

**Financial Assistance for Skill & Entrepreneurial Development
(Separate Form is required to be filled for each Course)**

1.	Trade		
2.	Duration (give details)	No. of days/weeks/ Hours:	
		Hours of Trg. Per day	
3.(i)	Course contents/coverage (Attach separate sheets, if necessary)	Theory	Practical
(ii)	Minimum educational technical qualification for the trainee		
(iii)	No. of trainees		
4. (i)	Post-training benefits/advantages to the trainee	(Attach separate sheets, if necessary)	
(ii)	If certificate is issued after successful completion of training	Yes	No
(iii)	If placement facility is offered after training	Yes	No
(iv)	If the trainees are charged for placement facility	Yes	No
	If yes, then specify the amount		
(v)	If any amount is proposed to be collected from the trainee in any manner, then the same should be specified	Yes	No
	If yes, then specify the amount and purpose		

About the training programme

5.(i)	If the training is proposed to be conducted exclusively for Persons with Disabilities fulfilling the NHFDC criteria?	Yes		No
5(ii).	If the training is proposed to be conducted as inclusive training (please refer para-8 of the scheme)	Yes		No
5(iii).	In case of inclusive training, please specify the following :			
	How the integrated training can help Persons with Disabilities?			
	What measures are proposed to be taken to ensure effective communication and imparting of training to Persons with Disabilities			
	Fee structure for general trainees			

Form 'A' contd..

6.	Recognition		
(i)	If the proposed training programme is recognized	Yes	No
	If yes, then please state the name of the recognizing authority		
7.	Venue of training (give complete address)		
8.	If residential/hostel facilities are to be provided to the trainees during training period	Yes	No
		If yes, please provide details of such facility.	
9.	Mode of identifying trainees	It is suggested that the mode of identifying trainees should be clearly specified. The process should be transparent and logical. The trainees should fulfill the eligibility criteria prescribed for availing the loan from NHFDC.	
10.	Name, address & contact no. of course co-ordinator	Office:	Resi.:
11.	Fixed cost (please specify) – Not to be borne by NHFDC		
Sl	Particulars	Amt. in Rs.	
	Separate sheets may be attached as annexure, if required.		
	Total		
12.	Variable cost (Please Specify) –Separate sheets may be attached, if required.		
Sl	Particulars	Amt. in Rs.	
i)	Instructor's salary/honorarium		
ii)	Cost of training material/raw material		
iii)	Tools/Kits for trainees		
iv)	Study material		
v)	Stipend		
vi)	Transportation		
vii)	Course fees		
viii)	Advertisement exp.(please note that the name of NHFDC is to be stated as principal sponsor of training programme.)		
ix)	Any other expenditure (Please Specify)		
	Total		
	Total cost (11+12)		

Undertaking :

I, _____ (name, designation) of _____ (name of the proposer organization) do hereby undertake that:

- i) Financial assistance sanctioned/to be sanctioned by National Handicapped Finance and Development Corporation (NHFDC) would be utilised for the purpose for which the same is/to be sanctioned. If any misappropriation of the amount is found at any point of time, the entire amount will be refunded to NHFDC with penal interest @ 18% per annum notwithstanding other course of actions available to NHFDC.
- ii) That necessary arrangement shall be made for imparting training to the trainees taking into account the nature of disability. Requisite infrastructure and facility would be provided for barrier free accessibility.

Place: _____

Date: _____

Signature

(_____)

Name in full

Designation:

With official Seal

Note: In the case of a proposal submitted by State Channelising Agency, this form is required to be signed by the CEO/Managing Director of the State Channelising Agency.

Details of Training Institute

1.	Name of the training institute	:	
2.	Address of the regd. Office	:	
3.	Telephone No. & Fax No.	:	
4	Website	:	
5.	E. Mail	:	
6.(i)	CEO/Head of the training institute	:	
(ii)	Phone	:	
(iii)	Mobile	:	
7.(i)	Total no. of staff	:	
(ii)	Technical	:	
(iii)	Non-technical	:	
8.(i)	Year of establishment	:	
(ii)	Years' exp. in imparting training	:	
(iii)	Infrastructure (give details of facilities available) Attach separate sheets, if required		
(iv)	Any other facilities available (Give Details) Attach separate sheets, if required		
9.(i)	Training imparted in the last three years		
Sl.	Financial year		No. of trg. programmes No. of trainees
I.		:	
II.		:	
III.		:	
10.	Trades in which the organization specialises in imparting training (Give details)		
11.	If the organisation has trained Persons with Disabilities in the past	:	Yes No
	If Yes, then please furnish the following details as under:		
(i)	Trade in which training was imparted	:	
(ii)	Whether inclusive / special training	:	
(iii)	If inclusive training, then please state	:	
(iv)	Total trainees in the batch	:	
(v)	No. of Persons with Disabilities trained	:	
(vi)	Category wise break-up of Persons with Disabilities trained in last 3 Years		
	OH		SPEECH & HH VH MR

Please find enclosed herewith certified copy of :

- i) the latest annual report and
- ii) the Memorandum & Articles of Association/Bye-laws/Certificate of registration

I am to certify that the above information are true and correct to the best of my information and knowledge.

Place :

Date :

Signature of CEO/Head of
Training Institute

(Name in Block Letters)
Designation with Official Seal