Conducted	No. of Audits already done	Last date of Audit					
<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 60px; height: 20px;" type="text"/>					
NO <input style="width: 60px; height: 20px;" type="text"/>	(if NO, please specify when to complete the QMS) <input style="width: 250px; height: 20px;" type="text"/>						

Part M- Checklist (This section MUST be completed) (Please tick appropriate answer and attach the documents according to order.)	Office use only			
Items	YES	NO	YES	NO
1. Have you duly filled in the application form				
2. Have you attached the summary of curriculum(if CBT curriculum is not used)				

3. Have you attached the training contract for in-plant training(if applicable)				
4. Have you attached a copy of year plan to entire course				
5. Have you attached a copy of scheme of training(T1)for one module				
6. Have you attached a copy of lesson plan(T2)for one module				
7. Have you attached a weekly time table				
8. Have you attached a trainees' assessment checklist (sample copy)				
9. Have you attached a detailed sketch of the location of the institute (please indicate distance from your nearest town in sketch)				
10. Have you attached copies of CVs and certificates pertaining to qualifications of academic staff attached to the course				
11. Have you attached a sample copy of certificate which is being awarded to the trainees by the institute				

**DECLARATION**

This acknowledgement must signed by the main applicant

**BY SIGNING THIS APPLICATION;**

I declare that all information provided in or with this application is true and correct.

I hereby authorized DOS to make any enquiries it considers necessary or desirable to assist in the processing of my application and assessment of Course

Name of Applicant (Head of Institute)		Official stamp
Signature		
Date		

**Application to be sent to:**

Director,  
Department of Occupational Standards,  
Ministry of Labour and Human Resources,  
Thimphu.

**Contact us:**

Quality Assurance Division:  
PABX NO: 975-2-333867/324845Tel  
EXTENSION NO:2069/2034  
FAX:975-2-326873  
E-mail address:

[dorji.tandin03@gmail.com](mailto:dorji.tandin03@gmail.com)/[rig\\_79@yahoo.com](mailto:rig_79@yahoo.com)

**OFFICE USE ONLY**

Desk evaluator's Name:

Signature:

Date:

Remarks(If any):