



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

Accredited by NAAC ISO 9001:2015

(Dept. for Empowerment of persons with Disabilities, (Divyangjan) MSJ&E, GOI)  
ECR, Muttukadu, Kovalam Post, Chennai 603 112, Tamil Nadu

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Website: [www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in) E-mail: [niepmd@gmail.com](mailto:niepmd@gmail.com)



## **EXPRESSION OF INTEREST (EOI) - FY -2022-23**

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 PwDs / Parents / Professionals / Teachers / Special Educator / Anganwadi Workers / Nurse / Panchayat Leaders / School & College Students etc. belonging to North East Region (NER) Category under the Flagship Programme for North East Region (NER) Project, funded by DEPwD, MSJ&E, Govt. of India. In this regard, NIEPMD invites proposals from organizations working in the field of disability across India

### **Eligibility:**

1. Government Organisation,
2. Organisations Registered under Societies/Trust Act,
3. Minimum 3 years working in the field of Disability Rehabilitation/SC/ST/NER welfare.

### **Desirable:**

1. Institutes Recognised under Rehabilitation of India,
2. RPwD Act & National Trust

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

Sl. No.	Name of Programme	Duration	No. of Beneficiaries
1.	Training Programme for Persons with Disabilities, Professionals, Parents, and School & College Students in NER population.	1 Day	Maximum 100
2.	Awareness Programs for Persons with Disabilities, SHG Members, PwDs, Parents, Professionals / Teachers / Special Educator / Anganwadi Workers / Nurse / Panchayat Leaders / Headmasters in NER population	1 Day	Maximum 100
3.	Exhibition /Sports/ Cultural/Creative arts for Children with Special Needs and their Siblings in NER Population	1 Day	Maximum 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: [neniepm@gmail.com](mailto:neniepm@gmail.com) or post to The Nodal Officer, NER Flagship Programme, NIEPMD, East Coast Road, Muttukadu, Kovalam Post, 603 112, Chennai, Tamil Nadu. For further details, contact: Nodal officers (NER Flagship Programme) Section - 044-27472104, 27472113, 27472046, (Ext. 351 or 427). E-Mail: [neniepm@gmail.com](mailto:neniepm@gmail.com), Website: [niepmd.tn.nic.in](http://niepmd.tn.nic.in), Mobile No: 98403 80628 / 98413 49735.

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## Proforma for Organization to Apply under Flagship Programme for NER

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 of Registration				
6.	RPwD Act registration details if available				
7.	Working District				
8.	Staff Strength (in Nos)	Professional		Administrative	
9.	Enclose a copy of the Annual Report for the previous year				
10.	Enclose a 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.)
		2019-20			
		2020-21			
		2021-22			
12.	Services/Welfare/ developmental activities of the Organisation				
13.	Any Programme Conducted with	Name of The Programme	Date	No of Beneficiaries	

	<b>NIEPMD or any other Govt. Depts</b>					
<b>14.</b>	<b>Proposed Programme</b>	<b>Name of the Programme</b>	<b>No. of Beneficiaries</b>	<b>Target Group</b>	<b>Proposed date</b>	<b>Guest details</b>
<b>15.</b>	<b>References (Three members)</b>	<b>Name</b>	<b>Designation &amp; Address</b>	<b>Contact No.</b>	<b>E- Mail Id</b>	
<b>16.</b>	<b>Contact details of the authorized person</b>	<b>Name</b>	<b>Designation &amp; Address</b>	<b>Contact No.</b>	<b>E- Mail Id</b>	

**Declaration:**

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

**Place:**

**Date:**

**Signature of the Authorized Person  
(With Office Seal)**

**Enclosures:**

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