

**Pro-Forma for Submission of  
Training Project Specific Proposal  
for  
Financial Assistance for Skill Training  
of Persons with Disabilities  
under the  
Scheme for Implementation of PwD Act (SIPDA)**

**Effective from 2015-16**



**GOVERNMENT OF INDIA  
MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT  
DEPARTMENT OF EMPOWERMENT OF PERSONS WITH DISABILITIES**

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**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. a) Details of Legal Constitution of the Organization:**

Status/Constitution of the firm:	Tick whichever is Applicable:
1. Central Govt. Department	
2. State Govt. Department	
3. Autonomous Body	
4. PSU of Central/State Govt	
5. NI/CRC/DDRC of Department of Empowerment of PwDs	
6. Registered Society	
7. Registered Trust	
8. Company Registered under the Companies Act 1956/2013 (As a Not-For-Profit Company):	
9. Company Registered under the Companies Act 1956/2013 (Under any Provision of the Act other than mentioned at '8' above):	

**b) Registration Details of the Organisation:**

Registration Number:	
Date of Registration (DD/MM/YYYY):	
PAN:	
TAN:	
<b>Unique ID of NGO-PS portal of NITI Ayog (in case of NGOs, i.e Registered Society/Trust/Not-For-Profit Companies)</b>	

**c) Infrastructure Details of the Organisation:**

1) Land and Building:	
2) No. of rooms available for training: a) Own Building Details b) Rented/Lease building ( <i>Attach rent/lease Agreement</i> ) c) Measurement (size) of the premises	
3) Internet/Network Details:	
4) List of Equipment Available:	
5) Software/Technology Details:	

[Use Separate sheet for providing complete information on above mentioned points]

**III. Details of Skill Development Project to be Undertaken:**

[An Indicative list of Disability wise trade/course is given in Annexure-III-A of the Guidelines as notified by DEPwD's letter No4-2(80) 2014-DD.I dated 28.01.2016]

**a) Details of the Trade/Course:**

<b>Name of Trade/Course(s):</b>	<b>Location of the Training Centre/Institute:</b>

**b) i) Duration of the Course:**

<b>From</b>							<b>To</b>							<b>Total(In Days)</b>	
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	

**ii) Total Training hours (Trade Wise):**

Please mention below the no. of working hours/day per training centre:

<b>Name of Trade/Course</b>	<b>No. of Working Hours/day</b>		
	<b>Weekdays</b>	<b>Saturdays</b>	<b>Total</b>

**c) Intake Details (No. of PwDs proposed to be trained) :**

<b>Expected No. of Hostellers</b>	<b>Expected No. of Day Trainees</b>	<b>Total</b>

**d) Types of Disabilities to be Covered by your Organization under the Project:**

<b>Types of Disability:</b>	<b>No. of Trainees Expected:</b>
1) Autism	
2) Blindness	
3) Cerebral Palsy	
4) Hearing Impairment	

5) Intellectual Disability	
6) Leprosy Cured	
7) Locomotor Disability	
8) Low Vision	
9) Mental illness	
10) Speech and Language Disability	
11) Any Other (Please Specify):	

**e) Details of Trainers (Faculty)**

S.No.	Name of Trainer	Designation	Qualification	Trade/Course	Regular/Part-Time/Visiting	Salary (Per Month)

*[Use Separate sheet, if necessary to provide complete information, also attach CVs of trainers]*

**f) Certification Detail:**

<p><b>On Completion of the training course, the trainees shall be awarded a certificate; Please mention details (Name &amp; Address ) of certification authority:</b></p>	
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**g) Please mention percentage of placement expected after completion of the course:**

Range:	20-30%	31-40%	41-50%	51-60%	61-70%	70% & above	Remarks (If Any):
Tick whichever is Applicable:							

**IV. Please mention your organization's bank details:**

a)

1. Account No.	
2. Name and Branch of Bank	
3. Type of Account(Current/Saving)	
4. IFSC Code	
5. MICR Code	

*[Please attach NEFT mandate form in the pro-forma attached]*

b) **Name of the authorized signatory who would handle the bank account on behalf of the organization:**

Name, Address and Contact No.	Designation

**V. (a) 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	

**(b) If So, attach a copy of Utilisation Certificate in respect of the grant-in-aid received.**

**DECLARATION:**

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.

It is also certified that this organization is not blacklisted by any Department of the Govt. of India or any State Govt. for receiving financial assistance.

(Signature with office seal)

Name of Signatory:

Designation:

Date:

Location:

(List of supporting documents are indicated in attached Annexure 1)

## ANNEXURE 1

### LIST OF DOCUMENTS

S.NO.	Parameters	Documents
1	Bank Account Details	NEFT Mandate form (Ref Annexure 2)
2	Placements	MOU with Employer to be providing placements to the students after completion of training
3	Training Capacity	Disability wise capacity (Maximum Number of students can be accommodated and trained) per batch
4	Trainers	CVs of Trainers
5	Infrastructure	a) Rent/Lease agreement in respect of the premises in which the project will run b) List of Equipments
6	Financial Information	a) Audited Accounts of the previous year b) Utilization Certificate in respect of the previous year's grant-in-aid received from the Department of Empowerment of persons with Disabilities(If Any)

## ANNEXURE 2

### NATIONAL ELECTRONIC FUNDS TRANSFER (NEFT) – MANDATE FORM

1. Name of the Organisation :
2. Address of the Organisation :
3. Bank Name :
4. Bank Branch Address :
5. Account Type :
6. Account No. :
7. IFS Code :
8. Name of the contact person :
9. Contact Number :
10. E-Mail Id :

Name & Signature  
(Account holder/Authorized Signatory)

Name & Signature  
(Branch Manager/Authorized Signatory of the Bank)