F.No. 13-13/2015-DD-III
Government of India
Ministry of Social Justice and Empowerment
Department for Empowerment of Persons with Disabilities
Paryavaran Bhawan, CGO Complex, New Delhi

Selection of Youth with Disabilities (Age between 13 -19 yrs) for National IT Competition.

This year the Global IT Challenge (GITC) for Youth with Disabilities will be held during 21st -25th November, 2016 in Yangzhou, Jiangsu, China. The event is meant for four categories of Youth with Disabilities i.e in the categories of visual impairment, hearing impairment, physical impairment (locomotor) and intellectual /development disorder in the age group 13-19 years. Govt. of India has been requested by the organizer i.e Korean Society for Rehabilitation of Person with Disabilities (KSRPD) to nominate one youth with disability from each of the above categories to participate in the GITC 2016 in China. The required expenditure towards to and fro air ticket and lodging and boarding will be borne by the organizer for participating in China.

2. With a view to finalize nomination of Govt of India to participate in the above event, applications are here by invited from the prospective Youth with Disabilities in the age group of 13 – 19 yrs from the following four categories -

    i)   **Visual Impairment**
    ii)   **Hearing impairment**
    iii)   **physical impairment (locomotor)**
    iv)   **intellectual /development disorder**

3. ELIGIBILITY FOR PARTICIPATION IN THE NOMINATION PROCESS ARE:

a) Must be in the age group of 13 -19 yrs in the above four categories
b) Must be able to work with Internet Explorer web browser, MS Office and Scratch Programmes
c) **Must be able to communicate in English should apply.**

(Important Note: College and University going youth with disabilities are not allowed to participate even in they are falling within the above age group)

4. On receiving applications, the department may conduct a National IT competition to select the suitable nomination to represent India in the GITC 2016. The competition will be done on the following areas -

    i.   **Local individual education-** e-Learning mentoring training Content : Understanding of information including IT Understanding of the

competition subjects and utilization e-Tool Challenge, e-Life Map Challenge, e-Design Challenge, e-Creative Challenge

ii. **IT Paralympiad- e-Tool Challenge:** development assessment; e-Life Map Challenge: individual assessment; e-Design Challenge: group assessment and e- Creative Challenge: group assessment

5. The venue and date of National Competition will be intimated to eligible applicants separately. For participating in the National Competition the applicant shall have to bear the expenditure for their travel. The department will make arrangement for their lodging and boarding along with one escort during their stay at the centre where National competition will be held.

6. Interested Youth with Disabilities fulfilling above criteria may send their application in prescribed format (Annex –I) to **The Director, Department of Empowerment of Persons with Disabilities, Room No – 518, Paryavaran Bhawan, CGO Complex, New Delhi or email to kvs.rao13@nic.in latest by 30th May 2016.**

(DIRECTOR)

National IT Challenge for Youth with Disabilities 2016

Application form for Youth Participants

*The information provided will be used only for logistical the 2016 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 ☐ If Yes(indicate Class) …………………….. Schoo drop out ☐ 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	☐ Visual Impairment ☐ Hearing impairment ☐ Locomotor Disability ☐ Intellectual / Developmental Disorder	**Details of Disability certificate**	Date of Issue : …………………………………… Name of Issuing Authority : …………………………………

English Proficiency	☐ Can communicate	**Computer Skill**	Web browser	High ☐	Moderate ☐	Basic ☐

	☐ Cannot communicate		MS-Excel	☐	☐	☐
			MS-PowerPoint	☐	☐	☐
Other Details	Whether accompanied by escort			☐		
	Can manage on his / her own			☐		
	Sign Language / interpretation required or not (Y / N)			☐		

....
(Signature of Father / Mother / Guardian)
Date :.................................

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(Signature of Applicant)
Date : ....

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