

TANSEN MUNICIPALITY TANSEN PALPA

NOTICE OF REQUEST FOR PROPOSAL (RFP)

(First published on Oct 31 2025)

FOR THE IMPLEMENTATION OF TRAINING WITH OJT (LEVEL II WITH 1696 HOURS) PROGRAM

Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE) Phase II is a bilateral initiative of the Government of Nepal (GoN) and the Government of Switzerland. ENSSURE II seeks to institutionalize and scale up work-based learnings, mainly the Dual VET apprenticeship, in the federal system. The overall objective of ENSSURE II is to help "Nepalese youths, women, and men, gain social and economic benefits from a federalized TVET system."

ENSSURE II is implemented by 3 tiers of government at Federal, Provincial and Local level with technical assistance from Helvetas Nepal. Helvetas Nepal provides TA to federal, provincial, and local governments through Project Support Unit (PSU) at Federal and Provinces.

In this connection, under ENSSURE -II, Tansen Municipality, Palpa district invites request for proposals from interested and competent Training Providers having training facilities with adequate physical infrastructures and Human resources, to implement the Training with OJT (Level II with 1696 hours), program on Professional Cook Technician (Level 2 with 1696 hrs.) as per the CTEVT's curricula.

Interested bidders can download RFP documents from www.tansenmun.gov.np (The bid documents should be submitted in one sealed envelope containing 3 separate envelops of the following documents: . Et etê

- Documents for eligibility, i
 - Technical Proposal and
- Financial Proposal.

The duly completed proposal should be submitted to the following address:

Tansen Municipality

Contact number:9847067777(Head of Educational Department)

Mail: ito.tansenmun@gmail.com

Website: www.tansenmun.gov.np

The consultants will be selected following the Quality and Cost Based Selection (QCBS) method. The minimum score to pass the technical proposal is 60. The weightage of the technical proposal and financial proposal will be 80% and 20% respectively. Any inquiries other than necessary clarifications on the Request for Proposal (RFP) will not be entertained and any type of solicitation will automatically disqualify the bidder from the selection process. Tansen Municipality Palpa district reserves the right to accept or reject any or all proposals without stating any cause.

The deadline for the submission of the proposal is before 05:00 PM Nov 16 2025. In case the last day of submission falls on a public holiday, then the next working day and same time, shall be

considered as the last date.

Request for Proposal (RIP) for Private Institute

tor.

u i lan

DOM: TO

10 [10 11]

· factors.

Sint i had and

Standard Request for Proposal

For Implementation of Training with OJT Program
ON
Professional Cook Technician (Level 2 with 1696 hrs.)

Procurement of Consulting Services National Competition Bidding

Project: Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE) Project-II

Financing Agency: Swiss Agency for Development and Cooperation (SDC)

Issued by: Tansen Municipality Palpa District

Oct 2025

Request for Proposal (RIP) for Private Institute 3

the fine

ligibility Criteria

o be eligible in the selection process, the Training Institutes must fulfill the following eligibility riteria.

Notarized copy of Firm's registration and updated in the office of the Company Registrar a) indicating at least three years standing of the firm/s;

b) Notarized copy of VAT registration.

c) Notarized copy of Valid CTEVT affiliation to conduct 1400-1696 hours training in a related occupation or Copy of Valid CTEVT affiliation to conduct the pre/diploma in a related occupation.

Notarized copy of Tax clearance certificate for the last three fiscal (2079/80 , 2080/2081

- and 2081/82) Notarized copy of Audit report for the last three fiscal year 2079/80, 2080/2081 and 2081/82)
- At least NRs. 3 million turnovers of last three fiscal years 2079/80, 2080/2081 and 2081/82)
- Self-Declaration made in writing by the training provider/s that it is not disqualified for taking part in the procurement proceedings, that it has no conflict of interest in the proposed procurement proceeding, and that it has not been punished for an offense relating to the concerned profession or business.

30.7 C

isa na na takun 1 1 pr (1511

Contents	· · · · · · · · · · · · · · · · · · ·	5
	Bidders:	
Technical Pro	posal - Standard Forms	7
TECH A:	TECHNICAL PROPOSAL SUBMISSION LETTER	8
TECH B:	BIDDER'S REFERENCES	10
TECH C:	WORKING EXPERIENCES IN TRAINING PROGRAM	12
TECH D :	AVAILABLE INFRASTRUCTURE AND EQUIPMENT	12
	DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERF	
TECH F :	TEAM COMPOSITION FOR PROPOSED ASSIGNMENT	14
TECH G : STAFF	FORMATS OF CURRICULUM VITAE (CV) FOR PROPOSED PROFE 15	SSIONAL
TECHH:	ACTIVITY (WORK) PLAN	16
TECH 1:	PROFESSIONAL PERSONNEL PLAN	17
Financial Pro	pposal - Standard Forms	18
FIN A:	FINANCIAL PROPOSAL SUBMISSION LETTER	19
FIN B:	SUMMARY OF COST FOR [PROPOSED NO.] TRAINEES	20
	ETAILED BREAKDOWN OF COST	
	A CONTRACTOR OF THE PARTY OF TH	A PARTY AND A PART

Instructions to Bidders:

- Any unclear points regarding this proposal submission process can be discussed and agreed on the pre-bid meeting. The clarification from Palika shall be published in the Palika's website or will be informed to all the bidders using appropriate means of communication within 5 days of the meeting so held.
- 2. All copies (every page) of the evidence documents should be duly notarized.
- The bidders are supposed to submit the documents mentioned as the Mandatory requirements only in the ToR with this proposal.
- Request for proposal should be submitted by a sole firm. Sub-contracting, Joint Venture, and franchising shall not be allowed.
- The Bidders are requested to submit the documents in an appropriate order, duly compiled with a perfect hard binding copy. The proposal formats shall be in a serial order from TECH – A to TECH – I, CVs, and other required documents. We strongly advise not to attach unnecessary documents.

6. The Bidders shall be responsible for the consequences of any submitted fraudulent documents.

Request for Proposal (RfP) for Private Institute 6

Technical Proposal - Standard Forms

TECH A. TECHNICAL PROPOSAL SUBMISSION LETTER.

TECH B. CONSULTANT'S REFERENCES.

TECH C. SPECIFIC EXPERIENCE OF THE CONSULTANTS RELATED TO THE

ASSIGNMENT

TECH D. AVAILABLE INFRASTRUCTURE AND EQUIPMENT (SUBJECT TO FIELD

VERIFICATION)

TECH E. DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM

THE ASSIGNMENT.

TECH F. TEAM COMPOSITION AND TASK ASSIGNMENTS.

TECH G. FORMAT OF CURRICULUM VITAE (CV) FOR PROPOSED PROFESSIONAL

STAFF.

TECH H. ACTIVITY (WORK) SCHEDULE.

TECH I. PROFESSIONAL PERSONNEL PLAN

2923

TECH A: TECHNICAL PROPOSAL SUBMISSION LETTER
Date:
Tansen Municipality/Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE)-
Tansen, Palpa
Subject: Submission of the Technical Proposal
Dear Sir:
We, the undersigned, offer our services to implement 1696 hours Training with OJT program or Professional
Our proposal is binding upon us and subject to the modifications resulting from contract negotiations. We hereby confirm that our proposal is in accordance with the Standard Formats provided in the Request for Proposal (RFP).
We understand you are not bound to accept any Proposal you receive.
Sincerely Yours,
Authorized Signature:
Name and Title of Signatory:
Name of Bidder:
Address:
Stamp of the Bidder:
State of State

Abbreviations

CV - Curriculum Vitae

CTEVT - Council for Technical Education and Vocational Training

DO - Development Partner

EA - Executive Agency

ENSSURE - Enhanced Skills for Sustainable and Rewarding Employment

EOI - Expression of Interest

GON - Government of Nepal

OJT - On-the-job Training

NSTB - National Skill Testing Board

PAN - Permanent Account Number

PPA - Public Procurement Act

PPR - Public Procurement Regulation

RfP - Request for Proposal

TNA - Training Need Assessment

TOR - Terms of Reference

TOT - Training of Trainers

TSLC - Technical School Leaving Certificate

VAT - Value Added Tax

TPs - Training Providers

Request for Proposal (RfP) for Private Institute 5

Eligibility Assessment Criteria for Bidder

To be eligible in the bidding process, the training provider along with its consortium must meet the following criteria. <u>Please submit the eligibility assessment documents separately according to the following order</u>.

S.N.	Particulars	The Documents to be Attached	Attached? (Yes or No
1	Firm's registration and updated in the office of the Company Registrar indicating at least three years standing of the firm/s	Notary certified copy of company registration	
2	VAT registration	Notary certified copy of VAT registration.	
3	Valid CTEVT affiliation to conduct 1400-1696 hours training in related occupation with letter of renewal or Valid CTEVT affiliation to conduct the pre/diploma course in related occupation.	Notary certified copy of CTEVT affiliation letter	
4	Tax clearance certificate for the last three fiscal years (2079/080 ,2080/081 and 2081/82) or Time extension letter of Inland Revenue Department in case of not taken tax clearance certificate.	Notary certified copy of tax clearance certificates of FY (2079/080 ,2080/081 and 2081/82)	111. 017.
5	Audit report of the last three fiscal year (2079/080 ,2080/081 and 2081/82)	Notary certified copy of copy of audit report of FY (2079/080 ,2080/081 and 2081/82)	
6	At least NRs. 3 million turnovers of last three fiscal years (2079/080 .2080/081 and 2081/82)	447	
7	Self-Declaration made in writing by the training provider/s that it is not disqualified for taking part in the procurement proceedings, that it has no conflict of interest in the proposed procurement proceeding and that it has not been punished for an offence relating to the concerned profession or business	Original declaration Letter in the Letter Head of the TPs	

Set Of 27

piX

Trans and the state of the stat

TECH B: BIDDER'S REFERENCES

B1. Background information

B1.1 General Information of Training Provider (TP)

STREET, CO.	Description		Remark
1	Name of the TP/Institute		
2	Address	District	
		Municipality/RM	
		Ward No.	
3 Contact Detail	Office Phone No.		
		Email Address	
4	Contact Person	Name	
	7 1 15 1 11	Designation	
	10041000	Mobile No.	
- 1	Table 1 to	Email address	

B1.2 Legal Information

	egal Information Main Shareholders and Their Holding	Name	Shared Percentage	Remark
				:
2	Head of Organization			
	Name			
	Home Address			
	Mobile			
	Email Address			
3	Company Registration Status	Registration Number		
		Registered Date		
4	4 CTEVT Affiliation (Related to the proposed training)	Affiliation No.	t night	- 11
		Date of Affiliation		
		Affiliated level and occupation/s		
		Validity Date		
5	VAT/PAN Registration	Registration No.		- Shirt
	C. 1-2:	VAT No.		4

Request for Proposal (RiP) for Private Intelligito 10

Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches B1.4. Financial Information of Training Provider (Please submit the	A. S.		
Main Geographical Regions of Experience Organizational Chart Including the full name of the Board of Directors Please provide information on the legally established branch offices. Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches. Information of Training Provider (Please submit the Nanual turnover (NRs.) (As per the audited financial Net profit (NRs.) As per the audited financial Net profit (NRs.) As per the audited financial			
Areas of Expertise Trade Occupate Main Geographical Regions of Experience Organizational Chart Including the full name of the Board of Directors Please provide information on the legally established branch offices, Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches and Annual Information of Training Provider (Please submit the Name of Name) Annual turnover (NRs.) (As per the audited financial Net profit (NRs.) As per the audited financial Net profit (NRs.) As per the audited financial Net profit (NRs.) As per the audited financial			
Main Geographical Regions of Experience Organizational Chart Including the full name of the Board of Directors Please provide information on the legally established branch offices. Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches. In ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial statement) Net profit (NRs.) As per the audited financial			
Main Geographical Regions of Experience Organizational Chart Including the full name of the Board of Directors Please provide information on the legally established branch offices, Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches and ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial statement)			
Organizational Chart Including the full name of the Board of Directors Please provide information on the legally established branch offices, Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches and the provider (Please submit the name of the provider (Please submit the pr	tion		
Please provide information on the legally established branch offices, Information Branch 1 B District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email (Please add more in this table if you have more than 2 branches and Manual Information of Training Provider (Please submit the Nannex) Description FY 2079/080 FY 2080/081 FY 208 (As per the audited financial statement) Net profit (NRs.) As per the audited financial			
Information District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email (Please add more in this table if you have more than 2 branches B1.4. Financial Information of Training Provider (Please submit the Nannex) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial			1. 1
Information Branch 1 District Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches 31.4. Financial Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial	, if app	licable.	
Municipality/RM Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches 31.4. Financial Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial	Branch	2	
Ward Number Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches 31.4. Financial Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial			
Office Telephone No. Contact Person's Name Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches 31.4. Financial Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial			
Contact Person's Designation Contact Person's Mobile Number Email Please add more in this table if you have more than 2 branches 31.4. Financial Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial		A TO BE BOOK OF THE SECOND	
Contact Person's Designation Contact Person's Mobile Number Email (Please add more in this table if you have more than 2 branches and Annual Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial			
Contact Person's Mobile Number Email (Please add more in this table if you have more than 2 branches and statement) Email (Please add more in this table if you have more than 2 branches and statement) FY 2079/080 FY 2080/081 FY 208 FY 2080/081 FY 208 FY 2080/081 FY 208 In Annual turnover (NRs.) (As per the audited financial financial statement) Net profit (NRs.) As per the audited financial			
Email (Please add more in this table if you have more than 2 branches (B1.4. Financial Information of Training Provider (Please submit the NANNEX) (Description FY 2079/080 FY 2080/081 FY 208 (As per the audited financial statement) Net profit (NRs.) As per the audited financial			
Please add more in this table if you have more than 2 branches 31.4. Financial Information of Training Provider (Please submit the ANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial			
B1.4. Financial Information of Training Provider (Please submit the NANNEX) Description FY 2079/080 FY 2080/081 FY 208 Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial		- undiam 1	
Annual turnover (NRs.) (As per the audited financial statement) Net profit (NRs.) As per the audited financial	the cop	y of financia	I document
(As per the audited financial statement) Net profit (NRs.) As per the audited financial		- i	
the audited financial		1.	
St. Sil			
	X,	4704	TO THE REAL PROPERTY OF THE PARTY OF THE PAR
			3353

B2. Understanding of the objective and expected output/outcome of the assignment.

B3. Comments and suggestion on Terms of Reference.

TECH C: WORKING EXPERIENCES IN TRAINING PROGRAM

C1. General working experience in training program (e.g., L-1, L-2, L-3, 1400-1696 hours or pre/diploma etc.) Imparted in last three fiscal years (2079/080, 2080/081 and 2081/082)

(Please provide the information based on the record provided by NSTB only)

S.N.	Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed Skill test or exam	Employment rate (%)	Training Location (Please mention the name of Palika, District and Province)	In which Fiscal Year training was conducted?
1	-6700 (A) 1	1					
2							
3							
4	THE STATE OF	1					
5			2				31.64.3

(Please attach copies of experiences provided by NSTB only. Do not attach the copy of agreement)

C2. Specific training experience in same occupation (e.g., L-1, L-2, L-3, 1400-1696 hours or pre/diploma etc.) imparted in last three fiscal years (2079/080, 2080/081 and 2081/082)

(Please provide the information based on the record provided by NSTB only)

S.N.	Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed Skill test or exam	Employment rate (%)	Training Location (Please mention the name of Palika, District and Province)	In which Fiscal Year training was conducted?
1				The second second			
2							
3							
4	0					(1 2)	0.7,0307
5	4-4-4			Land of		60.	Crosti

(Please attach copies of experiences provided by the NSTB only. Do not attach the copy of agreement)

TECH D: AVAILABLE INFRASTRUCTURE AND EQUIPMENT

Availability of Infrastructure: Office Building, Classrooms, Practical Workshop/labs, Library, Hostels for male and female, Toilets for male and female, furniture's, Safety Equipment/Provisions etc.

Sequest for Proposal (RIP) for Private Institu

S.N. Particular Description Unit (Number) Size Remark

1 2 3 4 5

D2. Safety Equipment

S.N. Particular Description Unit (Number) Size Remark

1 2 3 4 5 5

D3. List of tools, equipment and training materials available
[Please mention the list of available teaching learning materials for those occupations in which you are intended to apply. You can add more rows where necessary.]

SN	Description	Quantity (No. Pieces, etc.)	SN	Description	Quantity (No. Pieces, etc.)
1	-		6		
2	Talente (ESF		7		
2			8		111124
3		-	9		
5			10		

D4. List of industries/companies accepting trainees for industry-based practices (OJT)
[Please mention the list of industries/companies who have accepted for providing industry-based practices in the proposed occupation. You can add more rows where necessary.]

SN	Name of Company	Number of Trainees accepted	In-company trainer/s confirmed (yes/no)	(yes/no)
				miy
-		-		P = CO.
				X.1
			_	

TECH E: DESCRIPTION OF THE METHODOLOGY AND WORK PLAN TO PERFORM THE ASSIGNMENT

(Please mention for both center-based training and industry-based training)

E1. Preparation methodology

Selection of industry and collaboration

MoU sign with OJT providing industries

Outreach strategy/social marketing

Application collection and Orientation to applicants

Selection of trainees

Request for Proposal (RIP) for Private Institute 13

Venue Management, Human resources management, Safety Measures/ Emergency Preparedness

Implementation methodology E2.

- Training implementation method (center-based and industry-based)
- Work plan and personnel schedule
- Management of center-based
- Allocation of trainees and management of industry-based training
- Monitoring and performance evaluation methodology (center-based and industrybased)

Post Implementation methodology E3.

- Skill test preparation and appear in NSTB skill test
- Job placement strategy
- Communication and reporting mechanism

TEAM COMPOSITION FOR PROPOSED ASSIGNMENT TECH F:

3F1. Provide information on proposed staff for the program under this assignment.

S. N.	Proposed Position	Name	Qualification	ToT /instructional skills	Years of Experience
Key E	perts:	THE STATE OF		iter(
1	Training Coordinator		n	119	
2	Instructor 1			100	11 12 11
3	Instructor 2				
		1 0221		principal designation of the second	
Addit	ional Human Resou	rces:			I
1	Database Operator				
2	Placement and Monitoring Officer			ins	10 d

(Please add row as per the requirements)

CVs of the proposed staff, duly signed by the proposed professional staff and the authorized representative of the bidder must be attached for the evaluation. CV must be in the format given below in TECH G.

Please submit copies of the following certificates. If the same expert's CV is submitted by more than one bidder such a CV will not be evaluated in any bidder's favor.

- 1. Highest qualification certificate
- 2. TOT/ instructional skills/managerial skills certificates and
- 3. Evidence of relevant experiences and similar tasks performed; based on the submitted CV.

Proposed Position: Name of Training Institute: Name of Staff: Phone /Mobile No. of Staff (Mandatory): Date of Birth: Education: [Summarize the degrees obtained, college and university and year of education completes staff member.] Qualification Institute/School/College Year of Completion Employment Record: (Starting with present relevant position, list in chronological order every employment held. dates and positions held, names of employing organizations and major tasks performed.) Position and Duration Employer Major tasks performed Training: Summarize relevant training (TOT or Management and Supervision) successfully completed from the control of the con	TECH G:	STAFF		(CV) FOI	R PROPOSED PROFESSION.
Name of Staff:	Proposed Pos	ition:		_	
Phone /Mobile No. of Staff (Mandalory):	Name of Train	ing Institute:			
ducation: Summarize the degrees obtained, college and university and year of education completed formation. Qualification Institute/School/College Year of Completion imployment Record: Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant manual major tasks performed. Position and Duration and Major tasks performed in manual position and Duration and Supervision) successfully complete formation and major tasks performed in manual position and duration. Institute Duration and Date in the undersigned, certify that to the best of my knowledge and belief, these data correctly of a qualifications, my experience, and myself. Date: Qualification:	Name of Staff:				
ducation: Summarize the degrees obtained, college and university and year of education completed free member. Qualification	hone /Mobile	No. of Staff	(Mandatory):		
Adducation: Summarize the degrees obtained, college and university and year of education complete that member. Qualification					
Qualification Institute/School/College Year of Completion Imployment Record: Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Major tasks performed Major tasks performed Institute Duration and Date Position and Duration institution and duration. Institute Duration and Date Portification: The undersigned, certify that to the best of my knowledge and belief, these data correctly of a qualifications, my experience, and myself. Date: One of staff member and authorized representative of the consultant [Day/Month/Yeard authorize					to the completion of
mployment Record: Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, names of employing organizations and major tasks performed.] Position and Duration Employer Major tasks performed Praining: Institute Major tasks performed Praining Institution and duration.] Institute Duration and Date Position: The undersigned, certify that to the best of my knowledge and belief, these data correctly of a qualifications, my experience, and myself. Date: Iname of staff member and authorized representative of the consultant Day/Month/Yeal Iname of authorized representative:	Summarize th	e degrees o	btained, college and univers	ity and y	ear of education completion o
mployment Record: Starting with present relevant position, list in chronological order every employment held. Starting with present relevant position, list in chronological order every employment held. Starting with present relevant so of employing organizations and major tasks performed. Major tasks performed	laff member.] Qualification	ln:	stitute/School/College		Year of Completion
Starting with present relevant position, list in critoriologials and major tasks performed.] Position and Duration					In sect distant
raining:	Starting with page	present releva itions held, na	mes of employing organization	ical order	major tasks performed.]
Institute Praining Institute Duration and Date Praining Praining Institute Duration and Date Praining Praining Institute Duration and Date Praining Prain	Position and	Duration	Employer	Maj	or tasks performed
retification: the undersigned, certify that to the best of my knowledge and belief, these data correctly of qualifications, my experience, and myself. Date: Iname of staff member: Iname of authorized representative: Iname of the bidder provider: Iname of the bidder provider:					
Institute Praining Institute Duration and Date Praining Praining Institute Duration and Date Praining Praining Institute Duration and Date Praining Prain					
entification: he undersigned, certify that to the best of my knowledge and belief, these data correctly of qualifications, my experience, and myself. Date: Gnature of staff member and authorized representative of the consultant] [Day/Month/Yell name of staff member: I name of authorized representative: Imp of the bidder provider: Imp of the bidder provider:	aff member, g	giving names	of training institution and an	ration.]	Duration and Date
entification: he undersigned, certify that to the best of my knowledge and belief, these data correctly of qualifications, my experience, and myself. Date: Gnature of staff member and authorized representative of the consultant] [Day/Month/Yell name of staff member: I name of authorized representative: Imp of the bidder provider: Imp of the bidder provider:	. Calabara				10.7
Date: Grature of staff member and authorized representative of the consultant] [Day/Month/Yell name of staff member: I name of authorized representative: Imp of the bidder provider: Imp of the bidder provider:	1 1 2 7				2 2 44 1
name of staff member: name of authorized representative: mp of the bidder provider: Travel	qualification	s, my experie	ence, and mysen.		Date:
mp of the bidder provider:	gnature of sta	aff member a	nd authorized representative	of the c	onsulanti (Daymonali real)
mp of the bidder provider:	I name of sta	ff member: _			
mp of the bidder provider:	name of aut	horized repre	esentative:		
A State of the sta	IF CY				W. Electrical St.
And the state of t		der provider:			12
A Single	The state		A		1 Marino 18
76			Si X		Trana
placin to the contract of the		T.	of less	P	2003
Control of the state of the sta	0.300			/	7004
The data of the second of the	September 19				1 1 2 3 7 7 2 3

[1st, 2nd, etc. are months from the start of assignment.] 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 15th 15th
--

TECH H:

Signature:

(Authorized representative)

Full Name:

Title:

Address:

Cell no:





EC	TECH I:	PROFESSIONAL PERSONNEL PLAN	AL PERSO				1st,	a, bu	tc. al	e mc	nths	from	[1st, 2nd, etc. are months from the start of assignment.]	tart	of ass	ignm	ent]		
NU	CM Namo		Position	Responsibility						-	1	-	1	4	401	244	13TH	14th	150
200	Name	が のまという			1st	2nd	3rd	4th	5th 6	th	th S	5	1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th	5			2		
										-	Ī	-	-	-					
-								1		+	+	+	+	+	+	1			
										W		-	-						
T							1	-	-	-	-	-	-						
														-	1	1			
T											-	-	_					12.3	
								1	1	1	+	+	+	+	1				
-												- New 2017 W			-				

Signature:

(Authorized representative)

Full Name:

Title:

Address:

Cell no:



Financial Proposal - Standard Forms

FIN A: FINANCIAL PROPOSAL SUBMISSION FORM

FIN B: SUMMARY OF COSTS

FIN C: DETAILED BREAKDOWN OF COST

A CONTRACTOR OF THE PROPERTY O

FIN A : FINANCIAL PROPOSAL SUBMISSION LETTER
Date:
Tansen Municipality/ Enhanced Skills for sustainable and Rewarding Employment (ENSSURE)-II, Tansen, Palpa
Subject: Submission of the Financial Proposal
Dear Sir/Madam;
We, the undersigned, offer our services to implement 1696 hours Training with OJT program on Professional
Our Financial Proposal shall be binding upon us subject to the modifications resulting from Contract negotiations, up to the expiration of the validity period of the Proposal, i.e.,/ 2026.
We understand you are not bound to accept any proposal you receive.
Sincerely Yours,
Authorized Signature: Name and Title of Signatory: Name of the Bidder:
Address: Stamp of the bidder:

Costs	Amount(s)	Amount in Figure (Mandatory
Sub-total Training Cost (A. 1)		
Value Added Tax (VAT) (A. 2)		
Total Training Cost Including VAT (A. 3)		
Total Amount of Financial Proposal (A.3+B.1)		







FIN C: DETAILED BREAKDOWN OF COST

Financial Proposal for Training Courses with OJT

Name of Service Provider:

Address:

Occupation: Professional Cook

Training Duration: 1696 hrs (10 months)

Proposed number of participants = 20

Durat						
lumb	er of Participant: 20					
5.N.	Particulars	Unit	Quantity	Rate (NPR)	Amount (NPR)	Remarks
A.	Direct Training Cost					
1	Training Delivery Cost				1	Ocean beautifraining
1.1	Training Coordinator	Day	188			Center- based training costing for per day
1.2	Instructor (Officer Level)	Hour	1120			Center- based training costing for theory and practical session
1.3	Assistant Instructor	Hour	886.5			Center- based training costing for practical hours only
1.4	Teaching Aide/Store Management	Hour	886.5			Center-based training costing for practical hours only
			Su	total 1		
2	Teaching Materials Cost					
2.1	Consumable materials	Trainee	20			
2.2		Trainee	20			11.
			Su	total 2		
3	Training Supports Cost(Miscellaneous)					
3.1	Training announcement and selection	LS	1			C()
3.2	Office management (Monitoring, utilities, supplies, communication, transportation, supporting staff etc) cost	Month	10			
3.3	Agreement/ OJT	LS	1			
			Sul	total 3		
	Total direct cost for 20 trainees without VAT =A (1+2+3)					7.5
	Per trainee direct cost (without VAT) = A/20					4
	VAT (13 %)				1	

The star

jik.



	Total direct cost for 20 trainees (with VAT)	1	1			
	Per trainee direct cost (with VAT)					Applicable only for private training providers
	Total per unit cost	Unit	Quantity	Rate (NPR)	Amount (NPR)	
В	Indirect Cost (Reimbursable Cost)			(WEN)	(MIN)	
1	Transportation allowance for trainee-Trainee Day (20 trainees '260 days)	Trainee day	5200	100	520000	
2	Material cost for skill test	Trainee	20	3500	70000	
3	Group personal accidental Insurance (Min. 7 Lakhs/person)	Trainee	20	1000	20000	
	Total indirect cost for 20 trainees =B	-	 		610000	
	Per trainee indirect cost = B/20			-	30500	
	Total cost (Direct and Indir	Total cost (Direct and Indirect) without VAT = C				
	Per trainee cost (Direct	and indire	ect)-without	VAT		0.139

Per trainee cost (Direct and Indirect)-without VAT

Note:

- Local Government will recommend the skill test to NSTB based on the provided list of technical school/TP
- 2. The cost of the skill test will be paid directly to the NSTB by the local government.

Authorized Signature

Date:

Office Stamp

jšX

