**FORM -12**

## KNOW YOUR ASSESSOR (KYA)

### RESOURSE SUPPORT AGENCY

**Scheme for Capacity Building in Textiles Sector - समर्थ (Samarth) of Ministry of Textiles Government of India**

**(To be filled in capital letters only)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF THE ASSESSOR |  | | | | | | | | | | | |  | | | | | |
| ADDRESS OF ASSESSOR |  | | | | | | | | | | | |
| ASSESSOR MOBILE NO |  | | | | | | | | | | | | | | | | | |
| ASSESSOR E-MAIL |  | | | | | | | | | | | | | | | | | |
| ASSESSOR QUALIFICATION  (Please attach attested copy of proof of qualification) |  | | | | | | | | | | | | | | | | | |
| AADHAAR No. |  | | | | | | | | | | | | | | | | | |
| PAN CARD No. |  | | | | | | | | | | | | | | | | | |
| ASSESSOR SPECIMEN SIGNATURE | **1** | | | | | | **2** | | | | | | **3** | | | | | |
|  | | | | | |  | | | | | |  | | | | | |
| UNDERTAKING BY ASSESSMENT AGENCY | We undertake that Sh/Smt is not involved in any of the training activities as trainer with any of IA and as assessor with other Assessment Agency under  समर्थ (Samarth) | | | | | | | | | | | | | | | | | |
| NAME OF ASSESSMENT AGENCY |  | | | | | | | | | | | | | | | | | |
| NAME & SIGNATURE OF AUTHORIZED  SIGNATURY WITH OFFICE SEAL/STAMP |  | | | | | | | | | | | | | | | | | |
| **FOR RSA USE ONLY** | | | | | | | | | | | | | | | | | | |
| VERIFIED BY |  | | | | | | | | | | | | | | | | | |
| APPROVED BY |  | | | | | | | | | | | | | | | | | |
| ALLOTED CODE OF THE ASSESSOR |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
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