

ALI YAVAR JUNG NATIONAL INSTITUTE OF SPEECH & HEARING DISABILITIES

Department of Empowerment of Persons with Disabilities (Divyangjan),
Ministry of Social Justice and Empowerment, Bandra Reclamation West,
Mumbai - 400050

EXPRESSION OF INTEREST TO IMPART SKILL TRAINING TO PwDs

Ali Yavar Jung National Institute of Speech & Hearing Disabilities

(AYJNISHD), 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. AYJNISHD 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, AYJNISHD through email (ayjniih-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 **20 October, 2016**.

Director
AYJNISHD

Note: The Last date of submission of EOI was 31st August 2016, the same was extended till 15th September 2016. Further, it is extended till 20th October 2016 for wider response.

DETAILS OF PROSPECTIVE BENEFICIARIES

Sr. No	Name & Address of the Candidate A	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.