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दिव्यांगजन सशक्तिकरण विभाग, (सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार)  
ओलटपुर, पोष्ट-बाइरोई, जिला-कटक (ओड़िशा)

संदर्भ संख्या-वीटीसी/एसटी/विज्ञापन/2023-24 दिनांक: 16.05.2023

**रुचि की अभिव्यक्ति (ईओआई)**

एसवीनिरतार, ओलटपुर, कटक ने एसआईपीडीए योजना द्वारा वित्त पोषित एसवीनिरतार में निर्माणाधीन व्यावसायिक प्रशिक्षण भवन में विकलांग व्यक्तियों को कौशल प्रशिक्षण प्रदान करने के उद्यम में पंजीकृत कॉर्पोरेट हाउस/गैर-सरकारी संगठनों/ एनजीएल से "तकनीकी प्रमाणपत्र" के रूप में प्रस्ताव आमंत्रित किए जाते हैं। यह पूरी प्रक्रिया पब्लिक-प्राइवेट पार्टनरशिप मॉडल पर आगे बढ़ेगी। इच्छुक आवेदकों को इस ईओआई के निर्धारित प्रारूप में अपना प्रस्ताव प्रस्तुत करें। विस्तृत नियम एवं शर्तें, कार्य क्षेत्र और आवेदन का प्रारूप संस्थान की वेबसाइट <http://www.svnirtar.nic.in> पर उपलब्ध हैं।

स्वा/-  
निदेशक (स्थानापन्न)

Size : 8x8sqcm.



**SWAMI VIVEKANAND NATIONAL INSTITUTE OF  
REHABILITATION TRAINING AND RESEARCH**

Department of Empowerment of Persons with Disabilities (Divyangjan)  
Ministry of Social Justice & Empowerment, Govt. of India  
OLATPUR, PO - BAIROI, DIST - CUTTACK (ODISHA) - 754010

Ref. No-VTC/ST/Advt/2023-24

Date: 16.05.2023

**EXPRESSION OF INTEREST (EOI)**

SVNIRTAR, Olatpur, Cuttack invites offers in form of "Technical Credential" from registered corporate houses/NGOs/NGIs in the venture of providing "Skill training to persons with disability in the under construction Vocational Training Building at SVNIRTAR funded by SIPDA scheme". The entire exercise will proceed on Public-private partnership Model. The interested applicants should submit their offer in the Prescribed Format of this EOI. Detailed terms & conditions, scope of work and format of application are available in the Institute website <http://www.svnirtar.nic.in>.

Sd/-  
Director-Offg.

Size : 8 cm (w) x 8 cm (h)

### EXPRESSION OF INTEREST (EOI)

SVNIRTAR, Olatpur, Cuttack invites offers in form of **Technical Credentials** from registered Corporate Houses/NGOs/NGIs in the venture of providing **"Skill Training to persons with disability in the under construction Vocational Training Building at SVNIRTAR funded under SIPDA scheme"**. The entire exercise will proceed on **Public-Private Partnership Model**. The interested applicants should submit their offer in the **Prescribed Format** of this EOI.

#### 1. SCOPE OF WORK

- a. The under construction Vocational Training Building of SVNIRTAR shall be provided with accessibility features. The water & electricity connections (including the bills), cleaning, basic furnishing facilities i.e. house keeping etc. shall be provided by the Institute.
- b. It will be mandatory to use the Training Centre exclusively for the purpose of imparting **"Skill Training to persons with disability"**.
- c. The Operation of the Training Centre will be done as per the Terms & Conditions of this EOI and as per the the letter and spirit of RPwD Act, 2016 with the over-arching objective of improving the living conditions of divyangjans
- d. The successful bidder shall use and maintain the Training Centre space properly, preventing any damage to the property.
- e. The successful bidder shall arrange for the tools, fixtures and other amenities specifically required for the training purpose.
- f. The User has to strictly keep the Training Centre functional during the working hours of the Institute and the Training Centre will not be closed except on public holidays.
- g. The successful bidder shall arrange for the faculty for imparting training to divyangjans in specific skills.
- h. The successful bidder shall not charge any fees from the disabled trainee
- i. The successful bidder shall provide a certificate of completion of the training to the disabled trainees
- j. The successful bidder shall not use, for this purpose, any funds from any government scheme. However it can procure funds from Corporate Houses under the banner of Corporate Social Responsibility.
- k. The Authority shall reserve the right to cancel/terminate the EOI without assigning any reasons whatsoever.
- l. There can be (rather it may be desirable also to have ) more than one successful bidders i.e. the bidder-A found most suitable for skill-X, the bidder-B found most suitable for skill-Y and so on.
- m. The potential bidders shall indicate their technical credentials in harmony with the skill training desired to be imparted. This should also include the proven/ promised ability to provide employment to the divyangjans so trained.
- n. On refusal of the eligible bidder the next highest Bidder from amongst the applicants shall be considered for selection.

4. **OTHER TERMS AND CONDITIONS**

- a. *Annexure- A* duly filled Qualification – cum – Technical Bid along with all supporting documents duly self-signed should be submitted in one sealed envelopes super scribed as **“TECHNICAL BID”**.
- b. The above envelope containing *Annexure-A* should be placed in One Covering Envelope and sealed super scribed as **“EXPRESSION OF INTEREST for imparting Skill Training to persons with disability in the under construction Vocational Training Building at SVNIRTAR funded under SIPDA scheme”**.
- c. The authority reserves the right to accept or reject any or all the offers received or cancel the bidding process at any stage prior to award of contract and without assigning any reason thereof.
- d. Any dispute that may arise will be settled at Cuttack Jurisdiction only.
- e. The Technical Bid received by SVNIRTAR, Cuttack for those meeting the above mentioned criteria, would be taken up for detailed evaluation as per the technical evaluation criteria.

Ref: DSWVT/2022-23/01

Date:

To  
The Director  
Swami Vivekanand National Institute of Rehabilitation Training and Research (SVNIRTAR)  
Rehabilitation Training and Research, SVNIRTAR  
Olatpur, P.O: Bairoi Dist: Cuttack Odisha

**SUB: EOI Cover Letter for imparting Skill Training to persons with disability in the under construction Vocational Training Building at SVNIRTAR funded under SIPDA scheme.**

Sir,

1. I/We, the undersigned, having carefully examined the referred EOI offer to participate in the same, in full conformity with the said EOI and all the terms and conditions thereof.
2. I/We agree to abide by this Proposal, consisting of this letter and our EOI response Proposal, for a period of 90 days from the date fixed for submission of Bids/ EOI as stipulated in the EOI (including addenda / pre-Bid clarifications to the EOI).

Signature & Stamp

Name of Signatory:

Designation:

Date:

**APPLICATION (EOI) FOR EMPANELLEMENT AS TRAINING PARTNER FOR  
SKILL TRAINING OF PERSONS WITH DISABILITIES**

**I. Details of the Organization:**

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

**II. Details of legal constitution(Nature/Type)of the Organization:**

Nature /Type of the Organization:	Society/Trust/---/---/
Registration Number:	
•Date & Place of Registration:	
Act under which registered (Specify name of Act):	
PAN No.:	
TAN No.:	
Unique Id of NITI Aayog:	

[Please see Annexure II for supporting documents to be provided]

III. Brief History of the Organization, nature of its current Business or activities and affiliations with Govt.:

**TABLE-I: BRIEF HISTORY AND ACTIVITIES**

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**TABLE-II: AFFILIATIONS**

Affiliations with Central Govt.	Affiliations with State Govt.	Affiliation with NSDC/SSCs

[Please attach supporting documents for Affiliations]

**TABLE-III: HUMAN RESOURCE**

S.No.	Name of Trainers	Qualification	Experience(Year)	Resume Enclosed(Y/N)	Salary Slip for last 3 months enclosed (Y/N)

[Please attach resume of Trainers and last 3 months Salary Slips/Bank Statement]

IV. Annual Turnover/Net Worth of the Organization for the last Three Years:

Financial Year	Turnover (in Lakhs)	Net Worth
2019-20		

2020-21		
2021-22		
Average Turnover		

[Please attach audited report of three years]

**V. Prior Experience of the Organization in skill training during last 10 years or more:**

**A. Over all Experience of skill training (including PwDs)**

Financial Year	Number of projects Imparted	Number of trainees (including PwDs)	Whether Fee based or Sponsored Program	If Sponsored, Name of sponsoring agency	Whether enclosed copy of Work order(Y/N)	Whether enclosed copy of receipts(Y/N)

[Please attach supporting documents such as Work Order/Target Allocation/Corresponding receipt in Balance Sheet in case of fee-based training]

**B. Experience in skill training of PwDs**

Financial Year	Number of PwD trainees	Whether Fee based or Sponsored Program	If Sponsored, Name of Sponsoring Agency	Enclosed copy of work order (Y/N)	Enclosed copy of receipts (Y/N)

[Please attach List of PwD trainees & copies of Work Orders]

**VI. Experience of the Organization in Recognition of Prior Learning (RPL) project during last 3 financial years:**

Financial Year	Number of projects imparted	Number of Trainees (including PwDs)	Name of Sponsoring Agency	Whether enclosed copy of Work Order (Y/N)


[Please attach supporting documents such as Work Order/Target Allocation /Corresponding receipt in Balance Sheet in case of fee-based training]

**VII. Experience of the organization in placement during last 03 financial years:**

**A. Overall Placement Details**

**Table I: Year wise placement details (Including PwDs):**

Financial Year	No. of persons trained	No. of persons passed/successfully completed training	Number of successful Trainees employed in		% of persons Placed for more than 3 months
			Wage/Salary	Self Employed	
Total					

**Table II: Details of successful trainees (Excluding PwDs) placed under Wage Employment:**

S. No.	Name of Trainee	Contact Number of Trainee	Employer's Name	Date of Appointment	MOU Attached (Y/N)	Contact Details of Employer of	
						Contact No.	Email ID

[Please attach List of trained beneficiaries (excluding PwDs) placed in last 3 years, their contact number and employers' details]

**Table III: Details of successful trainees (Excluding PwDs) placed under Self Employment:**



S. No.	Name of Trainee	Contact Number of Trainee	Type of Business	Supporting Document

[Please attach trade license/document of setting up of an enterprise /Udyog Aadhar / loan documents /proof of additional earnings (Bank Statement) or any other suitable and verifiable document as prescribed by the respective Ministry/Department]

**B. Placement Details of PwDs during last 03 Financial Year:**

**Table I: Year wise placement details of PwD trainees:**

Financial Year	No. of PwDs persons trained	No. of persons passed/successfully completed training	Number of successful Trainees employed in		% of persons Placed for more than 3 months
			Wage/Salary	Self Employed	
Total					

**Table II: Details of successful PwD trainees placed under Wage Employment:**

S. No.	Name of Trainee	Contact Number of Trainee	Employer's Name	Date of Appointment	MOU Attached (Y/N)	Contact details of Employer of	
						Contact No.	Email ID

[Please attach List of trained beneficiaries (excluding PwDs) placed in last 3 years, their contact number and employers' details]

**Table III: Details of successful PwD trainees placed under Self Employment:**

S. No.	Name of Trainee	Contact Number Of Trainee	Type of Business	Supporting document


[Please attach trade license/document of setting up of an enterprise /Udyog Aadhar /loan documents /proof of additional earnings (Bank Statement) or any other suitable and verifiable document as prescribed by the respective Ministry/Department]

**VIII. Online Post Placement Tracking Mechanism:**

If available	URL details	
	Functioning or not	
	Placement details are uploaded or not	
Not available		

**IX. Details of MOUs currently valid with employers and placement agencies:**

S.No.	Name of Industry partner /Employer/Placement Agency	Placement Capacity(Nos.)	Salary Offered/Promised

[Please attach copy of MOUs]

**X. Details of Job Outreach Activities already conducted:**

S.No.	Details of activities/events/job fairs etc.	Date and place

[Please attach Photograph/pamphlet/advertisement related to activities]

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 Institute reserves the right to reject the proposal.

Signature & Stamp

Name of Signatory:  
Designation:  
Date:

Signature of the Bidder  
Date  
Place