



No- SDTP-SIPDA/2341 /SER / 2016/ NIOH

Date-15.01.2016

Sub: - Expression of Interest (EOI) on Skill Development Training Program

The EOI is invited from eligible training partners/Institutions to get registered with National Institute for the Orthopaedically Handicapped (NIOH), Kolkata as training partners to impart Skill Development Training to PwDs (40% disabilities & above) following the guidelines for “Financial Assistance for Skill Training of Persons with Disabilities” under the Scheme for Implementation of PwD Act (SIPDA) effective from 2015-16 (Ref: <http://disabilityaffairs.gov.in>) at their training centers. Training partners/Institutions who are involved in Skill Training of PwDs and /or having capacity to impart Skill Development Training to the PwDs may apply in the attached format.

A. Conditions of Eligibility:

I. Eligibility criteria of the training partners:

- i) Department of the states Government/Union Territories, or
- ii) Autonomous Bodies/ Statutory Bodies/ Public Sector Undertakings set up by Central/State Government/UT Administrations including Central/State Universities, or
- iii) Organizations registered under Societies Registration Act, 1860, or Indian Trust Act, 1882 or Companies Act, 1956 who are recognized for skill training by Central/ State Government Departments or subordinate bodies there-under.
- iv) The organization shall have not less than three years experience of organizing Skill training programmes.
- v) In case of Non- Government Organizations, they shall be registered with the **NGO-Partnership (NGO-PS) of the NITI Ayog** and should have obtained a **Unique ID**. The unique ID should be mandatorily quoted by the NGO at the time of application for grants.

II. Eligibility of the trainees:

- i) A citizen of India,
- ii) A person with disability with not less than 40% disability and having a disability certificate to this effect issued by any competent medical authority.
The disability being – (a) blindness (b) low vision (c) leprosy cured (d) hearing impairment (e) locomotor disability (f) mental retardation (g) autism (h) cerebral palsy or (i) a combination of any two or more of (g), (h) and i) (section 2(i) of the PwDs Act, 1995 read along with section 2 (j) of the National Trust for Welfare of persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities Act, 1999).
- iii) **Age:** Not less than 15 years and not more than 59 years of age on the last date of receipt of application for the course.
- iv) The applicant should not have undergone any other skill training course sponsored by Govt. of India during the period of two years prior to the last date of receipt of application for the course applied for.

The application with requisite documents and proposal for skill training programme should reach the following address and soft copy of the same by email on or before 30-01-2016.

The name of selected training partners will be intimated in due course of time after scrutiny of the applications and proposals.

**The Director,
NIOH**

**B.T. Road, Bon-Hooghly, Kolkata-700 090
West Bengal, India**

Email-mail@nioh.in

For further queries following numbers may be contacted:

- 9433347904
- 9563022535

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

I. ORGANIZATIONAL DETAILS

Name of Organization/Institution:	
Registered Office/Head Office Address:	
Phone:	
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:	
Unique ID of NGO-PS portal of NITI Ayog (in case of NGOs)	

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

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

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IV. Prior Experience of training and placement activity of the organization.

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V. 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]

VI. Manpower:

a) Please 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 achievements in the present position
Community Mobilisation	1				
	2				

Specialist	3 and so on				
Placement Specialist					
Quality Monitoring Specialist					
MIS Specialist					
Logistics Specialist					
Trade wise Trainers					
Soft Skill Trainers					
IT Literacy Trainers					

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

VII. Overall Training Capacity [Provide detail last three financial years]

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

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

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

IX. 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 mechanism for post placement follow up? If yes, please provide detail and web link.

I hereby declare 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 National Institute for the Orthopaedically Handicapped under the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment, GOI, reserves the right to reject the proposal.

Signature

Name of Signatory:

Designation:

Date:

Location:

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

LIST OF DOCUMENTS

S.NO.	Parameters	Documentary Evidence
A. Essential Documents		
1	Legal Constitution of the organization	Certificate of Incorporation/ Registration/ License 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. Desirable Documents		
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