



## NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)

(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

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### **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	50
2	Awareness Programme	SHG Members, PwDs, Parents, Professionals / Teachers / Special Educator /Anganwadi Workers / Nurse / Panchayat Leaders / Headmasters	1 Day	50
3	Events for PwDs on Sports, Cultural & Recreation	Children with Special Needs and their Siblings	1 Day	50

Interested NGOs/PSUs/Educational Institutions /Institutes may submit their proposal in the prescribed proforma enclosed herewith. The details may be furnished to email id: [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com) or post to The Nodal Officer, SC/ST Project, NIEPMD, East Coast Road, Muttukadu, Kovalam Post, 603 112, Chennai, Tamil Nadu on or before 13-02-2022. For further details, contact: Nodal officers (SC & ST Project) Section - 044-27472104, 27472113, 27472046 (Extn: 373, 429), E-Mail: [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com), Website: [niepmid.tn.nic.in](http://niepmid.tn.nic.in), Mobile No: 09382934157 / 09445272462.

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

Sd-  
DIRECTOR,  
NIEPMD

**Inviting Proposal for conducting Training Programme, Awareness Generation & Events  
for PwDs belonging to Scheduled Caste (SC) / Scheduled Tribe (ST),  
Under Flagship Programme for SC/ST Project of NIEPMD.**

NIEPMD proposes to conduct various Training Programme, Awareness Generation and Events for PwDs with an aim to create 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 and Community welfare activities.

**Desirable:**

1. Registered under 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
1	Training Programme	Persons with Disabilities, Professionals, Parents, School & College Students	1 Day	50
2	Awareness Programme	SHG Members, PwDs, Parents, Professionals / Teachers / Special Educator /Anganwadi Workers / Nurse / Panchayat Leaders / Headmasters	1 Day	50
3	Events for PwDs on Sports, Cultural & Recreation	Children with Special Needs and their Siblings	1 Day	50

Interested NGOs/PSUs/Educational Institutions /Institutes to submit separate proposal for SC &ST in the prescribed proforma. The details may be furnished to email id: [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com) or post to The Nodal Officer, SC/ST Project, NIEPMD, East Coast Road, Muttukadu, Kovalam Post, 603 112, Chennai, Tamil Nadu on or before 13-02-2022. For further details, contact: Nodal officers (SC & ST Project) Section - 044-27472104, 27472113, 27472046 (Extn:373, 429), E-Mail: [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com), Website: [niepmd.tn.nic.in](http://niepmd.tn.nic.in), Mobile No: 09382934157 / 09445272462.

Sd/-  
DIRECTOR,  
NIEPMD

**Proforma for Organization to Apply under Flagship Programme for SC & ST**  
**(Submit Separate Proposal for SC & ST)**

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

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