

**ALI YAVAR JUNG NATIONAL INSTITUTE FOR THE HEARING
HANDICAPPED**

**Department of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice and Empowerment
Bandra Reclamation, Bandra West, Mumbai - 400 050.**

EXPRESSION OF INTEREST TO IMPART SKILL TRAINING TO PwDs

Ali Yavar Jung National Institute for the Hearing Handicapped (AYJNIHH), an autonomous body under the aegis of Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Government of India invites the **Expression of Interest (EOI)** from **Empaneled Training Partners** of Ministry of Social Justice and Empowerment, DEPwD (Divyangjan) for providing **Skill Training Programme for Persons with Disabilities (PwDs)** in various trades which will provide gainful wage employment / self-employment. AYJNIHH has been allotted target of Skill Training Programme for 3600 Persons with Disabilities for the Year 2016-17.

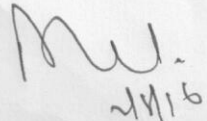
The aforesaid Skill Training Programme for PwDs shall be implemented according to **Notification of Government of India, Ministry of Skill Development and Entrepreneurship dated 15th July, 2015.**

The empaneled Training Partners who have necessary infrastructure and experience in conducting such programmes and can arrange **Post Training Placement** (Wage employment / self-employment) are welcome to submit the self-contained proposal with financial implications as indicated in the notification referred above.

The applications containing the list of identified beneficiaries in the prescribed format (given in **ANNEXURE I**) should reach to Director AYJNIHH through email (ayjnihh-mum@nic.in) followed by Hard copy. Training Partners from Western Region, particularly from Maharashtra shall be preferred.

The last date for submission of application is 31st August, 2015.

You may also submit separate proposal exclusively for SC or ST beneficiaries.


2/11/15
(Dr. A. K. Sinha)
Director

ANNEXURE I

DETAILS OF PROSPECTIVE BENEFICIARIES

Sr. No.	Name & Address of the Candidates	Age / D. O.B.	Gender M/F	Category SC/ST/OBC/ Minorities/ General/ NER	Type & Percentage of Disability (OH/VH/HH MH/Other)	Trade of Training	Educational Qualification	Annual Family Income	Aadhar /Photo ID Card Details	Bank Account Details*

* **Bank Account** of each beneficiary with following details should be submitted in a Separate Sheet / attachment. The information should also be provided in the notepad format on demand.

Bank Details

1. Name of the Bank
2. Bank Branch (Full Address)
3. Branch code No.
4. Bank Account No.
5. Type of Bank Account
6. IFS Code of the Bank

Note : Copy of Caste Certificate, Disability Certificate, Income Certificate / Photo ID Card in respect of each beneficiary should be maintained by the Training Partner and the same should be submitted on demand.