

Format of PSP

1. Details of Organization/Institution

Name of Organization/Institution:	Auto fill
Address of Registered Office/Head Office	Auto fill
Phone/Mobile No.	Auto fill
Website	Auto fill
Email	Auto fill
Did your Organization receive any grant-in-aid from Department of Empowerment of Persons with Disabilities, for any purpose during the previous year? (Yes/No)	Drop Down
If Yes, attach a copy of Utilization Certificate in respect of the Grant-in-aid received	Attachment

2. Details of Authorized Signatory/Representative /Project Coordinator

Name:	Auto fill / Editable
Designation:	Auto fill / Editable
Mobile No.:	Auto fill / Editable
Email:	Auto fill / Editable

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

Type of the Organization:	Auto fill
Registration Number:	Auto fill
Date & Place of Registration:	Auto fill
PAN No.:	Auto fill
TAN No.:	Auto fill
Unique Id of NITI Aayog:	Auto fill

4. Details of the Centers proposed for Training:

Center - 1	
Name of Center	Text
Address	Text
GPS Link & Longitude & Latitude specifications	
State	Drop Down
District	Drop Down
PIN Code	Number
SPOC Name	Text
SPOC Mobile	Number
Rented/Lease building (Rent/Lease Agreement)	Attachment
Internet/Network Available?	Yes/No
No. of Classroom	2
No. of Labs	2
Video of center with a PwD (as per job role) showing accessibility of the center	Upload
Classroom-1	
Sector	Drop Down
Job Role	Drop Down
No. of Training Hour	Auto Fill
Category of Disability	Drop Down
Expected No. of Hostellers	Number
Expected No. of Day Trainees	Number
Total Number of Trainees	Formula (Hostellers+Day Trainees)
Photos of classroom	Upload photos
Trainer's Detail	
Name of the Trainer	Text
Educational Qualification of Trainer	Drop Down
Upload Educational Qualification Certificate	Attachment
Takshashila Trainer Id	
Contact Number	Number (OTP verified)
Email Id of trainer	Email Id (OTP Verified)
Work Experience (in years)	Number
Work Experience Letter	Attachment
Whether Trainer certified from Domain SSC	Drop Down (Yes/No)
If Yes, Upload Certificates	Attachment
Whether Trainer certified from SCPwD	Drop Down (Yes/No)
If Yes, Upload Certificates	Attachment
Type of Employment (Regular/Part-time/Visiting)	Drop Down
Salary per month	Number

Upload Salary Slip	Attachment
Lab Details	
Lab Capacity	Number
Infrastructure	
Measurement (in Sq. Ft)	
Lab Equipments (Mention number and other details)	
Assistive Software/Technology Details for PwDs	Text
Placement/Career counseling cell	Yes/No
Please mention percentage of placement expected after completion of the course (20-30%, 31-40%, 41-50%, 51-60%, 61-70%, 70% & above)	Drop Down
Classroom-2	
Sector	Drop Down
Job Role	Drop Down
No. of Training Hour	Auto Fill
Category of Disability	Drop Down
Expected No. of Hostellers	Number
Expected No. of Day Trainees	Number
Total Number of Trainees	Formula (Hostellers+Day Trainees)
Photos of Classroom	Attachment
Trainer's Detail	
Name of the Trainer	Text
Educational Qualification of Trainer	Drop Down
Upload Educational Qualification Certificate	Attachment
Takshashila Trainer Id	
Contact Number	Number (OTP verified)
Email Id of trainer	Email Id (OTP Verified)
Work Experience (in years)	Number
Work Experience Letter	Attachment
Whether Trainer certified from Domain SSC	Drop Down (Yes/No)
If Yes, Upload Certificates	Attachment
Whether Trainer certified from SCPwD	Drop Down (Yes/No)
If Yes, Upload Certificates	Attachment

Type of Employment (Regular/Part-time/Visiting)	Drop Down
Salary per month	Number
Upload Salary Slip	Attachment
Lab Capacity	Number
Infrastructure	
Measurement (in Sq. Ft)	
Lab Equipments (Mention number and other details)	
Assistive Software/Technology Details for PwDs	Text
Please mention percentage of placement expected after completion of the course (20-30%, 31-40%, 41-50%, 51-60%, 61-70%, 70% & above)	Drop Down
+ Classroom 3 (same as above)	

Details of Center-2 - Same as above

(+) For more center

5. Declaration:

- (a) *It is certified that the organization shall not claim Grant-In-Aid in respect of the same trainees from any other source for the same purpose.*
- (b) *It is certified that this organization shall conduct the training program on its own and shall not assign it to some other agency/organization.*
- (c) *It is certified that this organization is not blacklisted by any Department of the Govt. of India or any State Govt. for receiving financial assistance.*
- (d) *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 proposals as well as to initiate suitable action under law.*

(Signature with office seal) –
Attachment of scanned Seal & Sign

Name of Signatory: _____ Auto Fill

Designation: _____ Auto Fill

Date: _____ Auto Fill

Location: _____ Auto Fill