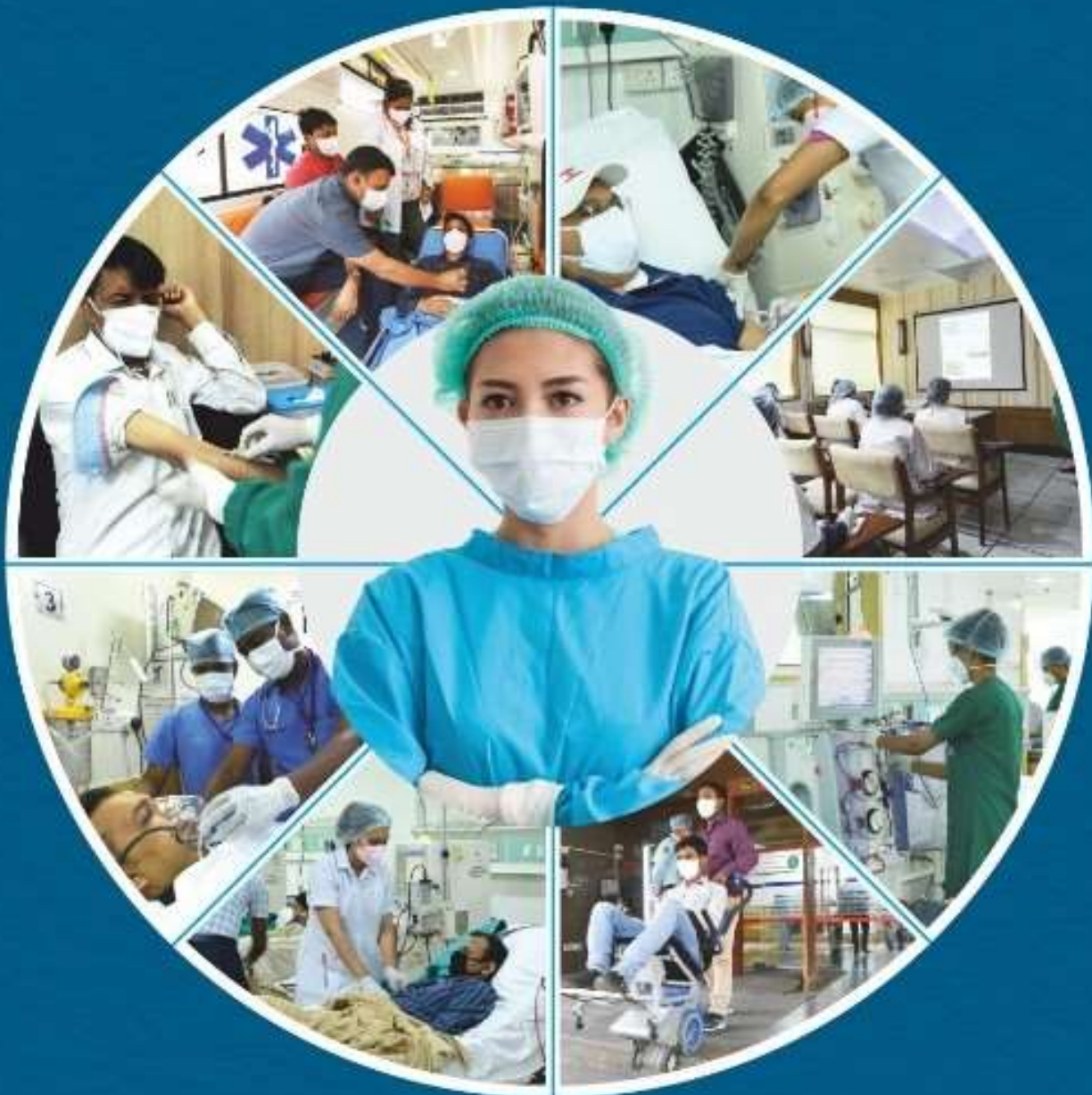Skill India
कौशल भारत-कुशल भारत

Guidelines for Customised Crash Course Programme for COVID Warriors

(Pradhan Mantri Kaushal Vikas Yojana 3.0)

Disclaimer

All information contained in these guidelines, subsequently provided / clarified are in good interest and faith. The Guidelines for Customised Crash Course Programme for COVID Warriors document should be used along with the PMKVY 3.0 (2020-2021) scheme guidelines issued by MSDE earlier.

MSDE without liability or any obligation, reserves the right to amend, delete or add any information mentioned in this document at any stage.

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Abbreviations and Acronyms

1	AEBAS	Aadhaar Enabled Biometric Attendance System
2	AEAP	Aadhar Enabled Assessment App
3	B&L	Boarding and Lodging
4	CCTV	Closed-circuit television
5	CHC	Community Health Clinic
6	CSCM	Centrally Sponsored Centrally Managed
7	CSSM	Centrally Sponsored State Managed
8	DDUGKY	Deen Dayal Upadhyaya Grameen Kaushalya Yojana
9	DSC	District Skill Committees
10	ESCC	Executive Skill Committee for COVID-19
11	GFR	General Financial Rules
12	HMV	Heavy Motor Vehicle
13	HSSC	Healthcare Sector Skill Council
14	IMC	Internal Monitoring Committee
15	IT	Information Technology
16	KPI	Key Performance Indicator
17	LMO	Liquid Medical Oxygen
18	MRA	Medical Record Assistance
19	MoHFW	Ministry of Health and Family Welfare
20	MSDE	Ministry of Skill Development & Entrepreneurship
21	NSDC	National Skill Development Corporation
22	NULM	National Urban Livelihood Mission
23	OBD	Out Bound Dialling
24	OJT	On-the-Job Training
25	PHC	Primary Health Clinic
26	PIAs	Project Implementing Agencies
27	PMC	PMKVY Monitoring Committee
28	PMKK	Pradhan Mantri Kaushal Kendra
29	PMKVY	Pradhan Mantri Kaushal Vikas Yojana
30	PPE	Personal Protective Equipment
31	RPL	Recognition of Prior Learning
32	SEO	State Engagement Officer
33	SIP	Skill India Portal
34	SPIAs	Special Project Implementing Agencies
35	SSDM	State Skill Development Mission
36	STT	Short Term Training
37	TC	Training Centre
38	TP	Training Partner
39	ToT	Training of Trainer
40	UT	Union Territory

Chapter 1: Crash Course Programme for COVID Warriors under PMKVY 3.0 - General

1.1. Introduction

COVID-19 has put our existing healthcare system under unprecedented stress, and it was felt that there is a requirement of skilled COVID warriors across the country. In order to meet this deficit of skilled COVID warriors and augmentation of available healthcare services with limited span of time, Ministry of Skill Development and Entrepreneurship (MSDE) has undertaken a programme to create a pool of trained/skilled COVID warriors with scale, speed and as per standardised skilling ecosystem. Accordingly, the 'Customised Crash Course Programme for COVID Warriors' is designed as a special programme for its effective implementation under Special Project category of Central Component of Pradhan Mantri Kaushal Vikas Yojana 3.0 (PMKVY 3.0).

The exigencies emanating from the first and second waves of COVID-19 have posed unprecedented challenges and the shortage of adequately skilled healthcare workers, including a surge in demand for drivers trained in handling and transportation of Liquid Medical Oxygen. It is with this objective in mind that the present guidelines have been framed in order to train the candidates in healthcare sector job roles as well as train the drivers in handling and transportation of the Liquid Medical Oxygen (LMO) by way of the present crash course programme for the COVID Warriors under PMKVY 3.0.

The present programme has been devised specifically keeping in mind the COVID-19 related challenges and to enable a robust response mechanism to any ensuing COVID-19 related exigency.

1.2. Objective

The Programme aims to train about one (01) Lakh COVID Warriors as well as about 2,800 drivers for handling and transporting LMO across the country. This programme would provide avenues to youth for skill training, certification and opportunity for wage employment. The programme has following key objectives:

  i.   to meet the upsurge in the demand of skilled healthcare professionals and associated professionals from logistics sector.
  ii.   to reduce the burden of existing healthcare professionals.
  iii. to provide timely healthcare services in every corner of the country.

1.3. Components

The Customised Crash Course Programme has three components namely;

1.3.1 Component 1: Fresh Skilling (Short Term Training-STT) of candidates in Healthcare Sector Job Roles.

The training under this component will be conducted on customised crash courses in identified six (06) job roles (as mentioned in 1.4) suggested by Healthcare Sector Skill Council (HSSC). The training duration will be of approximately 21-days of theory-based classroom training followed by approximately 90 days On-the-Job Training (OJT) in healthcare facility such as Primary Health Centres, hospitals, diagnostic facility, sample collection centre, etc. OJT pay-out shall be made to candidates directly through Direct-Benefit-Transfer (DBT) process. This training would be followed by the assessment and certification of trainee for the crash course and the same shall be undertaken by HSSC in accordance with key roles and responsibilities identified in PMKVY 3.0.

1.3.2 Component 2: Upskilling (Recognition of Prior Learning - RPL) of candidates who have been trained under PMKVY 2.0. The training under this component will be of approximately one-week duration as a bridge course on original 6 job roles (as mentioned in table 1, Column 4 - '*QP to which mapped to*') for imparting skill training. This training would be followed by the assessment and certification of trainee.

1.3.3 Component 3: Training of drivers in handling and transportation of the Liquid Medical Oxygen. Oxygen is one of the important commodities for medical management of COVID-19 pandemic and has become a critical requirement in all hospitals. Its supply to hospitals across the country is critical for our response to COVID-19. Currently, there are reportedly only 1,200 Tanker vehicles that are presently deployed to ferry the Liquid Medical Oxygen (LMO) across the country. Given the fact that the Driver must be HMV qualified, Chemical Hazard Driving certified and trained and then qualified for LMO Tanker driving, there is substantial lead time involved in building capacity.

This has led to **immediate requirement to create a skilled workforce of about 2,800 drivers for handling and transportation of LMO.** Based on the recommendations of Logistics Sector Skill Council (LSSC) pertaining to customised Qualification Pack (QP)/National Occupational Standard (NOS) that are appropriate to the competencies of drivers, LSSC will train 2,800 drivers in handling and transportation of LMO as a Special Project under PMKVY 3.0. The training duration will be of 217 hours/ 27 days. The special training of HMV license-holder drivers in transportation of Hazardous Chemicals as well as LMO, along with focus on 'defensive driving' while transporting LMO will be conducted.

1.4. Job Roles details for Crash Course

The Job Roles have been customised by the respective Sector Skill Councils for the trainings to be imparted under three components.

1.4.1 Job Roles for Healthcare Trainings

Based on the recommendations of Healthcare Sector Skill Council (HSSC), training would be imparted in customised six job roles namely:
  i.   COVID Frontline Worker (Home Care Support),
  ii. COVID Frontline Worker (Basic Care Support),
  iii. COVID Frontline Worker (Advanced Care Support),
  iv. COVID Frontline Worker (Emergency Care Support),
  v.   COVID Frontline Worker (Sample Collection Support),
  vi. COVID Frontline Worker (Medical Equipment Support)

As COVID healthcare management requires extensive data management, therefore the course content for the job role of '*Medical Record Assistance (MRA)*' has been embedded in the course content of all six job roles.

Table 1: Detail of Job Role wise Crash Course

Sl. No.	Crash Course	Crash Course QP Code	QP to which mapped to	Estimated Hours*	Minimum Education Criterion
1	COVID Frontline Worker (Basic Care Support) -CFW-BCS	HSS/Q5104	General Duty Assistant (GDA)	195 hours	10th Pass
2	COVID Frontline Worker (Home Care Support) - (CFW-HCS)	HSS/Q5105	Home Health Aide (HHA)	195 hours	10th Pass
3	COVID Frontline Worker (Advanced Care Support) - (CFW-ACS)	HSS/Q5605	GDA Advanced – Critical Care (GDAA)	210 hours	10th Pass
4	COVID Frontline Worker (Sample Collection Support) -(CFW-SCS)	HSS/Q0502	Phlebotomist	211 hours	12th Pass (Science)
5	COVID Frontline Worker (Emergency Care Support) - (CFW-ECS)	HSS/Q2303	Emergency Medical Technician-Basic (EMTB)	144 hours	12th Pass
6	COVID Frontline Worker (Medical Equipment Support) - (CFW-MES)	HSS/Q5604	Medical Equipment Technology Assistant (META)	312 hours	10th Class + I.T.I + 3-5 Years of experience OR Diploma

Sl. No.	Crash Course	Crash Course QP Code	QP to which mapped to	Estimated Hours*	Minimum Education Criterion
					(technical subjects)

(* Considering that actual number of days will be number of classroom hours as per Table 1.4 @ 9 hours per day and OJT hours divided by 8 hours per day)

1.4.2 Job Roles for LMO Trainings

Based on the recommendations of Logistics Sector Skill Council (LSSC), training would be imparted on customised Qualification Pack (QP)/ National Occupational Standard (NOS) that are appropriate to the competencies as per identified and mapped to the QP of 'Commercial Vehicle Driver (CVD)'. The Training Content shall focus on:

  i.   Defensive driver training
  ii.   Hazardous chemical handling training, including practical training for 2 return trips (empty tankers) which has a turnaround time of around 6-7 (Six to Seven) days per trip (total 12 (Twelve) days)
  iii. Liquid medical oxygen handling and transportation

Table 2: Detail of LMO Crash Course

Sl. No.	Mapped QP	Mapped NOS	Theory Hours
1		ASC/N9703 Ensuring road worthiness of vehicle	72
2	Commercial Vehicle Driver - LMO, LSC/Q1005 (NSQF Level 4)	ASC/N9705 Drive safely on the assigned route including long distance trips	72
3		ASC /N0012 Practice HSE and security related guidelines	73
			Total 217 Hours/ 27 days

Chapter 2: Crash Course Programme for COVID Warriors under PMKVY 3.0 - Methodology and Implementation

2.1 Overview

This initiative shall be implemented under Central Component of the PMKVY 3.0 and National Skill Development Corporation (NSDC), will be the implementing agency and will be responsible for execution and monitoring of the programme with the support of District Skill Committees (DSCs)/ State Skill Development Mission (SSDMs). This programme shall adhere to PMKVY 3.0 guidelines and administrative structure except for the relaxations or exemptions as provided under Chapter 7 herein, in order to effectively and efficiently address the exigencies posed by COVID-19.

2.2 Training Target

For component 1 and 2, total training of about 1,00,000 (One Lakh) candidates (about 90,000 candidates under STT and 10,000 under RPL) will be done depending upon demand received from States/UTs, and infrastructure availability for the specific Job roles. For component 3, total training of 2,800 drivers will be conducted based on identified TP/ Industry bodies where such trainings can be conducted.

2.3 Selection and Empanelment of Training Centres (TC)

The priority for allocation of training targets for healthcare Job Roles will be done in following manner to eligible Training centres:
   i.   PMKKs/PMKVY Training Centres (TC) in the district, and/or
   ii. TCs affiliated and accredited by SSDM under CSSM component of PMKVY, and/or
   iii. TCs affiliated and accredited under DDUGKY/DAYNULM schemes of central government, and/or
   iv. Other TCs in the district affiliated and accredited by NSDC for training of allied healthcare professionals for private sector, and/or
   v.   Hospitals/nursing/paramedic schools recommended by States/UTs for such training.

2.4 Boarding and Lodging

Boarding and Lodging (B&L) facilities shall be allowed for approximately 21 days under fresh skilling (STT) and an additional 90 days (approx.) during OJT period under Component 1 i.e. Fresh Skilling (STT). During Classroom training, Boarding and Lodging pay outs, (as per PMKVY norms on residential facilities availed) will be available to all candidates of domicile outside the district of the TC. However, self-boarding and Lodging

to all candidates on OJT will be provided.

2.5   Placement

Given the crisis arising owing to the epidemic caused by COVID 19, the efforts to skill candidates under healthcare sector as COVID warriors is of prime importance. The programme has been customized to meet the urgent requirement of healthcare workers. The modifications encapsulate customization on class-room training hours, and enhanced focus on OJT. To ensure quality outputs, candidates are also assessed at two levels: a) interim assessment after classroom training b) assessment after OJT. This ensures readiness of candidates during on-ground working as COVID warriors and enhances the chance of successful placement.

Therefore, given the nature of the customized crash course and its objectives, the payment milestones have been altered, in line with the exception defined in Common Norms document refer Annexure 3 "extension work[1]"

However, Training Partners are mandated to carry out the roles and responsibilities, aligned to PMKVY 3.0 Guidelines.

In addition to Training Partner, the placement of trained candidates may also be ensured by DSC, NSDC, HSSC, Centre at the primary/community health clinic, health facilities and hospitals.

2.6   Mobilization

- District Skill Centres (DSCs) and Skill mission (SSDMs shall be responsible for mobilisation and counselling of candidates.
- For Fresh skilling, candidates meeting QP eligibility will be selected for training and for Upskilling, the candidates those require training based on the data provided by NSDC (for certified candidates of PMKVY 2.0) to be identified
- Requisite support from Training Providers (TP) can be availed for mobilization and counselling.

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[1] extension work" such as that carried out in the fields of agricultural and related activities, public health etc would be recorded as an activity distinct from skill development. These would need to be programmes of durations of 32 hours or more, which leads to any economic or social benefit that may not be immediately measurable, and the Common cost norms would not be applicable to such extension work." Refer Annexure 3, point 4 – pg. 801

Chapter 3: Crash Course Programme for COVID Warriors under PMKVY 3.0 - Key stakeholders, Roles and Responsibilities

3.1. Executive Skill Committee for COVID-19 (ESCC)

3.1.1. The 'Executive Skill Committee for COVID-19 (ESCC)', headed by Additional Secretary (Skill Development), MSDE has been constituted for formulation, implementation, overall monitoring of the Programme in time bound manner. This ESCC is empowered for taking appropriate decision in the matter for dynamic fixation of targets between Short Term Training and Recognition of Prior Learning.

3.1.2. The composition of the ESCC is as under:

Table 3: Composition of ESCC

Sl. No.	Composition of ESCC Member	Roles to be played in ESCC
1	Additional Secretary (Skill Development), MSDE	Chairman
2	Chief Operating Officer, NSDC	Member
3	Deputy Director General, Directorate General of Training (DGT), MSDE	Member
4	Director, Budget/IFD, MSDE	Member
5	Head, RPL/Special Project, PMKVY, NSDC	Member
6	Head, Monitoring, PMKVY, NSDC	Member
7	CEO, Healthcare Sector Skill Council (HSSC)	Member
8	Joint Director, PMKVY Division, MSDE	Member Secretary

3.1.3. The ESCC shall be responsible for the following:

3.1.3.1. The ESCC shall meet regularly to formulate special programme for skilling/upskilling in COVID-19 related courses under CSCM component of PMKVY 3.0.

3.1.3.2. The ESCC shall refer the formulated special programme before the Steering Committee and shall adhere to the PMKVY 3.0 Guidelines. In case of any deviation from PMKVY 3.0 guidelines, the ESCC shall examine the same and place it before the Steering Committee for PMKVY 3.0 for final approval.

3.1.3.3. The ESCC shall review the overall implementation (whole training life cycle) and monitoring of special programme as done by Project Implementing Agency i.e. National Skill Development Corporation (NSDC).

3.1.3.4. The ESCC shall also formulate, execute, and monitor other allied skilling initiatives, apart from PMKVY 3.0, for COVID-19.

3.1.3.5.   The ESCC shall submit the final report within 15 (Fifteen) days after completion of special programme before the Steering Committee of PMKVY 3.0.

3.2. National Skill Development Corporation (NSDC)

The responsibilities of NSDC in the special training programme shall be the following:

3.2.1.   Implementation/ overall execution of the components

3.2.2.   Monitoring and evaluation of the programme

3.2.3.   Target Allocation to Pradhan Mantri Kaushal Kendra (PMKK)/PMKVY Training Centres (TCs) & other TCs with a suitable methodology duly approved by the ESCC

3.2.4.   Provide technical support to SSDMs, DSCs, TPs wherever required.

3.2.5.   Any other responsibilities as assigned by the ESCC

3.2.6.   To ensure smooth implementation of Programme, NSDC/SSC shall augment their capacity for handholding and support to SSDMs and DSCs.

3.2.7.   NSDC, being a project implementing agency, shall ensure all support to candidates (participants handbook, induction kit, accidental insurance etc.) as per provision of PMKVY3.0 Guidelines.

3.2.8.   Grievance redressal

3.3. State Skill Development Missions (SSDMs)

The responsibilities of SSDMs in the special training programme shall be the following:

3.3.1.   SSDMs shall act as the apex body at State / Union Territory level for overall implementation of the components of the programme in coordination with the MSDE, NSDC & DSCs, Training Partners (TPs), if required.

3.3.2.   SSDMs to upload job role and district wise demand on Skill India Portal (SIP) keeping the target audience as mentioned below in suitable consultation with DSCs:

   i.   **Upskilling (RPL) -** Certified candidates in healthcare job roles across all PMKVY 2.0, willing to upskill and/or, state demand/ any other category of experienced persons

   ii.   **Fresh Skilling (STT) -** Fresh candidates meeting QP eligibility criteria certification

3.3.3.   SSDMs shall extend administrative support for Boarding & Lodging of trainees in suitable consultation with DSCs and TPs.

3.3.4.   SSDMs shall issue advisories/instructions for permission to open centres and passes for movement of people like centre staff, candidates etc. to permit preparation for commencement of training and subsequent activities.

3.3.5.   Appointment of Nodal Officer in each district for issuance of permission to operate the nominated training centres and movement passes for trainees and staff of nominated training centres and any other administrative support required for training under this scheme; and residential facilities to the candidates.

3.3.6. SSDMs shall also recommend for on boarding of new TP/TCs through an Endorsement letter (may be from District Skill Committee/ any other competent authority) to validate new TCs as per Accreditation and Affiliation norms.

3.4. District Skill Committees (DSCs)

District Skill Committee (DSC) chaired by District Collector will be the focal point for implementation of this programme. The responsibilities of DSCs in the special programme shall be the following:

3.4.1. Demand aggregation on selected job roles, mobilisation of candidates, batch formation, conduct of On the Job Training (OJT) in Hospitals/health centres and placement of candidates etc. would be done by DSCs with the support of State Skill Development Mission (SSDMs).

3.4.2. Vaccination for trainees and staff of training providers.

3.4.3. Designating the candidates trained under this scheme as 'Covid/Corona Warriors' in line with any such central/state government policy for healthcare professionals deployed in COVID care facilities.

3.4.4. Identification of hospitals / other healthcare facilities for OJT and subsequent deployment of allied healthcare professional trained under this scheme.

3.4.5. Facilitation for stipend to the candidates during OJT

3.4.6. Monitoring and supervising of training quality and OJT

3.4.7. Provision of Personal Protective Equipment (PPEs) to trainees

3.4.8. Grievance redressal

3.5. Sector Skill Council (SSC)

The responsibilities of SSCs in the special programme shall be the following:

3.5.1. Finalisation of training content and curriculum in accordance with the approving authority and as per the requirement of crash course for COVID-19.

3.5.2. Post training completion under this programme, career path development for trained candidates in terms of further training on high or other NSQFs.

3.5.3. Training of trainers in time bound manner and based on the demand received.

3.5.4. Assessment and Certification in time bound manner.

3.5.5. OJT will be monitored closely as per daily log-book format approved by SSC with support from NSDC/ SSDM/ DSC.

Chapter 4: Crash Course Programme for COVID Warriors under PMKVY 3.0 - Budget and Funding

4.1. Details on Budget and Funding

4.1.1 The total estimated cost for the programme to train/certify around one lakh candidate is approximately Rs. 276,00,00,000/- (Rupees Two Hundred and Seventy-Six Crore Only). The ESCC, constituted under the programme, is empowered for taking appropriate decision in the matter of dynamic fixation of targets envisaged under the programme without affecting the financial provision.

4.1.2 General Financial Rules (GFR) shall be applied during implementation of the programme. The detailed mechanism for Financial Management shall be as per PMKVY3.0 Guidelines.

4.1.3 The details of cost estimation of approximately Rs. 276,00,00,000/- (Rupees Two Hundred and Seventy-Six Crore Only) (considering the demands of 90,000 candidates under STT and 10,000 under RPL as on 31.05.2021, and apart from these 2,800 trainings will be conducted for LMO) is given at *Annexure-1*.

Chapter 5: Crash Course Programme for COVID Warriors under PMKVY 3.0-Monitoring

5.1. Monitoring Framework

As this programme is part of PMKVY 3.0, monitoring guidelines of PMKVY 3.0 will be complied with few minor alterations catering to specific programme requirements. The monitoring structure, the roles, and responsibilities of key stakeholders in monitoring the programme will be the same as mentioned in PMKVY 3.0 Monitoring guidelines. During the lifecycle of training, following indicators will be monitored to ensure the quality of training being provided:

- Attendance of Candidates
- Availability of Training Centre (TC) facilities & infrastructure
- Availability of Training material as per the guidelines
- Branding of PMKVY as per the guidelines
- Regularity of Training including batch strength.
- Trainer Qualification and Training of Trainer (ToT) certification
- Any unethical practices by TC

Following are the monitoring mechanism and tools planned to be used to monitor the programme:

- Enrolment of candidates will be candidate Aadhar number linked in Skill India Portal (SIP) to avoid any fake enrolments.
- 100% Candidate verification using Out Bound Dialling (OBD) and manual calling.
- Attendance monitoring: Project Implementing Agencies (PIAs) and Special PIAs (SPIAs) are required to submit photograph of daily activities along with manual attendance record in a mobile application and where applicable, AEBAS attendance system will be adopted as permitted by Districts/ States/ UTs.
- Weekly Virtual verification through mobile application
- Physical surprise visits to TCs by DSCs/ State Engagement Officers (SEOs)
- CCTV Monitoring: This is a new channel being proposed to monitor the TCs to ensure that training is conducted regularly as per the schedule. Daily snaps of classroom activities, candidate attendance and control room access to live video footage of TC would be made available through this channel.
- Candidate assessments will be carried out through Aadhar enabled assessment app (AEAP) to ensure only enrolled candidates are assessed for the batch.
- OJT Monitoring: Random checks of daily logbook
- Performance monitoring: Progress of Key Performance Indicators (KPIs) of the programme will be monitored through Skill India Portal.
- Branding and Communication: TCs should adhere to the Branding and Communication Guidelines. Any deviation from the norms will be dealt with as per

the monitoring framework of the Scheme.

- Grievance Redressal: An effective grievance redressal mechanism will be put in place. Helpline numbers will also be provided on the website

The programme is time bound in nature and required to attain completion within stipulated timelines. Hence, the frequency of these monitoring channels is substantially increased in the programme. Therefore, the Monitoring Committees (IMC/PMC) would be held on weekly/fortnightly basis or as and when required corresponding to the volume of non-compliant cases observed during the monitoring process. The key parameters to be monitored at each stage of training lifecycle will be broadly in line with PMKVY 3.0 Monitoring guidelines. The consequent management as per defined monitoring penalty grids concerning Offences and penalty actions will be followed.

Chapter 6: Branding and Communication Guidelines

6.1. Introduction

The 'Branding & Communication Guidelines' explain how the 'Customised Crash Course Programme for COVID Warriors' must be expressed offline and online when communicating with candidates, public, state and district. This document should be used as a practical guide for designing, writing and using various creative adaptations for communication via print, online, radio and television. The objective of these guidelines is to optimise effectiveness, provide creative flexibility yet also ensure consistency. All the Training Centres need to brand their respective centres with collaterals for promotional activities in accordance with PMKVY 3.0.

6.1.1 The Skill Training Programme

The 'Customised Crash Course Programme for COVID Warriors' is a special programme by the MSDE. The communication framework, under the Ministry's Skill India Mission, has been designed to advocate skill training of healthcare workers, the integrity and consistency of the training programme, its features and benefits to the trainee, and commitment to the public at large.

6.2. Communication Values

6.1.1 Clarity

The State Authorities / SSDMs / Training Partners and Training Centres must communicate the core objectives of the programme clearly, concisely and honestly. It is expected that tone of voice and language of communication be as simple as possible for everyone, is expressed in local language to help audience understand the objectives of the programme, its features, benefits and post-training opportunities.

6.1.2 Responsiveness

The Ministry of Skill Development & Entrepreneurship and its implementation arm, NSDC aim to reach out to every district through this programme and urge support from all stakeholders – State Authorities / SSDMs / Training Partners among others to communicate the objectives of the programme, and respond to the needs of trainees, trainers, employers and others in the value chain. We encourage all stakeholders to facilitate positive interactions with everyone by being respectful at all times and focusing on objectives of the programme.

6.1.3 Efficiency

We all must strive towards efficiency, not only for us but for the public we serve. In the current pandemic times, the programme is aimed to work collaboratively with all stakeholders to create a pool of skilled workforce who would not only support the Healthcare Professionals, but also inspire others through their service towards humanity.

Key Messages of the Programme

- English tagline: UNITED TO FIGHT AGAINST CORONA
- Hindi tagline: सशक्त भारत, स्वस्थ भारत

The tagline may be translated in vernacular languages.

6.3. Messaging for the Public / Trainees

In light of the challenges posed by the coronavirus pandemic, the MSDE has launched special training programme to strengthen the healthcare system by creating a covid frontline workforce of over one lakh healthcare professionals as well as train logistical professionals in handling and transportation of the LMO in job roles relevant and related to services required to fight Covid-19. The new job roles include Basic Healthcare Support, Emergency Healthcare Support, Advance Healthcare Support, Sample Collection Support (Phlebotomist), Home Healthcare Support, Medical Equipment Support; and Commercial Vehicle Driver.

Objectives of the training programme:

- To meet the upsurge in the demand of skilled healthcare professionals
- To reduce the burden of existing healthcare professionals
- To provide timely healthcare services in every corner of the country
- The Special Training Program comprises of the following three customised crash courses:
  - **Component 1:** Fresh Skilling of candidates in 6 (six) healthcare sector job roles
  - **Component 2:** Upskilling (RPL) for candidates with prior experience / prior learning
  - **Component 3:** Training of drivers in handling and transportation of the LMO

Brand visual identity - Trademark, colour, typography, graphics, imagery, copy
To instil trust and maintain authority, the training partners are encouraged to maintain consistency in all communication. Whoever the recipient, whatever the medium, whether for internal or external use, kindly use the communication messages, typography, graphics and imagery as prescribed here in these guidelines.

6.4. Primary Logos

6.4.1 MSDE

MSDE's logo, as prescribed in the creative layout, is permitted for usage for communication, advocacy and events (offline or virtual), organized by TPs to promote 'Customised Crash Course Programme for COVID Warriors'.

Usage of MSDE logo

- Use of MSDE logo on all branding collaterals is mandatory

- The logo must be used in proportion and manner as outlined in the creatives attached herewith.
- The TPs must not change colours/ background or tamper the logo in any other form.
- The logo size can be enlarged or resized according to collateral size and branding space however, the proportion must be maintained.
- The TPs must not use MSDE logo on collaterals for other skilling programs and schemes other than prescribed in this guideline document.

सत्यमेव जयते

GOVERNMENT OF INDIA
MINISTRY OF SKILL DEVELOPMENT
& ENTREPRENEURSHIP

6.4.2 Skill India

The **Skill India** logo is valuable assets of the MSDE. This Branding & Communication Guideline document prescribes amplification, brand recognition and support of all stakeholders in creating a common recall value for the Skill India Mission. MSDE permits usage of Skill India logo to its approved training partners, state administration, SSDMs with respect to advocacy of 'Customised Crash Course Programme for COVID Warriors'.

Usage of Skill India logo

- Use of Skill India logo on all communication is mandatory.
- The logo must be used in proportion and manner as outlined in the creatives attached herewith.
- The TPs must not change colours/ background or tamper the logos in any other form.
- The logo size can be enlarged or resized according to collateral size and branding space however, the proportion must be maintained.
- The TPs must not use Skill India logo on collaterals for other skilling programs and schemes other than prescribed in this guideline document.

6.4.3 Hon'ble Prime Minister's Photograph and Quote

- Use of Prime Minister's photograph and quote is mandatory in all collaterals related to this training programme.
- The photograph and quote must be used in proportion and manner as outlined in the creatives attached herewith.

- The quote must not be translated in any other language other than outlined in the creatives attached herewith.

6.5. Social Media Publicity

- The usage of logos as specified above is permitted for social media communication, publicity campaigns and online branding collaterals.
- It is prescribed that the awareness and publicity campaigns undertaken by the TPs / State Administration / SSDMs and others must profile Skill India Mission and its objective in a factual, constructive and positive manner.
- The TPs are prescribed to use the branding templates given herewith in this guideline document.
- The TPs are encouraged to publicise the programme through their social media handles and are advised to use live training photographs and videos. The photographs and videos may include classroom training, practical training, OJT, testimonials of trainees, trainers, employers among others.
- Regular postings on the programme will enable the State Administration/ SSDMs / TPs to connect effectively with the target audience and will encourage more people to take up skill development programmes. DSCs / SSDMs / TPs must tag the Skill India handle (@MSDESkillIndia) and NSDC handle (@NSDCIndia) to ensure that the message is shared with a larger audience.
- Use specific hashtag #Skill4HealthyIndia or #SkillIndia in social media communication.
- Encourage candidates to post pictures from workshop / classroom on Facebook, with the tags mentioned above.
- Encourage all the trainees to follow Skill India's Facebook page @MSDESkillIndia and tag the page when posting communication from their training photographs and videos.
- The TPs must follow Skill India's official handles for updated information related to the programme and tag it.
    - Skill India: Facebook – **SkillIndiaOfficial** | Twitter: **MSDESkillIndia**
    - NSDC: Facebook – **NSDCIndiaOfficial** | Twitter: **NSDCINDIA**

Creative Layout

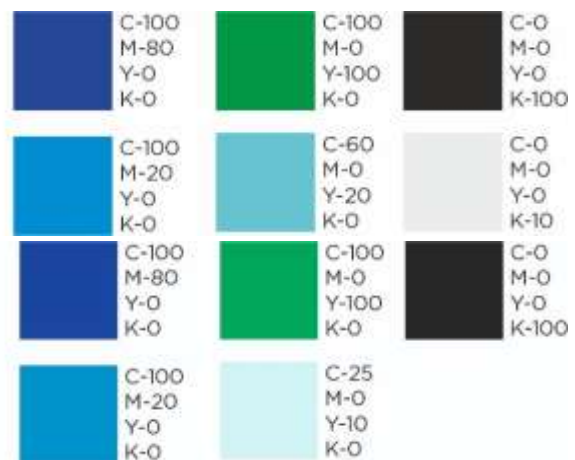Artwork files for the creatives can be downloaded from the link herewith:

https://nsdcindiasp-my.sharepoint.com/:f:/g/personal/nsdccontent_nsdcindia_org/Ermk3iR7YVFAveWzFZ3kcCYBPsQiYfeW4GFs9sdKMhlsew?e=zllZrr
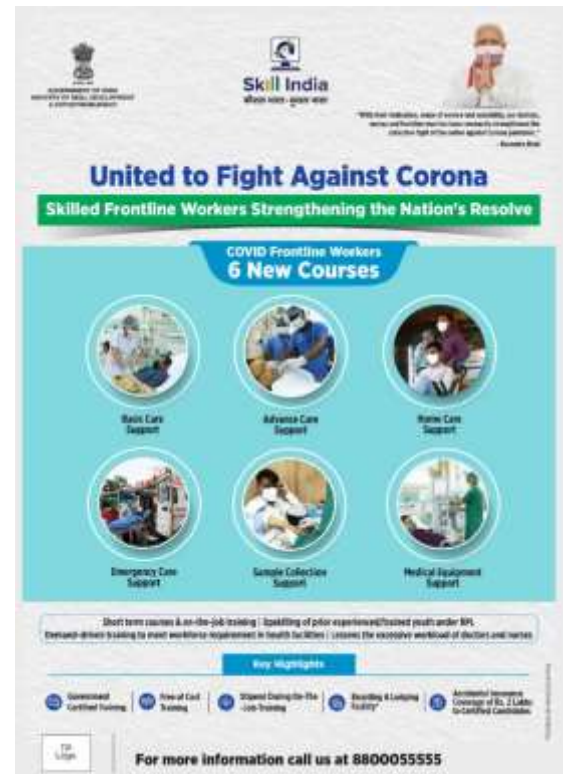
Colour Palette

Advisory to the TPs/ Stakeholders:

- Stakeholders must keep the communication about training active through their respective social media handles. The communication must be released from Official Account (social media handle) of the TP.
- Any fraudulent posts, social media groups, if found, may kindly be reported to grievance@nsdcindia.org
- Photos & Videos: All the stakeholders and TPs partners are requested to share regular updates about the training programme. The photographs and videos must be high quality (high resolution picture of minimum 1mb and high-quality video of minimum 60 mb). **The videos and photographs must be shot horizontally and not vertically.**

- Such photos and videos may kindly be shared with MSDE / NSDC via following links:
    - Word document about the training + Photographs- https://nsdcindiasp-my.sharepoint.com/:f:/g/personal/nsdccontent_nsdcindia_org/Egg24Opkda1Aj9ouN2MAgAoBB5pdVPV8kopjv11lFNDcLg?e=WFnoah
    - Videos- https://nsdcindiasp-my.sharepoint.com/:f:/g/personal/nsdccontent_nsdcindia_org/EnzCIWfzM8pLnhVnFJmDL0MB1FA6XmLZWzdCqkrucwK6jw?e=xlsytg

Success Stories of the Trained Warriors: The TCs and district heads must inform local media agencies / press about trainees' success stories. Keep an updated factsheet in place. Must include relevant information of candidates – name, contact details, job role, trainer, trainer contact details, father's occupation, and any additional comments. This information must be shared regularly with NSDC Communication Department.

Chapter 7: Crash Course Programme for COVID Warriors under PMKVY 3.0 – Exemptions/Deviations from PMKVY3.0 Guidelines

7.1. Exemptions/Deviations

The following points cover the exemptions / specific points under the programme:

i. 1,00,000 targets for training with an estimated budget of approximately Rs. 276,00,00,000/- (Rupees Two Hundred and Seventy-Six Crores Only) (classroom training cost as per Common Cost Norms, and self-boarding and lodging @ Rs125 per day during OJT). This is based on dynamic allocation of targets as per the demand received without breaching the final amount of approximately Rs. 276,00,00,000/- (Rupees Two Hundred and Seventy-Six Crores Only).

ii. Accreditation & Affiliation process (with certain exemptions) for centres to come aboard for implementation of the training programme.

iii. Considering On the Job Training (OJT) as placement for Fresh Skilling.

iv. De-linking of PMKVY 3.0 approved tranches pay out mechanism (as per Common Cost Norms). The tranches pay out under this programme will become due and payable upon achievement of new milestones. The new milestones proposed are:

Table 3: Pay-out Mechanism

Tranche	%	Milestone
Tranche 1	30%	Commencement of Training Batches.
Tranche 2	40%	Interim assessment post approximately 21 days (approx.) of training.
Tranche 3	30%	Final assessment post 90 days (approx.) of OJT.[2]

v. Provision of offering Boarding & Lodging facility to candidates during classroom training, as per budget provisioned under Fresh Skilling for Component 1, beyond the provisions of Common Cost Norms and PMKVY 3.0.

vi. Provision for self-boarding and lodging (B&L) for 90 days (approx..) during OJT to all candidates of Component 1.

vii. Empowering Executive Skill Committee for COVID-19 (ESCC) for making necessary changes in PMKVY 3.0 to make funds available for this programme within PMKVY 3.0.

viii. Exemption of re-enrolment of candidates in another/ same course under PMKVY 3.0 for whom 6 months period has not lapsed.

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[2] Refer placements section

Annexure 1: Cost Components

Component	Budget Head/Particulars	No. of Candidates	Unit Cost	Indicative Cost (In Rs. Crore)
Component 1	A. Total Training Cost for all (@ ₹ 15,278 per candidate cost)	90,000	₹15,278	₹ 137.50
	B. Additional B&L for 90 days (approx.) during OJT for all candidates (@ ₹ 125 per candidate cost)	90,000	₹11,250	₹ 101.25
	Indicative budget to train 21 days (approx.) fresh skill training of 90,000 candidates under healthcare sector (A+B)	90,000		₹ 238.75
Component 2	RPL Training Cost for a10,000 candidates (@Avg. ₹ 6148.9 per candidate cost)	10,000	6148.9	₹ 06.14
Component 3	LMO Drivers Training Cost for 2,800 candidate (@Avg. ₹ 13,393 per candidate cost)	2,800	13,393	₹ 03.75
	Sub Total (Component 1+2+3)			₹ 248.64
	Admin and Technical Interventions (6%), Aware & Mobilization (3%) and Post Placement (2%): Total @ 11%			₹ 27.35
	Total Programme Cost			₹ 276.00

Annexure 2: Frequently Asked Questions (FAQs)

Section A – Programme, its objective and implementation related FAQs

1. **What is the special healthcare programme (Customised Crash Course Programme for COVID Warrior)?**

Answer: COVID-19 has put our existing healthcare system under unprecedented stress, and it was felt that there is a requirement of skilled COVID warriors across the country. In order to meet this deficit of skilled COVID warriors and augmentation of available healthcare services with limited span of time, Ministry of Skill Development and Entrepreneurship (MSDE) has undertaken a programme to create a pool of trained/skilled COVID warriors with scale, speed and as per standardised skilling ecosystem. Accordingly, the 'Customised Crash Course Programme for COVID Warriors' is designed as a special programme for its effective implementation under Special Project category of Central Component of Pradhan Mantri Kaushal Vikas Yojana 3.0 (PMKVY 3.0).

The exigencies emanating from the first and second waves of COVID-19 have posed unprecedented challenges and the shortage of adequately skilled healthcare workers, including a surge in demand for drivers trained in handling and transportation of Liquid Medical Oxygen. It is with this objective in mind that the present guidelines have been framed in order to train the candidates in healthcare sector job roles as well as train the drivers in handling and transportation of the Liquid Medical Oxygen (LMO) by way of the present crash course programme for the COVID Warriors under PMKVY 3.0.

The present programme has been devised specifically keeping in mind the COVID-19 related challenges and to enable a robust response mechanism to any ensuing COVID-19 related exigency.

2. **What are the key objectives of the 'Customised Crash Course Programme for COVID Warrior'?**

Answer: The Programme aims to train about one (01) Lakh COVID Warriors as well as about 2,800 drivers for handling and transporting LMO across the country. This programme would provide avenues to youth for skill training, certification and opportunity for wage employment. The programme has following key objectives:
   i. to meet the upsurge in the demand of skilled healthcare professionals and associated professionals from logistics sector.
   ii. to reduce the burden of existing healthcare professionals.

iii.   to provide timely healthcare services in every corner of the country.

3.   **What are the key components of the scheme?**

Answer: The scheme has following three components:
   i. Component 1: Fresh Skilling (Short Term Training-STT) for approximately 21 days followed by approximately 90 days On-Job-Training (OJT) in six healthcare sector job roles (*as mentioned in FAQ number 11*). OJT in district hospitals/ healthcare centres would be facilitated by District Administration.
   ii. Component 2: Upskilling (Recognition of Prior Learning-RPL) for seven (07) days for candidates in six healthcare Job Roles (*as mentioned in FAQ number 11*) who have been trained under PMKVY 2.0 Healthcare sector.
   iii. Component 3: Special Training for approximately 27 days of HMV license-holder drivers in transportation of Haz Chem as well as the Liquid Medical Oxygen (LMO), along with focus on 'defensive driving' while handling and transportation of the Liquid Medical Oxygen.

4.   **The special programme will be implemented by whom?**

Answer: National Skill Development Corporation (NSDC) will implement and monitor the programme with the support of District Skill Committees (DSCs)/ State Skill Development Mission (SSDMs). The PMKVY 3.0 Guidelines shall be complied.

5.   **How the target audience shall be mobilised and counselled for enrolling under the special programme?**

Answer: District Skill Committee (DSCs) and State Skill Development Mission (SSDMs) shall be responsible for mobilisation and counselling of candidates. In addition, requisite support from TPs can be availed. For RPL, PMKVY 2.0 certified candidates' details can be used from the data provided by NSDC to identify those requiring upskilling.

6.   **Who are the target audience for the 'Customised Crash Course Programme for COVID Warrior'?**

Answer:

Recognition of Prior Learning (RPL)/ Upskilling	• Certified candidates in healthcare sector under PMKVY 2.0 who are willing to upskill themselves will be trained for COVID specific competencies. • Candidates identified by DSCs/ SSDMs or any another category of experienced persons

Short Term Fresh Training (STT)/ Skilling	• Fresh skilling of candidates meeting QP eligibility will be conducted under the Special Project.

7. **What is the target allocation method followed for allocating targets to a Training Centre under the programme?**

Answer: The targets will be allocated as per the demand from the states/ districts, matched with the Centre Capacity and as per COVID-19 norms. The maximum batch size will be of 20 candidates. The training can be conducted in two parallel batches with one being conducted in Classroom and other in the Lab (i.e. 2 parallel batches at a given time).

8. **Are there any COVID-19 Standard operating procedures which are required to be followed for imparting this special healthcare training programme?**

Answer: You will be required to follow the guidelines issued by Ministry of Health and Family Welfare: (https://www.pmkvyofficial.org/App_Documents/News/2909_NSDC_Guidlines_5_10_12.pdf), Ministry of Home Affairs, and Ministry of Skill Development and Entrepreneurship (https://pmkvyofficial.org/App_Documents/News/OMs-and-SOP-for-opening-of-TCs-under-PMKVY-2016-20.pdf), as updated from time to time and applicable central, state and local authorities, during the tenure of the Programme on preventive measures to contain spread of COVID-19 in TC.

9. **Who will do Training of Trainers (ToT), Training of Assessors (ToA), assessment and certifications?**

Answer: As per PMKVY 3.0 Guidelines, the ToT will be done by respective Sector Skill Council (SSCs) i.e. for 6 healthcare sector Job Roles by Healthcare SSC & for LMO Drivers by Logistics SSC.

10. **Which are the job roles taken for training in healthcare sector and how it has been mapped to existing Qualification Packs (QPs)? What will be the minimum education criteria for enrolling candidates under the special scheme?**

Answer: The six (06) job roles finalized by Healthcare Sector Skill Councils (SSCs) with reduced hours are as below for Fresh Skilling/STT and for Upskilling/RPL training will happen on old/ original QPs only:

Sl. No.	Crash Course	Crash Course QP Code	QP to which mapped to	Minimum Education Criterion
1	COVID Frontline Worker (Basic Care Support) -CFW-BCS	HSS/Q5104	General Duty Assistant (GDA)	10th Pass
2	COVID Frontline Worker (Home Care Support) - (CFW-HCS)	HSS/Q5105	Home Health Aide (HHA)	10th Pass
3	COVID Frontline Worker (Advanced Care Support) - (CFW-ACS)	HSS/Q5605	GDA Advanced – Critical Care (GDAA)	10th Pass
4	COVID Frontline Worker (Sample Collection Support) -(CFW-SCS)	HSS/Q0502	Phlebotomist	12th Pass (Science)
5	COVID Frontline Worker (Emergency Care Support) - (CFW-ECS)	HSS/Q2303	Emergency Medical Technician- Basic (EMTB)	12th Pass
6	COVID Frontline Worker (Medical Equipment Support) - (CFW-MES)	HSS/Q5604	Medical Equipment Technology Assistant (META)	10th Class + I.T.I + 3-5 Years of experience OR Diploma (technical subjects)

11. Whether the crash course programmes are approved/ recommended by concerned certifying councils/ assessment bodies?

Answer: Considering the unprecedented challenges which have emerged from COVID, special approval from National Council of Vocational Education & Training (NCVET) has been accorded for training on the compressed job roles comprising of selected National Occupational Standards (NOSs) and reduced hours for this special programme.

12. How Training Centres (TCs) will be selected and empanelled for imparting training?

Answer: The Training Partners / Training Centres will be selected and empanelled as per the following priority:
   i. PMKKs/PMKVY Training Centres in the district, and/or
   ii. Training Centres affiliated and accredited by SSDM under CSSM component of PMKVY, and/or

iii. Training Centres affiliated and accredited under DDUGKY/NULM schemes of central government, and/or

iv. other Training Centres in the district affiliated and accredited by NSDC for training of allied healthcare professionals for private sector, and/or

v. Hospitals/nursing/paramedic schools recommended by DSC/ SSDM for such training

13. What will be the venue for conducting On-the-Job Training (OJT)?

Answer: On Job Trainings (OJT) shall be arranged at Hospitals/ healthcare centres under the arrangement of DSCs, District Health Officers, SSDMs and Training provider (TP)/ Project Implementing Agency (PIA) through collaborative efforts.

14. How much stipend for trainees is provisioned for their boarding & lodging during the OJT period?

Answer: Since the nominated health facilities/ hospitals identified for OJT and subsequent deployment of trainees may be far away from residences of these trained candidates, Boarding & Lodging @ Rs 125 per day for approximately 90 days of OJT will be paid to candidates.

15. How attendance during On Job Training would be ensured?

Answer: A logbook/ log sheet shall be maintained on daily basis at OJT location and countersigned by supervisor during OJT. It will be the responsibility of Training Provider / Centre to maintain the record of attendance and logbook, and upload at the specified place (to be communicated through Monitoring instructions).

16. When will the candidate (enrolled for Fresh skilling) receive certification and what will it contain?

Answer: Post successful completion of training (Classroom & OJT) and assessment, candidates will be given the training certificate.

17. When will the candidate (enrolled for Upskilling) receive certification and what will it contain?

Answer: Post successful completion of training and assessment, candidates will be given the training certificate.

18. **What all are the benefits and entitlements a candidate would be given under this programme?**

Answer: The following entitlements for trainees are being envisaged under this special programme:
- Recognition as 'COVID warrior'
- COVID Vaccination
- Provision of Personal Protective Equipment (PPEs) to trainees during OJT
- Benefits as per PMKVY 3.0 Guidelines
- Reward money – INR 500 per candidate

19. **How training shall be imparted wherein there is no PMKK or any affiliated PMKVY training centre is not available?**

Answer: DSCs/SSDMs may identify an organization having required infrastructure and healthcare sector training work experience and may recommend for accreditation and affiliation as per prevailing guidelines. The modified and truncated Accreditation & Affiliation process for centres to come aboard shall be duly followed for implementation of the training program.

20. **Which agencies shall be responsible for deployment/placement of the trained candidates, under the scheme?**

Answer: The placement of the trained candidates may be ensured by DSC, NSDC, HSSC, and Training Provider/ Centre at the health facilities and hospitals.

21. **Who will be the key contact persons for smooth functioning of various activities throughout the special programme?**

Answer: DSCs shall appoint a Nodal Officer in their respective district for facilitating services of issuance of permission to operate the nominated training centres and movement passes for trainees and staff of nominated training centres and any other administrative support required for training for this scheme.

22. **What would be the monitoring mechanism specially to monitor training activities that include attendance, completion of the syllabus, learning outcomes etc.?**

Answer: The monitoring structure, the roles, and responsibilities of key stakeholders in monitoring the program will be the same as mentioned in PMKVY 3.0 Monitoring guidelines.
- **Enrolment of candidates** will be candidate Aadhar number linked in Skill India Portal (SIP) to avoid any fake enrolments.
- **100% Candidate verification** using Out Bound Dialling (OBD) and manual calling.

- **Attendance monitoring:** Project Implementing Agencies (PIAs) and Special PIAs (SPIAs) are required to submit photograph of daily activities along with manual attendance record in a mobile application and where applicable, AEBAS attendance system will be adopted as permitted by Districts/ States/ UTs.
- **Weekly Virtual verification** through mobile application
- **Physical surprise visits** to Training Centres (TCs) by DSCs/ State Engagement Officers (SEOs).
- **CCTV Monitoring:** This is a new channel being proposed to monitor the TCs to ensure that training is conducted regularly as per the schedule. Daily snaps of classroom activities, candidate attendance and control room access to live video footage of TC would be made available through this channel.
- **Candidate assessments** will be carried out through Aadhar enabled assessment app (AEAP) to ensure only enrolled candidates are assessed for the batch.
- **OJT monitoring:** Weekly checks of daily logbook maintained by TP before stipend money is released.
- **Performance monitoring:** Progress of Key Performance Indicators (KPIs) of the programme will be monitored through Skill India Portal.

23. **Will there be a provision for online ToT/ToA?**

Answer: Yes, Healthcare SSC has provisions for online ToT/ ToA

Section B – Accreditation and Affiliation related FAQs

24. **How to register as Training Provider (TP) on Skill India Portal (SIP) under special healthcare programme?**

Answer: A new TP can visit the SIP (https://skillindia.nsdcindia.org/) and follow the steps:
- TP will enter the 'Name of the Organization'
- TP will select 'Registration under - Regular Provisions for Special Schemes' (it will be available as a dropdown)
- TP will select "Type of the Organization" - Company/ Trust/ Society/ Government Institute/ Firm etc.

TP shall be required to upload the applicable document(s) which act as a proof that TP is asked or has been shortlisted to apply for Special Healthcare programme. Once the form is submitted, the Inspection Agency (IA) shall conduct the desktop assessment of the registration form and marks the TP as "Deemed Ready (DR)" if all the details are found in compliance.

25. What is the TP Registration fees?

Answer: TP shall be required to pay INR 10,000 and submit the TP Registration form on SIP.

26. What is the validity of Deemed Ready (DR) status of TP on SIP under Accreditation and Affiliation (A&A) module?

Answer: As per the approved guidelines of Centre Accreditation, Affiliation and Continuous Monitoring, validity of DR status on SIP shall be for a period of 3 years from the date DR Status has been accorded.

27. How can TP correct and submit the application form in case it is marked as 'Deemed Not Ready (DNR)/ Non-Compliant'

Answer: TP can update the application if marked DNR. The TP can access the assessment report to check for errors/non-compliances in the application and update it accordingly on SIP.

28. What documents to be uploaded as a proof of address?

Answer: The documents which can be uploaded as an address proof are:
- Property ownership deed i.e., Title deeds of the property in the name of the entity duly stamped and registered
- Bank statements, electricity bill, telephone bills (of BSNL or MTNL only) in the name of the entity clearly mentioning the address; NOT older than 2 months
- PAN Card or PAN intimation letter issued by IT authority (with name and address of the entity)
- Registration certificate/license issued by Municipal authorities such as Shop & Establishment certificate
- PF Registration Certificate
- GST Registration
- Income TAX assessment order
- TAN Allotment letter

29. How to apply for TP withdrawal from Accreditation and Affiliation process?

Answer: TP can apply for withdrawal only when all the Training Centre (TC) under them are de-activated. If yes, TP can send withdrawal request from TP SPOC email Id to skillindia.helpdesk@nsdcindia.org.

30. How to create Training Centre (TC) ID on Skill India Portal

Answer: Once the TP has been accorded the status of DR, TC ID can be created through TP dashboard.

31. **What is the process of Accreditation and Affiliation of new Training Centre (allocated targets/recommended by Competent authority to initiate training under Special Healthcare programme) on SIP?**

Answer: A New Training Centres which is required to initiate training program under the Special Healthcare programme has to follow the below mentioned process:

1. TC Creation - Centre Accreditation Application Form (CAAF) is a form that TC submits online on SIP for getting accreditation and affiliation for selected job role(s). (Applicable Fee - INR 3,000).
   i. Inspection Agency (IA) conducts DA and if found compliant mark the TC as DR. To proceed to the next step, TC has to upload "Letter of Recommendation" received from respective scheme.
   ii. In case TC is marked "DNR", TC to refer to the remarks shared by IA and address the non-compliances.
2. Physical Inspection of TC- This is a stage to validate the information provided by the training centre through an onsite inspection of the centre. (Applicable Fee - INR 10,000 plus INR 1,000 per job role).
   i. IA captures the information via Mobile Application (SMART NSDC Training Centre App). If the centre is found fit as per Centre Accreditation and Affiliation guidelines, the IA recommends the centre for Conditional Accreditation to the SSC.
3. Accreditation by Sector Skill Council (SSC)- The respective SSC reviews the Inspection report uploaded by the IA and accords with Accreditation/ Conditional Accreditation status. If the SSC does not agree with the IA recommendation, SSC can ask for clarification from IA or from Training Centre. In case, SSC marks the status as "Not Accredited", TC shall be required to apply for reinspection.
4. Continuous Monitoring - TC shall be continuously monitored as per the norms and metrics through periodic push notification followed by physical inspection. In case a TC fails to respond on the push notification, Accreditation score of TC gets impacted. (Applicable Fee - INR 8,000)
5. Affiliation by SSC - Affiliation is a method for the TCs to get formally associated with SSCs to impart training to trainees for specific job roles aligned to It is auto accorded to the TC after payment of Affiliation Fees. (Applicable Fee - INR 6,000 for each Accredited Job Role)

32. **How can a Training Centre which is already Accredited and Affiliated under different Job roles on SIP participate in Special Healthcare Programme?**

Answer: Once letter of Intent/target allocation letter has been received from NSDC under Special Healthcare Programme, the Accredited and Affiliated Training

Centre can apply for Re-Desktop Assessment (Re-DA) and select the new job role(s) and follow the process mentioned under FAQ Number 35.

33. Is there any website or contact number in case of any additional queries or issues related to onboarding of new Training Provider or Training Centre on SIP?

Answer: The following link - https://skillindia.nsdcindia.org/faqs may please be referred for any further details related to onboarding activities or TP/TCs or any other stakeholder can directly reach out to NSDC Centre Accreditation team via email at smartdivision@nsdcindia.org.

Section C – Monitoring Framework related FAQs

34. When will Monitoring team conduct a Surprise Visit or TC Self-Assessment (Virtual verification)?

Answer: Monitoring team can conduct a Surprise Visit/ TC Self-Assessment on any working day post the commencement of training at the respective Centre. Each TC is envisaged to have at least one physical inspection and one virtual inspection.

35. How many candidates will be verified through automated and manual calls?

Answer: All candidates enrolled in Special Healthcare programme will be verified by dedicated call centre team. The questions asked during the call will be regarding the training centre facilities, qualities, training material available etc. and record any non-compliances.

36. What needs to be done under daily upload in Virtual verification app?

Answer: TCs need to upload the daily activities with group photos and videos as specified in the app daily. TCs as part of daily upload should also input on candidate attendance through face recognition feature available in the app.

37. At what time will Inspector Visit a Training Centre?

Answer: Visiting Inspector will have the details of batch timing for a particular centre and will visit during training hours to check compliance as per the PMKVY guidelines.

38. What are the parameters that will be checked during Surprise Visit/TC Self-Assessment?

Answer: Following are the major parameters that will be checked during Surprise Visit/TC Self -assessment:

- Attendance record of candidates
- Availability of required facilities & infrastructure
- Availability of Training material as per the guidelines
- Branding of PMKVY as per the guidelines
- Trainer Qualification documents and ToT certification
- Any unethical practices by TC

39. What actions will be taken against discrepant centres?

Answer: Discrepant centre will be issued a Show Cause Notice (SCN) wherein it will be asked to submit evidence against issues mentioned in the SCN. Internal Monitoring Committee, which is empowered to act against discrepant centres will analyse the evidences and the findings of the investigation done by Monitoring team and takes appropriate action as per the defined penalty grid (available on PMKVY official website).

40. What happens to the TC when a show cause notice is issued?

Answer: Once a Show Cause Notice is issued, the payments as well as SIP login of the discrepant centres are put on hold and the case is presented before IMC for appropriate action. Also, during the hold, the TC would not be able to create new batches in the SIP. As per the Internal Monitoring Committee (IMC) decision, further action would be taken.

41. What will happen if IMC recommends suspension/blacklisting a TC?

Answer: If IMC recommends suspension/blacklisting of training centre, the SIP login will be disabled and payment of the batches ongoing on the day of the visit or future batches (either tranche 1 paid or invoice for tranche 1 received) will be recovered from future payments.

42. How do I respond to a Show Cause notice?

Answer: Once a SCN is issued, it is the responsibility of TC/TP to submit all the evidence like CCTV footage, date and time stamped photographs, required documentation etc. available for the day of inspection. SCN should be considered of utmost importance and should be responded with all the evidence available and in time bound manner avoid delay in IMCs decision.

43. Does monitoring team consider other evidence in resolving cases apart from Inspector's report?

Answer: Apart from the inspector report, other evidences gathered through different channels like call validation, attendance records, evidences submitted by the TP/TC as a response to SCN could be analysed during the investigation.

44. **Will the monitoring inspection be Physical or Virtual?**

Answer: It can be either physical or virtual depending upon the COVID restrictions imposed by the respective States/UTs/Districts in which the Training Centre/ Locations is located.

45. **Will there be any relaxation in the parameters monitored during a physical/virtual inspection?**

Answer: PIAs and SPIAs are required to submit photograph of daily activities along with attendance records through a mobile application and where applicable, AEBAS attendance system will be adopted as permitted by Districts/ States/ UTs.

46. **Will Pre-COVID monitoring directions applicable in scenarios of closure of training or any deviation of training schedules?**

Answer: Yes, Pre-COVID monitoring directions will be applicable and training partner/centre must inform NSDC monitoring & business team regarding any change in the training schedule. In case the information is not shared in advance and non-compliances are observed during monitoring inspection, action shall be taken against the discrepant training centre/partner as per the approved penalty grid.

47. **Will there be any relaxation in penalties imposed if TC is found discrepant during physical/virtual inspection?**

Answer: The decision on the penalty of discrepant Training Centres/Locations is totally at the discretion of Internal Monitoring Committee (IMC). IMC would analyse the evidences gathered during the investigation and based on that would take appropriate action.

48. **What is TC Self-Assessment App (Real-time Virtual Verification) and how does it work/function?**

Answer: PMKVY Monitoring team has introduced 'TC self-Assessment' Mobile Application through which a random mobile push notification will be sent to the Training Centre (TC)/location SPOCs for them to initiate and complete their respective 'Self-Assessment' of the training location/Centre. The push notification may be sent anytime within training hours as declared by Training

Partner (TP)/PIA on the SIP. The mobile application provides an array of objective parameters to be captured to complete the TC Self-Assessment.

49. How can I download the App for Self-Assessment?

Answer: This mobile App needs to be downloaded by the TC/location SPOCs on their mobile phones (mobile numbers as provided in SIP/SDMS). Links for downloading TC Self-Assessment App on mobile are as follows:

- IOS: itms-apps://itunes.apple.com/app/id1196090587
- Android: https://play.google.com/store/apps/details?id=com.senpiper.nsdc

50. What should TCs know before acknowledging the notification alert?

Answer: Post installation of the application, TC SPOC will land on a Login Page where he/she has to login using their credentials, which will be shared with TC by PMKVY Monitoring team/Senpiper. TC SPOC shall wait for their device to receive the notification ring which is an alert notification to begin the 'TC Self-Assessment' process. Once TC SPOC acknowledges the notification alert, it will land on a form which has a button "Complete Audit" at the end. To begin the assessment, start clicking photographs or capturing respective parameters in the assessment form. TC SPOC is supposed to complete the TC-Self Assessment form within 75 minutes, for successful submission. (Snapshots of TC Self-Assessment Form attached).
For Demo, please access this link :
https://drive.google.com/file/d/1d62lpj936QRGx-NoFFZgg1VPBp8GVjs5/view

51. What happens if TC SPOC has missed the notification alert for some reason?

Answer: If TC SPOC has missed the alert for some reason, they can refer to the alerts section (bottom right corner of the screen), in the mobile application, to check for any unattended alerts regarding Self-Assessment process.

52. Who will be authorized from the training centre/location to complete the virtual monitoring inspection?

Answer: The notification alert (link) for the virtual verification will be sent to the registered training centre/location SPOC for completion of the virtual monitoring inspection. Hence, training partners/centres are requested to update the details of Training Centre/Location SPOC on SIP or SDMS.

53. What is CCTV Monitoring?

Answer: Selected CCTV from each TC will be linked with NSDC centralized control room to receive continuous feeds on TC activities. The AI inbuilt in the application will flag in case of the non-compliances like not enough candidates in the classroom or non-availability of equipment required for training in specific job role. The application will also have the feature of live video feed through a knock command.

Annexure 3: Links to important documents

S.N.	Name of Document	Link
1.	PMKVY Guidelines (2020-2021)	https://pmkvyofficial.org/App_Documents/News/PMKY-Guideline_report_(08-01-2021)V3.pdf
2.	Common Cost Norms	https://pmkvyofficial.org/App_Documents/News/Common_Norms.pdf
3.	Monitoring Guidelines-PMKVY 3.0	https://msde.gov.in/sites/default/files/2021-04/Monitoring%20Guidelines_PMKVY%203.0.pdf
4.	Common Cost Norms Exception: "Extension work"	Common Norms for Skill Development Schemes implemented by Government of India.pdf (msde.gov.in)

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