



**NATIONAL INSTITUTE FOR EMPOWERMENT OF  
PERSONS WITH MULTIPLE DISABILITIES (DIVYANGJAN)**  
(Ministry of Social Justice & Empowerment (MSJ&E),  
Department of Empowerment of Persons with Disabilities (DEPwD)  
(Divyangjan), Govt. of India



East Coast Road, Muttukadu, Kovalam, Chennai- 603 112. Tamil Nadu, India.  
Phone: 044 – 2742046, 27472113, Fax: 044-27472389  
[www.niepmd.tn.nic.in](http://www.niepmd.tn.nic.in); Email: [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com)

**EXPRESSION OF INTEREST (EOI) – FY 2023-24**

National Institute for Empowerment of Persons with Multiple Disabilities (Divyangjan) is functioning under the Department of Empowerment of Persons with Disabilities (PwDs) (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India to provide rehabilitation services for Persons with Multiple Disabilities.

1. NIEPMD proposes to conduct various **Training Programme, Awareness Generation Programme** and **Sports events** for PwDs with an aim to share knowledge about disability, courses in the area of disability, atrocity act and other Government policies related to Persons with Disabilities
2. The programme shall be conducted for SC-ST population with disabilities including the caregivers, parents and teachers, and special school located in the SC/ST populated areas under flagship programme. The programme shall be funded by DEPwD, MSJ&E, Govt. of India. In this regard NIEPMD invites proposal from organization / Institutions working in the field of disability in SC/ST populated areas.

**Eligibility:**

1. Recognised State and Central Government Organisations / Institutions
2. Organisations / Institutions registered under Societies Act / Trust Act and NITIAayog (DarpanRegistration)\*
3. Minimum 3years working in the field of Disability Rehabilitation / General Public in Welfare of SC/ST Population

**Detail of the Programme:**

Sl. No.	Name of the Programme	Target Group	Duration	Number of Participants
1.	Training Programme	SC-ST population with disabilities including the caregivers, parents and teachers, and special school located in the SC/ST populated areas	1 day	100
2.	Awareness Generation Programme		1 day	100
3.	Sports Events	Persons with disabilities belongs to SC/ST Population	1 day	100

Interested NGOs/PSUs/Educational Institutions / Institutes may submit their proposal in the prescribed proforma enclosed herewith. The details may be furnished to email id [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com) or post to The Nodal Officer, SC/ST Project, NIEPMD, East Coast Road, Muttukadu, Kovalam, Chennai- 603 112. Tamil Nadu, India. For further details, contact: Nodal Officers (SC/ST Project) section – 044-27472104, 27472113, 27472046 (Extn: 338 / 422), Email: [niepmdscst@gmail.com](mailto:niepmdscst@gmail.com), Website: [niepmd.tn.nic.in](http://niepmd.tn.nic.in)

Note: Organizations / Institutions to submit separate proposal for SC programme / ST programme in the prescribed proforma (online & offline) (refer: NIEPMD website)

\*Mandatory

DIRECTOR  
NIEPMD

**Proforma for Organization / Institution to apply under  
Flagship Programme for PwDs belongs to SC / ST Category**

(submit Separate Proposal for SC / ST Category)

1.	<b>Name of the Organization / Institutions</b>			
2.	<b>Address: Communication</b>			
	<b>Registered Office</b>			
	<b>District</b>			
	<b>State / UT</b>			
	<b>Phone</b>		<b>Mobile</b>	
	<b>Website</b>		<b>E-mail</b>	

3.	<b>Locality (Please tick)</b>	<b>Rural</b>		<b>Urban</b>	
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4.	<b>Type of Registration (Please tick)</b>	<b>Society</b>		<b>Trust</b>		<b>Company</b>	
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5.	<b>Registration No. &amp; Registration Date</b>					
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6.	<b>Registration Valid upto</b>					
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7.	<b>NGO Darpan No. (NITI Aayog)</b>					
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8.	<b>RPwD Act Registration details if available</b>					
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9.	<b>Staff Strength</b>	<b>Professional</b>		<b>Administrative</b>	
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10.	<b>Enclose copy of the Annual Report for the last 3 year</b>					
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11.	<b>Enclose copy of the Audit Report for the last 3 years</b>					
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12.	<b>Name of the Major funding agencies (including government)</b>			
	<b>Financial Year</b>	<b>Agency</b>	<b>Purpose</b>	<b>Amount (in Rs.)</b>

13.	<b>ServicesWelfare/d evelopmental activities of theOrganisation</b>	
14.	<b>Areas of Work (place, District)</b>	

15.	<b>If Any Programme Conducted with NIEPMD, please furnish the details</b>		
	<b>Details of the Programme</b>	<b>Date</b>	<b>Venue</b>

16.	<b>Proposed Programme (Training / Awareness / Sports)</b>					
		<b>No. of Beneficiaries</b>	<b>Target Group (SC/ST)</b>	<b>Proposed Date</b>	<b>Beneficia-ries details (attach format)</b>	<b>Guest details</b>
	<b>Training</b>					
	<b>Awareness</b>					
	<b>Sports</b>					

17.	<b>References(Three members)</b>			
	<b>Name</b>	<b>Designation &amp; Address</b>	<b>Contact No.</b>	<b>Email Id.</b>

18.	<b>Contact details of the persons</b>	
	<b>Name</b>	
	<b>Designation &amp; Address</b>	
	<b>Contact No.</b>	
	<b>Email Id.</b>	

Signature – Event Coordinator

Signature by the Organization/Institution