

HSSC INSTITUTIONAL ASSOCIATE

As an Institutional Associate one can contribute as knowledge partner for content development, could be job aggregator for selected job roles, they could participate in joint workshop on skills / upskilling or even host them in their institution, their faculty could also contribute as trainers / assessors after undergoing the respective train the trainer/assessor program. They will also be informed regularly on HSSC activities through the HSSC monthly newsletter.

INSTITUTIONAL ASSOCIATE APPLICATION FORM

Name of Hospital/
Clinic/Organization: _____

Name required
on the certificate: _____

District: _____ City: _____

Contact Number: _____ State: _____

Address: _____

MANAGEMENT TEAM DETAILS (details to be filled in attached excel as well):

Enterprises	Name and Designation	Email Id	Mobile No
Organization Head			
HR Head			
SPOC for HSSC			

Type of organization (you could tick more than one box below):

Healthcare Service Providers/Hospitals	<input type="checkbox"/>	Single specialty	<input type="checkbox"/>
Having Capacity of 500 or more beds	<input type="checkbox"/>	Multi-specialty Hospitals	<input type="checkbox"/>
Having Capacity of 100-500 beds	<input type="checkbox"/>	Nursing Homes	<input type="checkbox"/>
Having Capacity of 50-100 beds	<input type="checkbox"/>	Home/Elderly care service providers	<input type="checkbox"/>
Having Capacity of 20-50 beds	<input type="checkbox"/>	Ambulance Providers	<input type="checkbox"/>
Academia Organization	<input type="checkbox"/>	Banks/Financial/Funding Institutions	<input type="checkbox"/>
Medical College/University	<input type="checkbox"/>	Medical Equipment Manufacturers & Suppliers	<input type="checkbox"/>
Nursing College/University	<input type="checkbox"/>	Pharmaceutical Companies	<input type="checkbox"/>
Pharmacy College/University	<input type="checkbox"/>	Industry/Non-Industry Associations	<input type="checkbox"/>
Paramedical College/University	<input type="checkbox"/>	Consulting Firms	<input type="checkbox"/>
Healthcare Insurance companies/TPAs	<input type="checkbox"/>	Research Institutions	<input type="checkbox"/>
International Organizations/firms/bodies	<input type="checkbox"/>	Healthcare outsourcing agencies	<input type="checkbox"/>

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SIZE OF ORGANIZATION/HOSPITAL: Tick Relevant Box

Size	Organizations other than Hospital (Turnover/per year)	Tick
Small	More than 10 lakh rupees but does not exceed 2 crore rupees	<input type="checkbox"/>
Medium	More than 2 crore rupees but does not exceed 5 crore rupees	<input type="checkbox"/>
Large	More than 5 crore rupees	<input type="checkbox"/>

Enterprises	Investment	Annual Fees (certificate to be valid till 31st March of Current FY)
Small Enterprises	More than ten lakh rupees but does not exceed two crore rupees	2950 INR(2500 INR + GST@ 18%)
Medium Enterprises	More than two crore rupees but does not exceed five core rupees	5900 INR (5000 INR + GST@ 18%)
Large Enterprises	More than 5 crores	8850 INR (7500 INR + GST@ 18%)

Payment Details:

Membership Fee Rs: _____

NEFT Details: _____

UTR No: _____

Bank Details:

A/c Name – Healthcare Sector Skill Council

A/c No – 2411678144

Branch Code - 0176 IFSC/RTGS Code: KKBK0000176

Branch Address: Kotak Mahindra Bank Ltd.

Date: _____

I understand and accept that in the case of evidence being found of any unethical activity, HSSC reserves the right to unconditionally terminate this association

Name: _____ Date: _____

Designation: _____ Signature: _____

I/We understand that our association with HSSC is subjected to approval of this application by the HSSC.HSSC reserves the right to unconditionally terminate this association.

Name & designation: _____

Contact Details

Phone: _____ Email: _____

Signature:

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ANNEXURE: REQUIRED DOCUMENTS FOR INSTITUTIONAL ASSOCIATES

- An e- version document copy of the organization's profile.
- An e- version document copy of the organizational structure (organizational hierarchy, board members)
- An e- version document copy Annual report of the organization (desirable)
- An e- version document recent copy of the Balance sheet/ financial statement of the organization
- An e- version document copy Certification of registration
- An e- version document copy of Samples of your organization's most recent informational materials related to the work of the organization such as newsletters, reports, audios, video production, blogs, promotional publications/advertisements, events etc. (Desirable)
- High resolution organization logo (soft copy)

Please Note: Final approval of HSSC institutional association is based on the discretion of HSSC.