

ANNEXURE-I

**APPLICATION FOR EMPANELMENT AS TRAINING PARTNERS
FOR SKILL TRAINING OF PERSONS WITH DISABILITIES**

I. ORGANIZATIONAL DETAILS

Name of Organization/Institution:	
Registered Office/Head Office Address:	
Phone:	
Website:	
Name of Authorised Representative/Project Director:	
Designation	
Mobile:	
Email:	

II. Details of legal constitution of the organization:

Status/Constitution of the firm:	
Registration Number:	
Date & Place of Registration :	
Registration Under (Specify Name of Act)	
PAN:	
TAN:	
Unique Id of NITI Aayog	

[Please see **Annexure II** for supporting documents to be provided]

III. Brief History of the Organization and nature of current Business or activities:

TABLE- I

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TABLE- II

Affiliations Currently Valid :

Affiliations with Central Govt	Affiliations with State Govt	Affiliation with NSDC/ SSCs

(Attach Supporting Affiliation documents)

IV. Prior Experience of training of the organization in last 3 years (Attach Work Order/ Fee Receipts –Yr wise)

Financial year	Number of trainees	Number of PwD trainees	Whether Fee based or Sponsored Program	If Sponsored, Name of sponsoring agency	Enclosed copy of work order (Y/N)	Enclosed copy of receipts (Y/N)

(Attach List of PwDs with Aadhar Number, Contact Number and assessment report)

V. Annual Turnover of the organization for the last three years (Attach audited statement of Accounts, Balance Sheet) :

Financial Year	Turnover (in Lakhs)	Net Worth
Average Turnover		

VI. Intake Training Capacity of Training Centre proposed keeping in view the needs of PwDs such as wheelchairs etc.:

TABLE- I: Infrastructure

Address of training centres	No. of Classroom & Seating capacity	No. of Lab & Capacity	Intake Capacity per batch

TABLE-II: Human Resource

S.No.	Name of Trainer	Qualification	Experience (yr)	Resume enclosed (Y/N)	Salary Slip for last 3 months enclosed (Y/N)

(Attach Resumes of Trainers and Salary Slips of last 3 months)

VII. Explain the overall placement experience of the organization in last three financial years

TABLE- I: Placement Details

Financial Year	No. of Trainees	No. of successful Trainees	Number of successful trainees employed on		% of Placed for more than 3 months
			wage/salary	Self employed	

TABLE- II: Details of successful trainees placed under Wage Employment

S.No.	Name of Trainee	Contact Number of Trainee	Employer's Name	Date of Appointment	MOU Attached (Y/N)	Contact Number of employer	E-mail id of employer

(Attach Placed and Self employed beneficiary list as per Table I and Table II above.)

IX. Post Placement tracking Mechanism:

Briefly explain the tracking mechanism you have in place for already trained and placed persons from your organization:

Whether ON-LINE or OFF-LINE Mechanism:

If OFF-LINE, briefly explain the process:

If ON-LINE, Specify URL Address of page through which Tracking of Post Placement trainees is done:

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 Department of Empowerment of Persons with Disabilities reserves the right to reject the proposal.

Signature & Stamp

Name of Signatory:

Designation:

Date:

ANNEXURE-II

LIST OF DOCUMENTS

S.NO.	Parameters	Documentary Evidence
A. Essential Documents		
1	Legal Constitution of the organization	Certificate of Incorporation/ Registration/ Licence under Section 25 of the (Indian Companies Act)/Trust Deed in case of Trusts.
2	NITI Aayog Unique Id	Copy of NGO Darpan portal Unique Id
3	Affiliation with Central/ State Govt/ NSDC etc for Skill Training	Work Orders / Approvals of Training Centres / Target Allocations
4	Training Imparted to PwDs	List of PwDs with Aadhar Number and Contact Numner
5	Financial Turnover	Audit Report of last 3 years
6	Intake Capacity	Resumes of Trainers and Salary Slip,
7	Placement	MoU with employers/captive placement details/letters from employers on company letterhead, List of Placed beneficiaries., Contact number, Name of employer

ANNEXURE-III

FORM OF UTILISATION CERTIFICATE

FORM GFR 19-A [See Rule 212 (1)]

[To be submitted after receipt of grant-in-aid]

Sl. No.	Letter No. and date	Amount
	Total	

Certified that out of Rs..... of grant-in-aid sanctioned during the year.....in favour ofunder this Ministry/Department letter No. given in the margin and Rs..... on account of unspent balance of the previous year, a sum of Rs..... has been utilized for the purpose offor which it was sanctioned and that the balance of Rs.....remaining un-utilized at the end of the year has been surrendered to Government (vide No.dated) /will be adjusted towards the grant-in-aid payable during the next year..... .

2. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been dully fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

- 1.
- 2.
- 3.
- 4.
- 5.

Signature.....
 Designation.....
 Date.....