Inviting Proposals for empanelment of Training Providers with NHFDC to conduct the skill training of Persons with Disabilities/Divyangjan under CSR

National Handicapped Finance and Development Corporation (NHFDC)- A CPSE functioning under the aegis of Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Govt. of India invites applications from Government and Private reputed Training Providers for empanelment to conduct the **short terms skill training programme** for Persons with Disabilities (Divyangjan) under CSR on PAN India basis with emphasis in aspirational districts of India.

- 2. The Government/Private reputed training Providers fulfilling following eligibility criteria may submit their complete proposals with necessary supporting documents indicating the list & address of existing training centres and capacity of each centre to accommodate the proposed skill training to NHFDC for empanelment to conduct the skill training of PwDs(Divyangjan) on or before 20-6-2023 in the prescribed format enclosed at **Annexure-A**:
 - i) The Training Providers should have been active and operational in the field of Skill Development Training for atleast last 3 years. A performance report in this regard may be attached.
 - ii) The Training Provider should be a legal entity in India for more than three years before in the form of Registered Company/Private Limited Company/Public Limited Company/Registered Society/Trust/Association. Copy of certificate of incorporation/registration should be attached.
 - iii) The Training Provider should have experience for conducting the short term Skill Training for Persons with Disabilities under the Skill Development programme of any organisation of State Government/Central Government.
 - iv) The Training Providers should have disabled friendly well equipped training centres/Smart Centres as per SSC norms and proof of the same may be attached.
 - v) The Training Providers should have a total turnover of Rs.50 lakhs or more in the past three consecutive years.
 - vi) The Training Provider should not have been blacklisted/debarred by any State Government/Central Government/PSUs or any Govt. organisation. Declaration in this regard may be attached
 - vii) The Training Provides should have a valid PAN & GST registration. Copy of duly certified PAN Card & GST registration may be attached.
 - viii) The Training Providers to submit copy of audited financials for the last three years alongwith Certificate for Turnover of the organization issued by Chartered Accountant.
 - ix) Application received for empanelment for conducting skill training shall be scrutinized as per the parameters indicated in Marks Matrix (Annexure B). Only those training providers will be considered for empanelment for conducting skill training, who obtains minimum 50 marks (out of 100) in Marks Matrix.

Mere fulfilling the eligibility criteria will not empower the Training Partner to get skill training. NHFDC reserves its right not to empanel/sanction any training to any training partner or reduce/cancel empanelment / sanctioned training without assigning any reason thereof.

Applications complete in every respect should reach NHFDC, Unit No-11-12, DLF Prime Tower, F-79-80, Okhla Phase-1, New Delhi-110 020 on or before 20-6-2023. Late receipt applications will not be entertained.

National Handicapped Finance and Development Corporation

(Department of Empowerment of Persons with Disabilities(Divyangjan), Ministry of Social Justice & Empowerment, Government of India)

Unit No-11-12, DLF Prime Tower, F-79-80, Okhla Phase-1, New Delhi-110 020

<u>Format - Empanelment of Training Providers and to submit proposal towards Skill & Entrepreneurial Development for Persons with Disabilities (Divyangjan)</u>

1. <u>Details of Training Provider</u>

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

2. a) Details of Legal Constitution of the Training Provider:

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 aNot-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:	
GST No.	
* Please attach copy of certified copies of above docum	nents

c) Infrastructure Details of the Organisation:

1) Land and Duilding	
1) Land and Building:	
2) No. of rooms available for	
training:	
a)Own Building Details	
b)Rented/Lease building (<i>Attach</i>	
rent/leaseAgreement)	
c) Measurement (size) of the premises	
3) Internet/Network Details:	
4) List of Equipment Available:	
This of Equipment Available.	
5) Software/Technology Details:	
by bottware/ recimology betains.	
6) Whether the Training Provider is having	
disabled friendly well equipped training	
centres/Smart Centres as per SSC norms, and	
proof of the same may be attached.	
7) Training Centre	
8) ToT certified Trainer details (with	
qualification, regular/ part-time/visiting)	
9) Bio Metric attendance & CCTV (two ways)	
	<u> </u>

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

3) <u>Details of Skill Training for PwDs undertaken in past</u>:

a)		ng imparted in the yment details (wage/s		Years for	PwDs(Divyangjan)	with
	S.No	Financial Year	Nos of Training Prog.	PwD trainees	Employment %age (Wage/Self)	
	i)		Nos	Nos	Wage Self	
	ii) iii)					
		Total				

	F.Y.	ОН	НН	VH	MR		
	Chill Trainin	of PruPo(Divrus	an gion)				
c)	undertaken	ng of PwDs(Divya in <u>aspirational d</u> Ayog) in India, lo	<u>istricts</u>				
d)	term Skill Tr Disabilities u	for conducting the raining for Persons nder the Skill Develof any organisation of	s with opment				
	Government/	Central Government	:				

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

4) Financials/legal:

a)	The Training Providers should have a total turnover of Rs.50 lakhs or more in the past three consecutive years.	S.No. F.Y. Turnover (Rs.in Lakhs)					
b)	The Training Provider should not have been blacklisted/debarred by any State Government/Central Government/PSUs or any Govt. organisation.	Declaration in this regard may be attached					
c)	Audited financials for the last three years alongwith Certificate for Turnover of the organization issued by Chartered Accountant (2020-21, 2021-22, 2022-23)	Attached/ Not attached					
d)	Sources of funding of Skill Training conducted for PwDs (Name of funding agencies e.g. Central/State Ministries, PSUs and CSR Partners)						

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

e)	Your Organisation's bank details;
i)	Account No.
ii)	Type of Account (Current/Saving)
iii)	Name and Branch of Bank
iv)	IFSC Code
v)	MICR Code

^{*} Please attach NEFT mandate form duly certified by your organization and bank as per Enclosure-II attached.

5) <u>Details for proposed Skill training of PwDs(Divvangian)</u>:

a)	Methodology of mobilization of the	
	candidates.	
b)	Methodology of Selection of candidates	
c)	Total number of training centers PAN	
	India & Locations	
d)	Target shall be achieved towards skill	Furnish information as per Enclosure-I
	training of PwDs on PAN India basis	
	with emphasis in aspirational districts of	
	India.	

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, NHFDC 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 Indiaor any State Govt. for receiving financial assistance for any other purpose.

Place	:	
Date	:	Signature of CEO/Head of Training Provider
		(Name in Block Letters) Designation with Official Seal

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 (Current/Saving)	:	
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)

Details of Target for Skill Training of Persons with Disabilities (Divyangjan) under CSR

1 Name of Training Provider with address

S.No.	State	District	-	•	trainees	Nos of proposed PwD Trainees from Aspirational District		Duration as per QP		Course Fee		Training commencem ent by Date		Expected wage employment %age	Expected Self employment %age
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	,				<u> </u>										

Date:	Signature of CEO/Head of Training Institute
Place :	(Name in Block Letters)
	Designation with Official Scal

MARKS MATRIX

(For Skill Training Proposals from Training Providers)

S.No.	Parameters			Max Marks		
	Intake Capacity based on capabili Time - 30 PwDs in a batch	15 Marks				
	Batches capacity	MM				
1.	(per batch 2 marks)	10	Supporting Documents			
	Additional marks if centre	05	Number of Classrooms, l			
	validated/accredited		Role Specific Trainers/	equipment/		
	through PMKVY/SMART/		validation certificate.			
	SCPwD					
	Average Annual Turnover for the Last Three 15 Marks					
Financial Years						
2.	Less than Rs. 50 lakh	00		. 1		
	Rs.50 lakh to Rs. 75 lakh	10	Supporting Documents req Audited Reportof Last 3 Years	-		
	Above Rs. 75 lakh	05		rears		
	Experience in skill training of PwDs with work orders/ target allocation					
3.	, ,	1	C D			
	2-3 years	05	Supporting Documents	-		
	Above 3 & upto 7 years	10	Work Order/ Target	Allocation/		
	More than 7 years	15	Affiliations/ Corresponding Balance Sheet in case			
			training.	or ree-baseu		
	Skill Training imparted to PwDs in Last Three 30 Marks					
	Financial Years					
4.	100 to 200	10				
	200 to 500	20	Supporting Documents r	equired		
	500 and above	30				
	Average % of PwDs Placed in the Last Three 15 Mar					
	Financial Years					
5.	Less than 30%	00	Supporting documents:	List of		
	30% to 40%	05	trained PwDs placed in			
	40% to 50%	10	their contact number and employer details.			
	50% to 70%	15				
_	MoUs with Employers and Placement agencies 05 Marks					
	If no valid MoU	00				
6.	Upto 03 valid MoU	03	Supporting documents: Copies	Copies of		
	04 and above (per MoU	05	valid MOUs			
	1 mark)					
	Job Outreach activities such as Camps/Job Fairs/Industry visits/ Training Centre visit by the Industry etc. during last two years.					
7.	If not conducted any of	00				
	the activities		Supporting documents:	Photographs/		
	Upto 03 activities	03	Pamphlets/ Advertisemen			
	04 and above (per	05	activities or certificate fr	om Industry		
	activity 1 mark)		partners.			
	Total Marks			100 Marks		
NOTE: For Govt. Organizations: Parameter 02 is not mandatory						