

राष्ट्रीय बहुविकलांग व्यक्ति अधिकारिता संस्थान

EPN (विकलांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)

National Institute for Empowerment of Persons with Multiple Disabilities (NIEPMD)

(Dept. of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, Govt. of India)

ईस्ट कोस्ट मार्ग, मुत्थुकाडु, कोवलम पोस्ट, चेन्नै - 603 112. तमिलनाडु, भारत

East Coast Road, Muttukadu, Kovalam Post, Chennai - 603 112. Tamilnadu, INDIA

NIEPMD /DAIL-SIPDA /2018-19 / 486

Date: 17th Sep 2018

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, 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 | Trades |
|---------|-----------------------|---|
| 1. | IT-ITES | Domestic Data Entry Operator |
| 2. | Apparel | Sewing Machine Operator |
| 3. | Apparel | Packer |
| 4. | Tourism & Hospitality | Room Attender |
| 5. | Tourism & Hospitality | Housekeeping Attender (Manual Cleaning) |
| 6. | Telecom | Customer Care Executive (Call Centre) |

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 22-10-2018. Preference will be given to ETPs providing Skill Training & Placement Services for Individuals with Multiple Disabilities.

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

Director, NIEPMD

टेली फैक्स / Telefax : 044-27472389, Telephones : 2747 2104, 2747 2113, 2747 2046

ई-मेइल / E-mail : niepmd@gmail.com Website : www.niepmd.tn.nic.in

Recepient of National Award for the Best Accessible Website For Persons With Disabilities

Banja.

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. | THE RESERVE ASSESSMENT TO SERVE ASSESSMENT OF THE PARTY O |
| PWD Act Registration No. with Validity | |
| National Trust Act Registration No with Validity | |
| NGO Darpan No. | the religion to the later of th |
| SMART (NSDC) Registration No. | |

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Details of Skill Training by the ETP:

| Vocational Training Experience for Persons with Disabilities | Enclose separately | | | | | |
|--|--|----|----|----------------------|----|--------|
| Prior Experience of Placement Activities in the ETP for Persons with Disabilities | Enclose separately | | | | | |
| Vocational Training & Placement Experience for Persons with Multiple Disabilities | 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) | I I I THE LOCAL PROPERTY OF THE PARTY OF THE | | |) | | |
| Marketing Linkage Details | Enclose separately | | | | | |
| Job Placement Strategies for trained beneficiaries | Open/ Wage Self- Supportive Sheltere Employment Employment Employment Employment | | | neltered ployment | | |

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

| Brief History | of the ETP | and current | nature of | f Business | or activity. |
|---------------|------------|-------------|-----------|------------|--------------|
|---------------|------------|-------------|-----------|------------|--------------|

Enclose Brochure/ Annual Report

Mos/2018

Audit Report with IT Filling Report of the ETP: (Enclose separately)

| Financial Year | Turnover (in Lakhs) | Net Worth (in Lakhs) |
|----------------|---------------------|----------------------|
| 2017-18 | | |
| 2016-17 | | |
| 2015-16 | | |

Overall Training Capacity in Skill / Vocational Development Programme

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

Overall placement experience of the ETP:

| Year | Number of persons got | | Name of | | | |
|---------|---------------------------|------|---------|------------|---------|--------------------|
| | employment after training | Open | Self | Supportive | Shelter | major employers |
| 2017-18 | - 8 | | | | | |
| 2016-17 | | | | | | |
| 2015-16 | | | | | | |

Post Placement tracking in place:

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

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:

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