



NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIYYANGJAN)

(Ministry of Social Justice & Empowerment, Dept. of Empowerment of Persons with Disabilities, Govt. of India)

Muttukadu, East Coast Road, Kovalam (P.O), Chennai - 603 112

Phone : 044 — 27472046, 27472113. Fax: 044-27472389.

www.niepmd.tn.nic.in ; E-mail: niepmdscst@gmail.com

EXPRESSION OF INTEREST (EOI)- FY -2021-22

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) is functioning under the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India to provide rehabilitation services for Persons with Multiple Disabilities.

NIEPMD proposes to conduct various Training Programme, Awareness Generation and Events for PwDs with an aim to share knowledge and empowerment of PwD's / Parents / Professionals / Teachers / Special Educator / Anganwadi Workers / Nurse / Panchayat Leaders / School & College Students etc.. belonging to SC & ST Category under the Flagship Programme for SC & ST Project, funded by DEPwD, MSJ&E, Govt. of India. In this regard NIEPMD invites proposal from organizations working in the field of disability across India.

Eligibility:

1. State & Central Government Organizations,
2. Organizations Registered under Indian Societies / Trust Act,
3. Minimum 3 years working in the field of Disability Rehabilitation / General Public in welfare of SC/ST Population.

Details of the Programme:

Sl. No	Name of the Programme	Target Group	Duration	No. of Participants
1	Training Programme	Persons with Disabilities, Professionals, Parents, School & College Students	1 Day	100
2	Awareness Programme	SHG Members, PwDs, Parents, Professionals / Teachers / Special Educator / Anganwadi Workers / Nurse / Panchayat Leaders / Headmasters	1 Day	100
3	Events for PwDs on Sports, Cultural & Recreation	Children with Special Needs and their Siblings	1 Day	100

Interested NGOs/PSUs/Educational Institutions / Institutes may submit their proposal in the prescribed proforma enclosed herewith. The details may be furnished to email id: niepirdscst@quailctiiaai or post to The Nodal Officer, SC/ST Project, NIEPMD, East Coast Road, Muttukadu, Kovalam Post, 603 112, Chennai, Tamil Nadu on or before 31-10-2022. For further details, contact: Nodal officers (SC & ST Project) Section - 044-27472104, 27472113, 27472046 (Extn: 338, 429), E-Mail: niepmdscst@gmail.com, Website: niepmd.tn.nic.in, Mobile No: 09445272462 / 07356857817.

***NOTE• Organizations to submit separate Proposal for SC & ST in the prescribed proforma (Online & Offline) (Refer NIEPMD Website)**

Sd-
DIRECTOR,
NIEPMD

Inviting Proposat for conducting Training Programme. Awareness Generation & Events
for PwDs beloneine to Scheduled Caste fSCI / Scheduled Tribe (STL.

Under Flagship Programme for SC/ST Proiect of NIEPMD.

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Eligibility:

1. State & Central Government Organizations,
2. Organizations Regiôtered ttfllder l ndian Societies /Truer Act,
3. Minimum 3 years working in the field of Disability and Community welfare activities.

Desirable:

1. Registered iinder RPwD Act & National Trust

Details of the programme with no. of participants to be covered:

Sl. No	Name of the Programme	Target Group	Duration	No. of Participants
j	Training Programme	Persons with Disabilities, Professiorials, Pal'erlt6, School & College Students	1 Day	100
2	Awareness Programme	SHG Members, PwDs, Parents, Professionals / Teachers / Special Educator /Anganwadi Workers / Nurse / Panchayat Leaders / Headmasters	1 Day	100
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NIEPMD

Proforma for Organization to Apply under Flagship Programme for SC & ST

(Submit Separate Proposal (or SC & ST))

1	Name of the Organisation:				
2	Address: Registered Office:				
	District				
	State / UT				
	Phone		E-Mail		
	Website		Fax		
3	Locality	Rural / Urban			
4	Name of the Act under which registered	Society / Trust / Company Act			
5	Registration No & Date				
6	RPW D Act Registration details if available				
7	Working District				
8	Staff Strength	Professional		Administrative	
9	Enclose copy at the Annual Report for the Previous year				
10	Enclose copy of the Audited report for the last 2 years				
11	Name of the Major funding agencies (including government)	Financial Year	Agency	Purpose	Amount (in Rs.)
		2018-19			
		2019-20			
		2020-21			
12	Services/Welfare/developmental activities of the Organisation				
13	Any Programme Conducted with NIEPMD, If any	Name of The Programme		Date	

14	Proposed Programme	<i>Name of the Programme</i>	<i>No. of Beneficiaries</i>	<i>Target Group</i>	<i>Proposed date</i>	<i>Beneficiates details (Attach format)</i>	<i>Guest details</i>
		Training Programme					
		Awareness Programme					
		Events for PwDs on Sports, Cultural & Recreation					
15	References (Three members)	<i>Name</i>	<i>Designation & Address</i>	<i>Contact No.</i>	<i>E- Mail Id</i>		
16	Contact details of the authorized persons	<i>Name</i>	<i>Designation & Address</i>	<i>Contact No.</i>	<i>E- Mail Id</i>		

Declaration:

I hereby declare that the particulars given above are true to the best of my knowledge.

Signature of the Authorized Person
(With Office Seal)

Enclosures:

1. Certificate of Registration (Trust / Societies)
2. Annual Reports
3. Audit Reports
4. list of Beneficiaries
5. PAN / TAN / AST Certificate (Whichever Applicable)