

**Composite Regional Centre
for Skill Development, Rehabilitation and Empowerment of
Persons with Disabilities (CRC-Madurai)**

Under the Administrative Control of NIEPMD (DIVYANGJAN), Chennai.
(Dept. of Empowerment of Persons with Disabilities,
Ministry of Social Justice & Empowerment, Govt. of India)
Tamil Nadu Housing Board, Villapuram, Subramaniapuram Post, Madurai-625011
Email: niepmdcrcmadurai@gmail.com Phone: 0452-2670060



Expression of Interest (EOI)

Trainer for Skill Training Programs

We invite Expressions of Interest (EOI) from qualified and experienced trainer for skill training programs for Persons with Disabilities.

ELIGIBILITY CRITERIA

Educational Qualification: Diploma/ B. Ed. In Special Education
with valid RCI registration (ID, ASD, MD)

Experience : Proven teaching experience in Vocational Training

Preferred Experience : Prior work experience in teaching Adult students with disabilities or multiple disabilities

Application Process : Interested candidates are requested to submit their EOI, including a detailed resume highlighting their qualifications and experience, in the enclosed application format expressing their interest in this role and how they can contribute to the skill training programs for Persons with Disabilities.

Last date for submission of application: on or before 7th May 2025.

Address and contact details to send application form:

The Director,
Composite Regional Centre,
TNHB Villapuram, Subramaniapuram Post,
Madurai- 625 011.

Phone: 8610427491, Email: niepmdcrcmadurai@gmail.com

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**APPLICATION FOR TRAINER
FOR SKILL TRAINING PROGRAMS**

Recent
Passport size
Photograph (5
cm X 4.5 cm) to
be affixed &
attested

1. Name in Full (Capital Letters) :
(as in Matric/Degree Certificate)

2. Date of Birth : Day Month Year
(Enclose copy of Matric certificate)

3. Citizenship Status : Citizen of India By Birth By Domicile

4. Member of Scheduled Caste (SC) : Write SC or ST or OBC (Attach certificate)
/ Tribe (ST) / Other Backward

Class (OBC) / Person with
Disability (PwD) etc., Indicate if Ex-Serviceman (ES) or
Person with Disability (PWD)

Parents of PwDs

Sibling of PwDs

5. Address for Communication :
(With telephone/ mobile no. &
Email id)

6. Permanent residential Address :
(With telephone/ mobile no. &
Email id)

7. Name of Father / Husband :

8. Details of Education starting from matric (SSLC/X Std.) onwards: - (to give details Only On Passed Courses & Where Degree/Certificates etc., are already awarded/issued

Academic Qualification	Discipline	University / Inst./ Board	Year & Month of Entry	Year & Month of Passed	Full Time/ Part Time/ Corresp.	Marks/ Class/ Division

9. RCI / MCI No. / Any other: _____

10. Experience in chronological order upto the present post:

Organisation /Department / Office	Designation/ Post held (also state whether on Regular Basis or on Deputation etc.,)	From	To	Salary / Honorarium Drawn	Nature of Work presently dealing with (attach proof / experience certificate) see note
		(If on contract basis mention the term of contract)			

11. Additional Qualification / Certificate Courses if any (Training, Apprentice programs attended, refresher courses completed etc.,)

Course / Competitive exams	Duration	Certificate/ Organisation	Whether Govt authorized/recognized	Class/Mark/details

12. Any other relevant information the applicant want to mention, if any
(attach additional sheets if necessary)

DECLARATION OF THE APPLICANT

I hereby declare that the information given above is correct to the best of my knowledge and belief and I fully understand that if it is found at a later date that any information given in the application is incorrect / false or if I do not satisfy the eligibility criteria, my candidature / appointment is liable to be cancelled / terminated.

Place :

Date :

Signature of the Applicant With full name in Block letters