

No. J -17060/26/2021DDU-GKY DDU-GKY (375782)

Government of India (भारत सरकार)

Ministry of Rural Development (ग्रामीण विकास मंत्रालय)

Department of Rural Development (ग्रामीण विकास विभाग)

(Rural Skills Division) (ग्रामीण कौशल प्रभाग)

7<sup>th</sup> Floor NDCC-II Building  
Jai Singh Road, New Delhi-110001

Dated: 11<sup>th</sup> May, 2023

To

**All COO of SRLM & State Nodal Agencies for Implementing DDUGKY in States/  
UTs**

**Sub: Format for the Permanent Registration Number (PRN) Change Request submitted by Project Implementing Agencies (PIA) under Deen Dayal Upadhaya Grameen Kaushalya Yojana (DDU-GKY)**

Sir/ Madam,

I am directed to circulate herewith the format for submitting Permanent Registration Number (PRN) Change Request for requesting changes/ updating the Project Implementing Agencies (PIA) details in the PRN database under Deen Dayal Upadhaya Grameen Kaushalya Yojana (DDU-GKY).

2. In this regard, all States/ UTs are requested to communicate to the registered PIAs in the respective State/ UTs and direct them to submit their PRN Change Request as per the format enclosed along with the supporting documents.

Encl.: As above

Yours faithfully



(Arun C. Adatte)

Assistant Commissioner (Skills)

Copy to:

1. All State Nodal Agencies for Skills/ NRLM
2. Guard File
3. NIC-DRD, for uploading on the DDU-GKY Website

<To be printed on the letter head of the PIA>

**Standard Format**

**Request for update/change in details of the Permanent Registration Number allotted by MoRD,  
GoI**

**To**

**The Joint Secretary (Rural Skills)**

**7th Floor, NDCC-II Building**

**Ministry of Rural Development, GoI**

Subject: Request for

I <Full Name>, the authorized signatory of <Name of the PIA> hereby request MoRD to change the following details registered in the allotted PRN number:

Details as per the existing PRN		Update/ Change Requested (Yes/No)	Details of the update/change requested
Name of the Organization	< >		
Website	< >		
Complete Address	< >		
Contact No./s	< >		
Email ID	< >		
Details of Owners/Directors	1. Name : Designation: Email ID: 2. Name : Designation: Email ID: 3. Name : Designation: Email ID:		
Authorized person Details	Name: S/o, D/o, W/o: Age: Designation: Occupation:		

	Residence Address:		
	Email ID:		
<b><i>Please note that the authorized person/owner/director shall not be appointed as a member of Operations/Quality team for the purpose of implementation and monitoring of DDU-GKY. In case of any deviation observed, the PRN number is liable to be rejected.</i></b>			
Details regarding Blacklisting of the Organization:			
Whether the organization is blacklisted by any SRLM/ SSDM in DDU-GKY ? Please indicate one of the following: <b>Yes/ No</b>			
<b>If Yes, please indicate the name of the state and SRLM/ SSDM:</b>			
S.No.	Name of the state	Name of SRLM/ SSDM	Date on which the blacklisting order was issued

**Declaration:**

I hereby declare that the details furnished above are true, complete, and correct to the best of my knowledge and belief. In case any information is found incorrect even partially, the PRN number allotted by MoRD, GoI shall be liable to be delisted and organization shall have no objection to the same.”

**Name**

**Designation (Owner/Director/Authorized signatory)**

**Signature**