

**APPLICATION (EOI) FOR EMPANELLEMENT AS TRAINING PARTNER FOR  
SKILL TRAINING OF PERSONS WITH DISABILITIES**

**I. Details of the Organization:**

<b>A. Details of Organization/Institution</b>	
Name of Organization/Institution:	
Address of Registered Office/Head Office:	
Phone/Mobile No.:	
Website:	
Email:	
<b>B. Details of Authorized Representative /Project Coordinator</b>	
Name:	
Designation:	
Phone/Mobile No.:	
Email:	

**II. Details of legal constitution (nature/type) of the Organization:**

Nature / Type of the Organization:	Society/Trust/----/---/
Registration Number:	
Date & Place of Registration:	
Act under which registered (Specify name of Act):	
PAN No.:	
TAN No.:	
Unique Id of NITI Aayog:	

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

**III. Brief History of the Organization, nature of its current Business or activities and affiliations with Govt.:**

**TABLE-I: Brief history and activities**

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**TABLE- II: Affiliations**

<b>Affiliations with Central Govt</b>	<b>Affiliations with State Govt</b>	<b>Affiliation with NSDC/ SSCs</b>

(Please attach supporting documents for Affiliations)

**IV. Intake Capacity of proposed Training Centre:** (keeping in view the specific needs of PwDs such as accessibility/ wheelchairs/disable friendly furniture etc.)

**TABLE- I: Infrastructure**

S. No.	Complete Address of training centres	No. of Classroom & Seating capacity	No. of Lab & Capacity	Intake Capacity per Batch	Whether centre already validated/accredited through SCPwD/S MART (Y/N)	If centre validated/accredited, copy of certificate enclosed (Y/N)

(Please attach supporting documents and photographs)

**TABLE-II: Human Resource:**

S. No.	Name of Trainers	Qualification	Experience (year)	Resume enclosed (Y/N)	Salary Slip for last 3 months enclosed (Y/N)

(Please attach resume of Trainers and last 3 months Salary Slips /Bank Statement)

**V. Annual Turnover of the organization for the last three years:**

Financial Year	Turnover (in Lakhs)	Net Worth
1.		
2.		
3.		
Average Turnover		

(Please attach audited report of last three years.)

**VI. Prior Experience of the Organization in skill training during last 10 years or more:**

**A. Overall Experience of skill training (including PwDs)**

Financial year	Number of projects imparted	Number of trainees (including PwDs)	Whether Fee based or Sponsored Program	If Sponsored, Name of sponsoring agency	Whether enclosed copy of work order (Y/N)	Whether enclosed copy of receipts (Y/N)

(Please attach supporting documents such as Work Order/ Target Allocation/ Corresponding receipt in Balance Sheet in case of fee-based training)

**B. Experience in skill training of PwDs**

Financial year	Number of PwD trainees	Whether Fee based or Sponsored Program	If Sponsored, Name of sponsoring agency	Enclosed copy of work order (Y/N)	Enclosed copy of receipts (Y/N)

(Please attach List of PwD trainees with their Aadhar and Contact numbers)

**VII. Experience of the Organization in Recognition of Prior Learning (RPL) project during last 3 financial years:**

Financial year	Number of projects imparted	Number of trainees (including PwDs)	Name of sponsoring agency	Whether enclosed copy of work order (Y/N)

(Please attach supporting documents such as Work Order/ Target Allocation/ Corresponding receipt in Balance Sheet in case of fee-based training)

**VIII. Experience of the organization in placement during last 03 financial years:**

**A. Overall Placement Details**

**Table I: Year wise placement details (Including PwDs):**

Financial Year	No. of persons trained	No. of persons passed/successfully completed training	Number of successful trainees employed in		% of persons Placed for more than 3 months
			wage/salary	Self employed	
1.					
2.					
3.					
Total					

**Table II: Details of successful trainees (Excluding PwDs) placed under Wage Employment:**

S. No.	Name of Trainee	Contact Number of Trainee	Employer's Name	Date of Appointment	MOU Attached (Y/N)	Contact details of employer of	
						Contact no.	Email id

(Please attach List of trained beneficiaries (excluding PwDs) placed in last 3 years, their contact number and employers' details)

**Table III: Details of successful trainees (Excluding PwDs) placed under Self Employment:**

S. No.	Name of Trainee	Contact Number of Trainee	Type of Business	Supporting document

(Please attach trade license /document of setting up of an enterprise / Udyog Aadhar /loan documents/ proof of additional earnings (bank statement) or any other suitable and verifiable document as prescribed by the respective Ministry/Department)

**B. Placement Details of PwDs during last 03 Financial years:**

**Table I: Year wise placement details of PwD trainees:**

Financial Year	No. of PwD trainees trained	No. of persons passed/successfully completed training	Number of successful trainees employed in		% of persons Placed for more than 3 months
			wage/salary	Self employed	
1.					
2.					
3.					
Total					

**Table II: Details of successful PwD trainees placed under Wage Employment:**

S. No.	Name of Trainee	Contact Number of Trainee	Employer's Name	Date of Appointment	MOU Attached (Y/N)	Contact details of employer of	
						Contact no.	Email id

(Please attach List of trained beneficiaries (excluding PwDs) placed in last 3 years, their contact number and employers' details.

**Table III: Details of successful PwD trainees placed under Self Employment:**

S. No.	Name of Trainee	Contact Number of Trainee	Type of Business	Supporting document

(Please attach trade license /document of setting up of an enterprise / Udyog Aadhar /loan documents/ proof of additional earnings (bank statement) or any other suitable and verifiable document as prescribed by the respective Ministry/Department)

**IX. Online Post Placement Tracking Mechanism:**

If available	URL details	
	Functioning or not	
	Placement details are uploaded or not	
Not available		

**X. Details of MOUs currently valid with employers and placement agencies:**

S. No.	Name of Industry partner /Employer/ Placement Agency	Placement Capacity (Nos.)	Salary Offered/ Promised

(Please attach copy of MOUs)

**XI. Details of Job Outreach Activities already conducted:**

S. No.	Details of activities/events/job fairs etc.	Date and place

(Please attach Photograph / pamphlet / advertisement related to activities)

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 & Stamp

Name of Signatory:

Designation:

Date: