

**EXPRESSION OF INTEREST (EOI)**

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.

The Scheme for Implementation of Persons with Disabilities Act (SIPDA) aims to provide assistance for skill development programme for Persons with Disabilities. This programme will implemented through the Empanelled Training Partners (ETPs) registered with DEPwD, MSJ&E. The details for conducting these Skill Training Programme are as follows;

SI. No.	Sector	QP CODE	Trades	Disability Type
1.	IT-ITES	PWD/SSC/Q2212	Domestic Data Entry Operator	VI, LV, SHI, LMD
2.	Apparel	PWD/AMH/Q0301	Sewing Machine Operator	SHI, LMD
3.	Apparel	PWD/AMH/Q1407	Packer	LV, SHI, LMD
4.	Tourism & Hospitality	PWD/THC/Q0202	Room Attender	SHI, LMD
5.	Tourism & Hospitality	PWT/Q0203	Housekeeping Attender (Manual Cleaning)	SHI
6.	Telecom	PWD/TEL/Q0100	Customer Care Executive (Call Centre)	VI, LV, LMD

Expression of Interest is invited in the prescribed proforma from **Empanelled Training Partners registered with DEPwD, MSJ&E** across the country, along with necessary documents send to **The Director, NIEPMD, East Coast Road, Muttukadu, Kovalam Post, Chennai, Tamilnadu – 603 112**, on or before 31-01-2019.

Empanelled Training Partners not require to apply once again, if submitted vide ref. No. NIEPMD /DAIL-SIPDA /2018-19 / 486 dated 17<sup>th</sup> Sep 2018.

For further details contact: DAIL - NIEPMD SIPDA Section - 044-27472104, 27472113, 27472046 (Extn: 321, 373), E-Mail: dailniepmdsipda@gmail.com, Website : niepmd.tn.nic.in

Sd/-  
Director, NIEPMD

**Application for conducting Skill Development Programs for Persons with Disabilities  
under SIPDA by NIEPMD through Empanelled Training Partners (ETPs)  
registered with DEPwD's, MSJ&E**

**Empanelled Training Partner (ETP) details:**

Name of the ETP	
Registered Office/Head Office Address	
Project Location	
Rural/ Urban	
Phone/ Mobile	
Fax:	
Website:	
Name of Authorized Contact Person	
Designation	
Mobile Number	
Alternate Contact Number	
Email	

**Details of legal constitution of the ETP:**

Status/Constitution of the firm	
Registration Number	
Date of Registration (Date)	
Place of Registration	
PAN	
TAN	
80 G Registration No.	
12 A IT Act Registration No.	
PWD Act Registration No. with Validity	
National Trust Act Registration No with Validity	
NGO Darpan No.	
SMART (NSDC) Registration No.	

**Details of Skill Training by the ETP:**

<i>Vocational Training Experience</i> for Persons with Disabilities	Enclose separately					
<i>Prior Experience of Placement Activities</i> in the ETP for Persons with Disabilities	Enclose separately					
<b>Vocational Training &amp; Placement Experience for Persons with Multiple Disabilities</b>	Enclose separately					
Job Role/ Trade chosen for current training						
Trade related experience for the ETP Partner	Enclose separately					
Availability of beneficiaries category	PH	VI	HI	ID	MD	Others
List of RCI Recognized Professional (Special Educator, Rehabilitation Worker, Therapist, Etc.,)	Enclose separately					
Whether Vocational Training Instructor having Trade related Educational/ Qualification & Experience Certificate	Enclose separately					
Whether Vocational Training Instructor having Trade related experience	Enclose separately					
Whether Associated with Other skill training projects of NIEPMD/ MSJE/NSDC state Govt.? If yes, details(Trade, Beneficiaries, Budget, etc)	Enclose separately (Trade, Beneficiaries, Budget, etc)					
Marketing Linkage Details	Enclose separately					
Job Placement Strategies for trained beneficiaries	Open/ Wage Employment	Self-Employment	Supportive Employment	Sheltered Employment		

**Service Offered (HRD Programme, ADIP, Day Care, Special School, Vocational Training, Placement, Home, Etc.,).**

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**Brief History of the ETP and current nature of Business or activity.**

Enclose Brochure/ Annual Report
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**Audit Report with IT Filling Report of the ETP: (Enclose separately)**

<b>Financial Year</b>	<b>Turnover (in Lakhs)</b>	<b>Net Worth (in Lakhs)</b>
2017-18		
2016-17		
2015-16		

**Overall Training Capacity in Skill / Vocational Development Programme**

<b>Year</b>	<b>Total number of persons trained</b>	<b>No. of PwD's trained</b>	<b>Trades in which training given</b>
2017-18			
2016-17			
2015-16			

**Overall placement experience of the ETP:**

<b>Year</b>	<b>Number of persons got employment after training</b>	<b>Type of Employment</b>				<b>Name of major employers</b>
		<b>Open</b>	<b>Self</b>	<b>Supportive</b>	<b>Shelter</b>	
2017-18						
2016-17						
2015-16						

**Post Placement tracking in place:**

Briefly explain the tracking mechanism/ Follow-up Service you have in place for already trained and placed youth from the ETP.

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I hereby declare that the information provided in this proposal is true to the best of my knowledge. If any information provided above is found to be false, the Implementing Agency reserves the right to reject the proposal.

Signature

Name & Designation of Signatory:

Date

Location: