



# Expression of Interest (EOI) Document

for

**Conducting Training with OJT (Level II with 1696 hrs.)**

on

**Professional Vehicle Body Repair Technician**

## Procurement of Consulting Services National Competition Bidding

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

**EOI:** SUMO/ILAM/EOI/TRAINING02-081/082

**Issued By:** Suryodaya Municipality, Office of the Municipal Executive, Fikkal, Ilam

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**Issued on:** 2081-05-28 (13<sup>th</sup> of September 2024)

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

## 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

## A. Request for Expression of Interest



**SURYODAYA MUNICIPALITY**  
**OFFICE OF THE MUNICIPAL EXECUTIVE**  
**Enhanced Skills for Sustainable and Rewarding Employment**  
**(ENSSURE) Project Phase-II**  
**Fikkal, Ilam**

**Request for Expression of Interest (EOI)**

for Short-listing of Training Providers (TPs)

**Date of First Publication:** 2081-05-28 (13<sup>th</sup> of September, 2024)

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

- Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE)-II is a bilateral initiative of the Government of Nepal (GoN) and the Government of Switzerland implemented by 3 tiers of government at Federal, Provincial and Local level with technical assistance from Helvetas Nepal. The overall goal of the project is to contribute for improved living standard of Nepalese workers particularly from disadvantaged groups to benefit from continuous employment.**
- Suryodaya Municipality** now invites Expression of Interest (EOI) from interested eligible Consultant or TPs to the following works as mentioned in the Terms of Reference (TOR).

EOI No:	Name of Work:
SUMO/ILAM/EOI/TRAINING02-081/082	Conducting Training with OJT (Level II with 1696 hrs.) On Professional Vehicle Body Repair Technician

- The training should be based on the minimum standards outlined in the CTEVT approved curriculum and National Occupational Skill Standards (NOSS) of the National Skills Testing Board (NSTB).
- Interested eligible Consultant or TPs may obtain EOI document at website of municipality <https://www.suryodayamun.gov.np> or visit e-GP system [www.bolpatra.gov.np/egp](http://www.bolpatra.gov.np/egp).
- The training events must be conducted in the venue/s having adequate training facilities for the proposed occupation/s. Conducting trainings in temporary (Mobile based) settings are not allowed and it should be conducted in the suitable location of Suryodaya Municipality, Fikkal, Ilam.
- Documents of the experience and other evidence copies of certificates shall be duly notarized.
- Expressions of interest shall be delivered online through e-GP system [www.bolpatra.gov.np/egp](http://www.bolpatra.gov.np/egp) on or before **2081/06/13 (29<sup>th</sup> of September, 2024) at 12.00 pm.**
- If the last date of Obtaining and Submission falls on a government holiday, then the next working day shall be considered as the last date.
- Submitted Expressions of interest (EOI) will be opened in the presence of consultant or TPs representatives who choose to attend on **2081/06/13 (29<sup>th</sup> of September, 2024), 1:00 PM** at Suryodaya Municipality Office.
- EOI will be assessed based on Qualification (35%), Experience (50%) and Capacity (15%) of the Training Providers and Key Personnel. Based on evaluation of EOI, only short-listed firms will be invited to submit Technical and Financial Proposal through Request of Proposal (RFP).
- Minimum score to pass the EOI is 60 points.
- Suryodaya Municipality reserves the right to shortlist or not shortlist any or all the applicant(s) without assigning any reason whatsoever.

Chief Administrative Officer

## **B. Instructions for submission of Expression of Interest**

1. Expression of Interest may be submitted by a sole firm. Sub-contracting, Joint Venture, and franchising shall not be allowed.
2. Interested consultants must provide information indicating that they are qualified to perform the training as described in TOR & Evaluation Section.
3. This expression of interest is open to all eligible ***consulting firm or Training Provider***.
4. A Consultant will be selected in accordance with the Quality and Cost Based Selection (QCBS) method.
5. Expression of Interest should contain following information:
  - (i) A covering letter addressed to the representative of the client on the official letter head of company duly signed by authorized signatory.
  - (ii) Applicants shall provide the following information in the respective formats given in the EOI document:
    - *EOI Form: EoI Submission Letter (Form 1)*
    - *EOI Form: EoI Format to Training Provider (Form 2)*
    - *EOI Form: Format of Curriculum Vitae (CV) for Proposed Professional Staff (Form 3)*
6. The EOI documents must be submitted in one sealed envelope for each training package.
7. Applicants may submit additional information with their application but shortlisting will be based on the evaluation of information requested and included in the formats provided in the EOI document.
8. The Expression of Interest (EOI) document must be duly completed and submitted electronically only using the forms and instructions provided by the system.
9. The completed EOI document must be submitted on or before the date and address mentioned in the "Request for Expression of Interest". In case the submission falls on public holiday the submission can be made on the next working day. Any EOI Document received after the closing time for submission of proposals shall not be considered for evaluation.

### **C. EOI Forms & Formats**

Form 1. Eol Submission Letter

Form 2. Eol Format to Training Provider

Form 3. Format of Curriculum Vitae (CV) for Proposed Professional Staff

Form 1. Eol Submission Letter

Date: .....

The Suryoday Municipality,  
Enhanced Skills for Sustainable and Rewarding Employment (ENSSURE) Project Phase-II  
Fikkal, Ilam

**Subject: Submission of the Expression of Interest (Eol)**

Dear Sir:

We, the undersigned, are interested to provide the Consulting Service for conducting training courses as per the CTEVT approved curriculum (1696 hours including on the job training) on Professional ..... for 20 trainees in accordance with your Eol notice dated ..... We are hereby submitting our Eol in a sealed envelope.

We hereby confirm that our Eol is in accordance with the Eol format and TOR issued by the project.

Sincerely Yours,

Authorized Signature:

Name and Title of Signatory:

Name of Training Provider:

Address:

Seal of the Training Provider:

## Form 2 : Eol Format to Training Provider

Interested private TPs are requested to submit their Eol along with the required information and supporting documents listed below. The applications should also include authorized signatures and office seals assuring the authentic and correctness of information provided. Please refer the Terms of Reference (TOR) issued by the Municipality.

*Municipality reserves the rights to reject any or all Eols with or without furnishing any reasons to the firms concerned. The procurement of the services under the announcement will be subjected to the Government of Nepal's Public Procurement Act 2063 and its amendments and Regulations 2064 and its amendments.*

### Important Notes

- ❖ Detailed information of the TP and Consortium Industry/ies is required.
- ❖ Sub-contracting, Joint Venture, and franchising shall not be allowed.
- ❖ All the documents evidences should be duly certified from the notary public.
- ❖ Eol without all the required documentary evidence will not be evaluated.
- ❖ Please fill in all rows. Write "NA" If information is not applicable.
- ❖ One TP can apply in only one occupation.
- ❖ Conducting trainings in temporary (Mobile based) settings are not allowed but approved and authentic branch office of TPs will be considered as a training venue.

### Eligibility Criteria for Bidder

The consultant will be deemed ineligible in this bidding process if the local government has previously issued two or more formal written requests for clarification regarding issues such as delay in the contract implementation process, substandard training quality, or failure to meet performance expectations during the training."

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

S.N.	Particulars	The Documents to be Attached	Attached? (Yes or No)
1	Eol Form 1 (Letter of Application)	Original Letter in the Letter Head of the TPs	
2	Eol documents (Eol form 2-3)	Original report with signed and stamp of institution	
2	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	
3	VAT registration	Notary certified copy of VAT registration.	
4	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	
5	Tax clearance certificate for the last three fiscal years (2077/078, 2078/079 & 2079/080) 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 2077/078, 2078/079 & 2079/080	
6	Audit report of the last three fiscal year (2077/078, 2078/079 & 2079/080)		
7	At least NRs. 9 million turnover of last three fiscal years (2077/078, 2078/079 & 2079/080)		
8	Have evidence of conduction of vocational	Notary certified copy of	

	training programs in L-1, L-2, L-3, 1400-1696 hours or pre/diploma of CTEVT during the last three years. (Verified with experience letter of CTEVT/NSTB)	Experience letter of Funding Agencies and NSTB showing participation in Skill Test	
9	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	

#### A. General Information of Training Provider (TP)

S.N.	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		
		Designation		
		Mobile No.		
		Email address		

#### B. Legal Information

1	Main Shareholders and Their Holding	Name	Shared Percentage	Remark
2	<b>Head of Organization</b>			
	Name			
	Home Address			
	Mobile			
	Email Address			
3	Company Registration Status	Registration Number		
		Registered Date		
4	CTEVT Affiliation	Affiliation No.		
		Date of Affiliation		
		Affiliated level and occupation/s		



		Validity Date		
5	VAT/PAN Registration	Registration No.		
		VAT No.		

**C. Brief Information of the Organization** (Please provide brief information of the organization including, vision, mission, goal, areas of expertise, geographical experiences and Organizational Charts (Maximum 2 pages).

Introduction		
Vision		
Mission		
Goal		
Areas of Expertise	Trade	Occupation
Main Geographical Regions of Experience		
Organizational Chart including the full name of the Board of Directors		

**1. Please provide information of the legally established branch offices ,If applicable.**

Information	Branch 1	Branch 2
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 in operations.)*

### C. Human Resource Strength of TP

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

S. N.	Proposed Position	Name	Qualification	ToT /instructional skills	Years of Experience	Contact No.
<b>Key Experts:</b>						
1	Training Coordinator					
2	Instructor 1					
3	Instructor 2					
....	.....					
<b>Additional Human Resources:</b>						
4	Database Operator					
5	Placement and Monitoring Officer					

*(Please add row as per the requirements)*

**Note:**

*CVs and testimonials (notarized) of the proposed staff must be attached for the evaluation. CV must be in the format given below in Form 3.*

*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.*

## D. Working Experience of TP

**D.1 : Working experience of training program in relevant occupations (e.g., L-1, L-2, L-3, 1400-1696 hours & pre/diploma etc.) imparted in last five years. (Please provide the information based on the record provided by NSTB only)**

S.N.	Name of Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed in Skill test or exam	Training location	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1							
2							
3							
4							
5							
Total							

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

**D.2 : Working experience in Professional training courses (1696 hours with Level II) imparted in last five years. (Please provide the information based on the record provided by NSTB only)**

S.N.	Name of Occupations	Program (e.g., L-1, L2, L-3, 1400-1696 Hours, Pre/Diploma etc.)	Number of Trainees Trained	Number of Trainees Passed in Skill test or exam	Training location	Funding Organization/client (write full name and address)	In which Fiscal Year training was conducted?
1							
2							
3							
4							
5							
Total							

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

## E. Infrastructure and Equipment

**Availability of Infrastructure:** Office Building, Classrooms, Practical Workshops, Lab, Library, Hostels for male and female, Toilets for man and woman, furniture etc.

### E.1. Office Space and Training Facilities (Training Provider)

S.N.	Particular	Description	Unit (Number)	Size	Remark
1					
2					
3					
4					
5					

**E.2. List of tools and equipment availability.**

[Please mention the list of tools and equipment for those occupations in which you are intended to apply in this EOI. You can add more rows where necessary.]

SN	Description	Quantity (No. Pieces, etc.)	SN	Description	Quantity (No. Pieces, etc.)
1			6		
2			7		
3			8		
4			9		
5			10		

**F. Financial Information of Training Provider** (Please submit the notarized copy of financial documents in ANNEX)

Description	FY 2077/078,	FY 2078/079	FY 2079/080	Total	Remark
Annual turnover (Rs.) (According to audit report)					
Net profit (Rs.) (According to audit report)					

**G. Training programs you intend to deliver under This EOI**

[Please be realistic while purposing the number of trainees and occupations.]

Name of Occupation	Proposed Location	Proposed Number

**Declaration**

We hereby declare that all the information provided above is correct.

Official Seal

Name:

Signature: .....

Designation:

Date:

### Form 3: Format of Curriculum Vitae (CV) for Proposed Professional Staff

Proposed Position: \_\_\_\_\_

Name of Training Provider: \_\_\_\_\_

Name of Staff: \_\_\_\_\_

Phone /Mobile No. of Staff \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Years with TP: \_\_\_\_\_ Nationality: \_\_\_\_\_

Membership in Professional Societies: \_\_\_\_\_

**Education:**

*[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained.]*

Qualification	Institute/School/College	Year of Completion

**Employment Record:**

*[Starting with present position, list every employment held. List all positions held by staff member, giving dates, names of employing organizations, titles of positions held, and locations of assignments.]*

Duration and Position	Employer	Major tasks Performed

**Training:**

*[Summarize relevant training successfully completed by staff member, giving names of training institution and duration.]*

Training	Institute	Duration and Date

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe my qualifications, my experience, and me.

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

*[Signature of staff member and authorized representative of the consultant] Day/Month/Year]*

Full name of staff member: \_\_\_\_\_

Full name of authorized representative: \_\_\_\_\_

Seal of the Training provider: \_\_\_\_\_

### Form 3: Format of Curriculum Vitae (CV) for Proposed Professional Staff

Proposed Position: \_\_\_\_\_

Name of Training Provider: \_\_\_\_\_

Name of Staff: \_\_\_\_\_

Phone/Mobile No. of Staff (Mandatory) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Years with TP: \_\_\_\_\_ Nationality: \_\_\_\_\_

Membership in Professional Societies: \_\_\_\_\_

**Education:**

[Summarize college/university and other specialized education of staff member, giving names of schools, dates attended, and degrees obtained.]

Qualification	Institute/School/College	Year of Completion

**Employment Record:**

[Starting with present position, list every employment held. List all positions held by staff member, giving dates, names of employing organizations, titles of positions held, and locations of assignments.]

Duration and Position	Employer	Major tasks Performed

**Training:**

[Summarize relevant training successfully completed by staff member, giving names of training institution and duration.]

Training	Institute	Duration and Date

**Certification:**

I, the undersigned, certify that to the best of my knowledge and belief, these data correctly describe my qualifications, my experience, and me.

\_\_\_\_\_ Date: \_\_\_\_\_  
[Signature of staff member and authorized representative of the consultant]Day/Month/Year]

Full name of staff member: \_\_\_\_\_

Full name of authorized representative: \_\_\_\_\_

Seal of the Training provider: \_\_\_\_\_