

UT ADMINISTRATION OF DAMAN & DIU
SOCIAL WELFARE DEPARTMENT, DAMAN.

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The Ministry Of Social Justice and Empowerment, Department Of Empowerment Of Persons With Disabilities (Divyangjan) intends to hold National Level IT Competition for **Youth with Disabilities**, for the Global IT Challenge (GITC), the eligibility criteria for youth with disabilities to participate at GITC 2017 will be as below:

- A. Must be from the categories of Visual, Hearing, Physical (locomotor) and Intellectual/Developmental disorder having medical certificate issued by a competent authority.
- B. Must be in the age group of 13-19 yrs in the above four categories.
- C. Must be able to work with internet explorer web browser, MS Office package, scratch Programmes etc.
- D. Must be able to communicate in English.

The last date of submission of application in prescribed performa is 15th June, 2017 by 04.00 P.M. A committee constituted by UT Administration of Daman & Diu will select and recommend names to the Government for conferring these awards. The prescribed applications for the above awards can be obtained from the Office of Social Welfare Department, Collectorate, Dholar, Moti Daman and Office of District Child Protection Unit, Collectorate, Diu also available at website www.daman.nic.in and www.diu.gov.in

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Dy.Secretary (SW)
Social Welfare Department,
Daman.

National IT Challenge for Youth with Disabilities 2017

Application form for Youth Participants

*The information provided will be used only for 2017 National IT Competition for Youth with Disabilities

Last name		First name/ Middle name		Nationality	
Gender		Date of birth (dd/mm/yyyy)		Passport No & expiry date (if available)	
Present Occupation	School Going <input type="checkbox"/> If Yes(indicate Class) School drop out <input type="checkbox"/> Indicate the last class attended				Photo
Mailing address (Street, City/Town, Country and Postal Code)					
Email Id					
Home Telephone		Mobile			
Emergency Contacts	Name		Name		
	Relationship		Relationship		
	Contact Number		Contact Number		
Mother Tongue					
Category of Disability	<input type="checkbox"/> Visual Impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Locomotor Disability <input type="checkbox"/> Intellectual / Developmental Disorder		Details of Disability certificate	Date of Issue : Name of Issuing Authority :	

English Proficiency	<input type="checkbox"/> Can communicate	Computer Skill	Web browser	High	Moderate	Basic
	<input type="checkbox"/> Cannot communicate		MS-Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			MS-PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Details	Whether accompanied by escort		<input type="checkbox"/>			
	Can manage on his / her own		<input type="checkbox"/>			
	Sign Language / interpretation required or not (Y / N)		<input type="checkbox"/>			

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 (Signature of Father / Mother / Guardian)

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 (Signature of Applicant)

Date :

Date :