

PROFORMA FOR “SELF ASSESSMENT REPORT” FOR GRANT IN AID FROM MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT , DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES UNDER NAP UNDER SIPADA

(To be filled by Training Partner)

1. Date

2. Name and Complete Postal Address of the Organization with Pin-code (Registered office), Telephone No. (with STD code) , Mobile No., Fax & email and website address

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3. Details of Authorized Person(s) of the Organization

Name of Authorized Person	Designation	Mobile No.	E mail

4. Nature of the organization :

Type of Org (Society/Trust/Company/Govt. Organisation)	
Act under which registered (Please specify)	
Date of registration	
Period up to which registration is valid	

5. Whether organisation is registered under Right to Persons with Disabilities Act, 2016- Yes /No

If yes :

Date of registration	
Period up to which registration is valid	

6. Whether organization is affiliated to NSDC/ Any other Sector Skill Council - Yes /No

Type of Org (Society/Trust/Company/Govt. Organisation)	
Act under which registered (Please specify)	
Date of registration	
Period up to which registration is valid	

7. TRAINING CENTRE DETAILS	
(i) General Details	
Training Centre Name	
Whether owned or rented (If rented , attach valid ownership documents/ rent agreements)	
Contact Details of Authorized Representative	
Name	
Mobile	
Alternate Number	
Email ID	
Name of Centre Principal/ Director	
Contact Number of Centre Principal/ Director	
Email Address of Centre Principal/ Director	
Centre Address	
Address Line 1	
State/UT	
District/City	
Sub District (Tehsil/Mandal)	
Landmark	
Pin Code	
Area Classification of Centre, please specify from below options: 1. Urban 2. Rural	

Previous State of the Building, please specify from below options: 1. School 2. College 3. University 4. Private Institute 5. ITI 6. Polytechnic 7. Any other	
If any other, please specify	
Is Training partner currently functional, please specify Yes/ No	
If yes, please specify the nature of training currently under progress	
Whether these courses are Degree/Diploma/Vocational/Skill training/ Others (Please specify)	
Whether courses that is currently being offered are NSQF aligned	
Availability of Internet, please specify from below options: 1. Speed of 1 MBPS and above 2. Speed of Less Than 1 MBPS 4. Internet not Available 5. If internet is available, whether it is also available in classroom as well as lab	
Whether below mentioned facilities are available Yes/ No (Please specify)	
1. Aadhaar enabled biometric attendance system 2. Adequate Power Backup (UPS/ GenSet/Inverter) 3. Photocopier 4. Printer	
Commendations and International Affiliations	
Affiliation Name	
Type of Affiliation, please specify from below options: 1. National 2. International	
Date of Affiliation from	
Date of Affiliation to	
Brief Description of the Affiliation	
Total Training Centre Area (in Sq. Ft.) (The Total Centre Area should be a sum of Total Classroom Area, Total Lab Area, and other Centre Areas)	

(ii) Details of Divyangjan Friendliness (Please attach Photographs)	
Availability of Ramps at the entrance of the Centre, please specify Yes/ No	

Whether the whole training center is situated on Ground Floor, please specify Yes/ No	
Availability of Lifts in case the Centre is extended to other floors (besides ground floor), please specify Yes/ No	
Availability of accessible toilets at the Centre, please specify Yes/ No	
(iii) Hygiene and Sanitation	
Availability of a Dedicated Housekeeping Staff, please specify Yes/ No	
Washroom is Clean and Hygienic, please specify Yes/ No	
Availability of Safe Drinking Water, please specify Yes/No	
(iv) Medical & Safety	
Availability of Fire Fighting Equipment, please specify Yes/ No	
Fire safety instructions displayed at the Centre, please specify Yes/ No	
Availability of First Aid Kit, please specify Yes/ No	
Contact of Fire Brigade , Ambulance, Hospital, Emergency Numbers displayed in the Reception Area, please specify Yes/ No	

(v) Details of Mobilization Capacity	
Whether Organisation has previously mobilized PwDs for any training project, please specify Yes/ No	
If yes, please specify number of PwDs mobilized	
If no, please share brief details of mobilization plan	
Whether organisation has any MoU with entities such as NGO for mobilizing PwDs	
Please specify methodology used for mobilizing PwDs (Ads/Camps/ Awareness Campaigns etc)	

(vi) Classroom Details (Please attach separate sheets in respect of each classroom) (Please attach Photographs)	
Please specify the total number of Classrooms in your Training Centre -	
Carpet Area (In Sq.Ft)	
Whether Classroom is accessible for PwDs	
Availability of CCTV Camera with Recording Facility, please specify Yes/ No	

Whether facility of transmitting CCTV feed is available, please specify Yes/ No	
Proposed Batch Size (for this Class Room)	
Proposed Number of shifts per day in this classroom, please specify in number (1 or 2)	
Whether sufficient furniture is available for proposed number of batches	
Is the Classroom clean and hygienic, please specify Yes/ No	
Categories of PwDs for which classroom is suitable, please specify	
Remark(If any):	

(vii) Lab Details (Please attach separate sheets in respect of each Lab) (Please attach Photographs)	
Please specify the total number of labs in your Training Centre:	
Lab Type, please specify from below options: 1. IT/ Computer Lab 2. Sector Specific (trade) Lab	
Whether Lab is accessible for PwDs	
Is the Lab situated in a different room or in the Classroom, please specify Yes/ No	
Total Number of Computers/ Laptops in IT Lab	
Total Number of other equipment (Job role specific requirement) in Sector Specific (trade) Lab, Please mention type of equipment	
Availability Of Air Conditioner, please specify Yes/ No	
Availability of CCTV Camera with Recording Facility, please specify Yes/ No	
Whether facility of transmitting CCTV feed is available, please specify Yes/ No	
Lab used for which Job Roles, please specify	

Remark(If any):

(viii) Centre Area Details (Please attach Photographs)

**Note: Please enter the Area details of all the Rooms other than Classrooms and Labs.
This will enable to capture the total area of the Centre in square foot**

Please Specify Yes/No, If yes then mention Size of Area	
1. Counselling Area	
2. Reception Area	
3. Library	
4. Placement And Entrepreneurship Cell	
5. Pantry	
6. Washrooms	
7. Recreation room/area (Where Training is not conducted)	
8. Parking if any	
9. Any Other Centre Space	
10. Any outside area which is a part of the Centre	
Total Carpet Area (In Sq.Ft)	
Is all the area accessible for PwDs (Mention such area which are not accessible)	
Availability of CCTV Camera with Recording Facility, please specify Yes/ No (Not applicable in case of Washroom)	
Whether facility of transmitting CCTV feed is available, please specify Yes/ No	
Whether rooms in this area are well ventilated, please specify Yes/ No	
Whether the whole area clean and hygienic, please specify Yes/ No	

Remarks(If any):

8. Job Roles Details (Attach separate sheets , if required): Details of such job role which the organisation is willing to impart at the center		
	Job Role 1	Job Role 2
Skill Sector (Please mention name of Sector Skill Council)		
Job Role 1 (Please mention name of trade)		
Is the Trainee to Trainer Ratio in the range of 10:1 to 30:1 for all the batches, please specify from below options: 1. 10:1 2. 20:1 3. 30:1		
Total Number of Parallel Batches You Plan to Run for this Job Role at a Given Point of Time, please specify a number		
Remarks(If any):		

9. Add Trainer's Detail (Attach Separate Sheet in respect of each trainer)	
<i>Details of Trainer No 1 (Please fill in the details of all Trainers in tables below)</i>	
Trainer Name	
Aadhaar No. (Aadhaar No is not mandatory in NE and J&K)	
Whether Permanent or Contractual	
Trainer Identified for which Job Role and Certified for which SSC (Add more Job roles, if applicable)	
Job Role 1, please specify Job Role	
Trainer's Certified for which SSC, Please specify name of SSC	
Does Trainer have Minimum Qualification as per SSC criteria (Please specify Yes/ NO)	
Job Role 2, please specify Job Role, Please specify name of SSC	

Trainer's Certified for which SSC	
Does Trainer have Minimum Qualification as per SSC criteria (Please specify Yes/ NO)	

10. Equipment (Attach Separate Sheet in respect of each Job role) (Please attach Photographs)	
	Job Role 1
Job Role Name, please specify	
Equipment Name, please refer to Equipment list in the Model Curriculum of the Job role	
Mandatory	
Quantity	
Unit Type	
Remarks in case Mandatory Equipment is not Available	
	Job Role 2
Job Role Name, please specify	
Equipment Name, please refer to Equipment list	
Mandatory	
Quantity	
Unit Type	
Remarks in case Mandatory Equipment is not Available	

11. Maintenance of Records (Whether following records are being maintained)		
	Yes	No
Cash Book		
Ledger		
Register of Assets		
Fee Register (If applicable)		
Attendance Register for trainees		
Payment Register for Trainers		
Payment Register for stipend to trainees		

12. Sign and stamp of the authorized signatory of the organization to certify that the information given at above 11 points are true.

Date :

Signature with stamp

Place :

Full Name (In capital letters) :

Designation:

Photographs to be captured
<ol style="list-style-type: none"> 1. Training center with clearly visible name along with address on board/signage 2. Biometric Device 3. CCTV/Video Conferencing facilities 4. Internet bill (where plan details are mentioned) 5. Front/Back view of the building 6. Left side/Right side view of the building 7. Accessibility features such as ramp/lift/accessible washrooms etc 8. Approach road to the center 9. Equipment 10. Furniture 11. Class room /Lab/Placement cell area/Counselling area