

ALI YAVAR JUNG NATIONAL INSTITUTE OF SPEECH & HEARING DISABILITIES (D)

Department of Empowerment of Persons with Disabilities (Divyangjan),

Ministry of Social Justice and Empowerment, Bandra Reclamation West, Mumbai -400 050

EXPRESSION OF INTEREST TO IMPART SKILL TRAINING TO PwDs

Ali Yavar Jung National Institute of Speech & Hearing Disabilities (AYJNISHD) is 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. In accordance with the Minutes of the Review Meeting of National Institutes (NIs) and Composite Regional Centres (CRC s), held on 21.06.2017 at 9.30 a.m. under the Chairpersonship of Secretary, DEPwD (Divyangjan), AYJNISHD has been allotted target of Skill Training Programme for 3600 Persons with Disabilities for the Year 2017-18. It is desirable that minimum 40% of the beneficiaries must belong to the category of Hearing Disability.

The aforesaid Skill Training Programme for PwDs shall be implemented as per the guidelines of **Common Norms with Amendments (Notification dated 15.07.2015 and 20.5.2016)** of Government of India, Ministry of Skill Development and Entrepreneurship.

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 in prescribed format attached herewith. **It may kindly be noted that the proposals in the prescribed format along with the enclosures, both soft and hard copy be submitted.** Incomplete proposals will be rejected. **The applications of those training partners who fail to refund the excess amount (due to reduced number of beneficiaries) paid to them, will not be considered.**

Payments will be released as per the guidelines (common norms with amendments) subject to receipt of funds from Govt. of India, Ministry of Social Justice and Empowerment, Dept. of Empowerment of Persons with Disabilities.

The last date for submission of application is **16th October, 2017.**

You are welcome get in touch with for further clarifications.

Director
AYJNISHD (D), Mumbai

APPLICATION FORM FOR CONDUCTING SKILL DEVELOPMENT PROGRAM

FOR PERSONS WITH DISABILITIES FOR THE YEAR 2017-18

(As per the guidelines of Common Norms with Amendments -Notification dated 15.07.2015 and 20.05.2016 of Government of India, Ministry of Skill Development and Entrepreneurship)

1. **Name of the Organization:** _____

2. **Address:**

3. **Contact Details (Phone No. and E-mail ID):**

4. **Details of Registration of the Organization:**
 - a) **Registration Certificate of the Organization (Please indicate Authority/Act under which it is registered, Registration no. with date):** _____

 - b) **Whether registered under NITI Aayog Portal: Yes/No**
If yes, indicate User ID:

5. **a) Whether empaneled by Department of Empowerment of Persons with Disabilities (DEPwD), Govt. of India: Yes/No**
If yes, indicate the Letter No. and Date of DEPwD: _____

- b) Whether proposal was recommended by State Govt. for empanelment: Yes/No**

6. **Objectives of the Organization:** _____

7. **Major activities of the Organization:** _____

8. **Source of Funds:** _____

9. **Details of experience in conducting Skill Training of PwDs if any:**
 - a) **No. of PwDs trained under Skill Training Program** _____
 - b) **No. of PwDs placed on job/self-employed after training** _____
 - c) **Any other information:**

Signature

10. Proposed No. of beneficiaries - Trade and Location-wise:

Sr. No.	No. of beneficiaries	State	Training Location	Trade*

*The trades should be NSQF aligned. Refer NSDC website for list of courses (<http://nsdcindia.org/old/nos>) and course content (<https://www.nsdcindia.org/New/qp-nos-results>).

11. Infrastructural Facilities Available with the Organization:

A: ASSETS:

- i) **Space: Adequate/Inadequate Status of the Project Building: Owned/Rented/on Lease**
- ii) **Tools and Equipment: (Trade-wise – attach separate sheet)**
- iii) **Machinery Details (if applicable):**
- iv) **Whether separate washroom available for girls and boys: Yes/No**

B: MANPOWER:

- i) **Total no. of employees available with the Organization:**
- ii) **No. of Administrative staff:**
- iii) **No. of Technical staff:**
- iv) **Indicate details of the employees in the following format**

Sr. No.	Name of the employee	Designation of the employee	Date of joining	Qualification	Experience	Remuneration per month

12. Accessibility to Training Location:

- a) **Distance between the main road the training location:**
- b) **Connected by: Tar Road/Concrete Road/Others (Please specify)**
- c) **Accessible by Wheel Chair: Yes/No**
- d) **Accessible by Tri-cycle: Yes/No**
- e) **Overall accessibility: Very Good/Good/Poor**

13. Details of prospective Beneficiaries at a glance:

- a) **Total no. of identified beneficiaries: _____**
- b) **No. of Female beneficiaries: _____**
- c) **No. of Male beneficiaries: _____**

Signature

- d) No. of beneficiaries belonging to SC Category: _____
- e) No. of beneficiaries belonging to ST Category: _____
- f) No. of beneficiaries with Hearing Disability: _____
- g) No. of beneficiaries with Orthopedic(locomotor) Disability: _____
- h) No. of beneficiaries with Visual Disability: _____
- i) No. of beneficiaries with intellectual (Mental) Disability: _____
- j) No. of beneficiaries with any other disability: _____

14. Profile of Prospective Beneficiaries: (attach in the following format)

Sr. No.	Name and Address of the Candidate with Phone No.	Age/DOB	Gender M/F	Category SC/ST/General	Type of Disability (OH/VH/HH/MH/Other)	Disability Certificate No. & Date (details of issuing authority)	Educational Qualification	Annual Family Income	Aadhar Card No.	Bank Account Details (A/c No., IFS Code, Branch Location) of the beneficiary	Stamp size Photo of the Beneficiary

15. Details of additional enclosures:

- 1) Copy of the Registration Certificate
- 2) Letter of empanelment issued by DEPwD
- 3) Proof of Registration with NITI Aayog Portal
- 4) Annual Report of the Organization
- 5) Audit Report (preceding years)

Seal of the Organization

Signature
Name and Designation