

# **Format of EoI**

## **1. Details of Organization/Institution**

Name of Organization/Institution:	Auto fill
Address of Registered Office/Head Office:	Auto fill
<b>GPS Link with Lat-Long</b>	
State	Auto fill
District	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. Brief History of the Organization, nature of its current Business or activities and affiliations with Govt.:**

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## 1. Intake Capacity based on capability to run parallel batches at a time

Table 1: Training capacity

Name of training centre	Address with pin code	Proof document- Ownershi p doc or Rent agreement or Allocation letter	No. of classroom	Total Classroom seating capacity	Total Area of Class rooms (Sq. Ft.)	Photos & videos of classroom	No. of Labs	Total area of labs (Sq. Ft)	Photos of Labs	Whether center validated through (1) SCPwD/ (2) SMART	Upload proof of center validation:

Table 2: Trainer Details

Trainer needs to be qualified as per NCVET QP)

Name of trainer	Takshashil a Trainer ID	Qualificatio n	Upload Qualification certificate	Experienc e years	Upload Experie nce Letter	Upload resume	Upload SCPWD Certificat e	Upload domain (SSC) certificate	Latest salary slip/Appointment Letter
			Upload			Upload			Upload

## 2. Average Annual Turnover for the Last Three Financial Years

FY	Turnover (in lakhs)	Net Worth (in lakhs)	Upload proof: (Audit Report consisting of Balance Sheet, Income & Expenditure, Receipt& Payments)
Drop Down			

### 3. Experience in Skill Training Provided with Work Orders/Target allocation

### 4. Number of skilling projects imparted during last three financial years

### 5. Training imparted to PwDs in Last Three Financial Years

Financial Year	Project specifically for (1) PwDs / (2) No PwDs	Name of Projects	Number of Trainees trained	Number of Trainees certified /passed	Percentage of Trained certified /passed	(1) Fee based/ (2) Government Sponsored (3) CSR Funded	If sponsored, name of sponsoring agency	Upload proof: work order/ MoU/ Target allocation document / fee receipts	Upload List of trainee (download template)	Upload certificates/mark sheets of certified/passed trainees
	Drop Down				Formula	Drop Down			upload list of trainee	

### 6. Average percentage of Placement in the Last Three Financial Years (overall)

Financial Year	PwDs / Non PwDs*	Number of trainees successfully trained/ passed	Number of trainees Placed for more than 3 months		Percentage of trainees placed for more than 3 months	Upload list of trainees in the given format including employer & salary details	Upload appointment letters	Upload Video Testimonials of Placed candidates
			Wage/ Employed	Self employed	Formula			

