Format 1

**Sponsoring Format for Assessing Body**

1. **Name & Address of Assessing Body : Sun Gateway**

**: Regd. Office: EWS 668 Shastri Nagar Colony Shiv Park Gorakhpur-273015 Uttar Pradesh,**

**Sponsoring their Assessor for**

**Assessment Competency Evaluation (ACE)**

**Mail id**  :  **skillindia.sungateway@gmail.com**

**Phone numbers : 011-65000806, 9958535930**

**Name of person sponsoring the assessor : Hempal Asrawat**

1. **Module in which Assessor has to be evaluated :**
2. **Name & Place of Institute where**

**Assessing Body wants to carry out ACE :**

**Certified that Sun Gateway is empanelled as Assessing Body under Skill Development Initiative Scheme of DGT, New Delhi vide letter no. MSDE-2/1/2015-SDI/MES Dtd 23rd December 2016 and sponsoring the Assessor Mr………………………….S/O, D/O, W/O Mr ……………………………………………….**

 **Whose photograph and signature are attested.**



Signature of Assessor ……………………………

Date.............................. Seal & Signature of Authorized Signatory of Assessing Body

**To**

Format 2 (To be filled by Assessor)

**………………………………………………………………………………………….......**

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

Application form for the Assessors Competency Evaluation (ACE) of Assessors

Sponsored by  **Sun Gateway** Assessing Body

Module :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of module already (if any):

|  |  |  |  |
| --- | --- | --- | --- |
| **S No.** | **Name of module already passed** | **Name of institute from where qualified** | **Letter No.** |
| 1 |  |  |  |
| 2 |  |  |  |

Details of DD No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank issuing DD/IPO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

1. Name of assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Father & Mother: Shri \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Smt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Age/Date of Birth: \_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_
4. Address for Correspondence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Category (Gen/ST/SC/OBC/PH/ESM/Women): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Qualification (Academic and Professional):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Exam Passed** | **Year of Passing** | **Name of Board/University** | **Marks Obtained** | **Max marks** | **%age to 2 decimal places** |
| Metric/High school |  |  |  |  |  |
| 10+2 |  |  |  |  |  |
| BA/BCA/Degree |  |  |  |  |  |
| National trade certificate |  |  |  |  |  |
| National Apprenticeship certificate |  |  |  |  |  |
| Degree/Diploma in relevant branch |  |  |  |  |  |

1. Experience:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Industry/institute** | **Designation** | **From** | **To** | **Experience (in months)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I do hereby declare that all particulars furnished by me above are correct and true to best of my knowledge and belief. I understand that in the event of any particulars or information given by me found false or incorrect at any stage, my candidature is liable to be rejected at any stage.

Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_-\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Signature of Assessor