

**NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH  
MULTIPLE DISABILITIES (NIEPMD)**



(DEPwDs (Divyangjan) Ministry of Social Justice & Empowerment, Govt. of India)  
ECR, Muttukadu, Kovalam (PO), Chennai-603 112

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Toll Free No:1800-425-0345

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**EXPRESSION OF INTEREST FOR SETTING OF SKILL BUILDING CENTRE FOR PERSONS  
WITH DISABILITIES IN NIEPMD, CHENNAI.**

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD) Invites expression of interest (EoI) from Vocational Training Partners / NGO's / Training Partners / Volunteers Organization / Autonomous Institutions / University / Corporate for Setting of Skill Building Centre for Persons with Disabilities at NIEPMD, Chennai on self-financing basis. The main objective of this programme is to develop a skill training centre for creating employment opportunities among Persons with Disabilities.

EoI responses shall be accepted only through a). Soft copy by Email: [niepmd@gmail.com](mailto:niepmd@gmail.com)  
b). Hard copy by Speed Post to The Director. The last date for submission of EoI is **24<sup>th</sup> June 2017.**

Sd/-  
DIRECTOR,  
NIEPMD



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**I).The salient features of Skill Training module for PwD's :-**

- ❖ It is an employability enhancement & generation training programme, tailored to suit the need of graduates with disability.
- ❖ The duration of the programme would be 3 months.
- ❖ The training programme has four phases :-
  - Phase – I : Basic Skill building;
  - Phase-II : Sectoral training;
  - Phase-III : Pre-employment module;
  - Phase-IV : On the job training/placement.
- ❖ The trainees will be trained to suit the need of persons with disabilities in the sector of IT; Retail management & Hospitality sector.

**II).NIEPMD will support the project in the following only:-**

- ❖ To provide space/constructed area of approximately 1500 Sq. feet area
  - Comprising of 2 class rooms of 200 Sq. feet each
  - 01 Computer lab of 250 sq. feet
  - 3 Sectoral labs of 200 sq. feet
  - 01 Office room 50 Sq. feet
  - 01 Reception area of 100 Sq. feet)
- ❖ Electricity & Water facilities.
- ❖ Nil Financial Liability on part of NIEPMD

I. ORGANIZATIONALDETAILS

Name of Organization/Institution:	
Registered Office/Head Office Address:	
Project Address	
Rural/ Urban	
Phone/ Mobile:	
Fax:	
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 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	

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

Details of the organization:

Vocational Training Experience for Persons with Disabilities (Years of Experience, Nature of Training, Types of Disabilities, etc.,)	
Prior Experience of Placement Activities in the Organization for Persons with Disabilities (No. of Disabilities Placed with Contact Number, Monitoring Strategy, Types of Disabilities, etc.,)	
Persons with Disabilities Employed with Contact Number	
Skill Chosen for Proposed Project (Ego Friendly Trade)	
Number of PwD Beneficiaries at Present & Women Beneficiaries N	
Number of Beneficiaries with Multiple Disabilities.	

Number of RCI Recognized Professional Staff Detail (Special Educator, Rehabilitation Worker, Therapist, Etc.,)	
Whether Vocational Training Instructor having related Educational/ Qualification Certificate (Mention Name of the Course)	
Whether Vocational Training Instructor having related Experience (Years of Experience)	
Whether Run any Special School (Year of Establishment & Number of Students, Etc)	
Whether Associated with Other NIEPMD Projects?	

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

What are the Training are Provided for Persons with Disabilities

Brief History of the Organization and current nature of Business oractivity.

Prior Experience of training and placement activity of theorganization.

Annual Turnover of the organization for the last three years:

Financial Year	Turnover (in Lakhs)	Net Worth (in Lakhs)

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

Manpower:

a) Please provide brief details of the existing management team for skill and placement work in your organization [education, experience and key achievements of management team members.]

S.No.	Name	Educational background	Experience in skill training	Other achievements

b) Please provide details of the core staff for training and placement activities in the organization in the following format.

Key Role	Name	Years of Experience	Number of years with the organization	Qualification	Key achievement in the present position

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

Overall Training Capacity in Skill Development Programme [Provide details last three financial years]

Number training centres	Total Number of persons trained	No. of PwDs trained	Intake Capacity	Number of practical Labs	Trades in which training can be given

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

Name of Training Centre	Number of persons skilled by the organization in the last two financial years	Number of persons received placement after training in the last two financial years	Name of major employers

Post Placement tracking in place

- a) Briefly explain the tracking mechanism you have in place for already trained and placed youth from the organization.

- b) Do you have an online monitoring mechanism for post placement follow up? If yes, please provide detail and we blink.

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

Name of Signatory:

Designation:

Date/Location:

(List of supporting documents are indicated in Annexure-II)

## Annexure-II

## LIST OF DOCUMENTS

S.NO.	Parameters	Documentary Evidence
<b>A. Essential Documents</b>		
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	Financial Turnover	Audited balance sheet, Profit & Loss Account and Receipt & Payment Account duly certified by an Auditor for the last three financial years.
3	Existing Management Team	Attach CV's of the management team
4	Core training and placement staff	Attach CV's of the core training and placement staff
<b>B. Desirable Documents</b>		
5	Third Party Certification	Attach proof of third party certification for all trades
6	Curriculum and Course Design	Attach proof of certification of the curriculum and activity planners for all proposed trades
7	Placement Arrangement	MoU with employers/captive placement details/letters from employers on company letterhead not more than three months old