All India Women’s Education Fund Association (AIWEFA) has administered the **AIWEFA Nina Sibal Memorial Award** since 2003. Through this award AIWEFA acknowledges innovative and exceptional organizational work for children with disabilities. The award endowment has been made by Shri. Kapil Sibal, Senior Advocate, M.P. Rajya Sabha and strategist in memory of his late wife Smt. Nina Sibal. The award carries a grant of Rs. 10 lakhs, a trophy, and a citation.

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| **Note:**   1. Application forms will be shared with participants through Google Forms, and forms that can be downloaded. (This avoids printing of forms) 2. Applicants can attach and share document/IEC Material/ Images/Videos/ Reports etc., if required (Maximum 10 attachments) 3. Applicants are limited to one response. 4. Former recipients of the Nina Sibal Memorial Award will not be considered again. 5. Former applicants who did not receive the award can apply again. 6. This award attempts to provide a boost to organisations finding it difficult to move forward due to lack of resources. | | | |
| **Application Form** | | | |
| **General Information** | | | |
|  | Name of the organisation |  | | |
|  | Address of the organisation |  | | |
|  | Website |  | | |
|  | Email ID |  | | |
|  | Social Media handles |  | | |
|  | Nature of the Organisation  (Trust/Society/Company/Institute/other specify) |  | | |
|  | Registration details |  | | |
|  | Objectives of the organisation |  | | |
|  | Name & designation of Chief Representative |  | | |
|  | Name & designation of person providing details |  | | |
|  | Contact No and Email ID |  | | |
| **Specific Information** | | | |
| **1.** | **Inclusivity within the organisation** | | |
| 1.a | No. of persons with disabilities on the Governing/ Executive Body.  (Please give their names and positions) |  | |
| 1.b | Total number of employees in the Institution.  Please specify with their job positions  Indicate the number of employees with disabilities, disability-wise and position wise |  | |
| 1.c | Mention the type of disabilities being catered to by the organisation |  | |
|  | **Overview of the work undertaken by the Institution** | | |
| 2.a | The nature of work undertaken by the institution in areas like Health care, education, skill development, community-based rehabilitation, employment opportunity creation, best practices of the institution etc. **(Attach a separate document of not more than 300 words)** | | |
|  | **Outreach: Reaching out to the unreached** | | |
| 3.a | Total no. of beneficiaries  (persons with disability/disabilities/parents/ family/ caretakers/stakeholders/ others) |  | |
| 3.b | Strategies/ means adopted to reach the individuals in difficult areas/ difficult terrains/far reached areas |  | |
| **4.** | **Availability and use of new and Innovative technologies** | | |
| 4.a | Details of Hardware/ Software/ Applications available in the organisation | |  |
| 4.b | Other Assistive technology being utilized | |  |
| **5.** | **Details of Skill development Programme for daily living/ employment** | | |
| 5.a | Name of the Skill development wing (If applicable)   * Year of Establishment * Affiliation | |  |
| 5.b | Number of Students admitted in a year [Boys/Girls] | |  |
| 5.c | Specific disabilities being addressed for Skill development | |  |
| 5.d | List of Skill Development courses provided | |  |
| 5.e | Number of Staff with Designation | |  |
| **6.** | **Details of Creating Employment opportunities** | | |
| 6.a | Ways of **creating** employment or job opportunities by organisation | |  |
| 6.b | Number of employments or Jobs **created** last year for persons with disabilities | |  |
| **7.** | **Strategies for mainstreaming through Education (If Applicable)** | | |
| 7.a | Type of education provided   * Formal/ Non formal/ Both * Affiliation with * Levels and type of education being provided |  | |
| 7.b | New and innovative teaching & learning methodologies used |  | |
| 7.c | Networking and support to enable mainstreaming of children in regular inclusive educational / other setups. |  | |
| 7.d | Details of Awareness campaign or any outdoor activities organized (if any) |  | |
| 7.e | Any other information |  | |
| **8.** | **Details of Residential or Day Boarding (If Applicable)** | | |
| 8.a | Name of the Residential or Day Boarding institution   * year of establishment with name of place * Any Affiliation | |  |
| 8.b | Number of children admitted in a year [Boys/Girls] | |  |
| 8.c | Specific disabilities being addressed for Residential/Day boarding | |  |
| 8.d | Number of Staff with designation | |  |
| **9.** | **Healthcare & Medical facilities provided (If Applicable)** | | |
| 9.a | Name of the medical institution   * Year of establishment * Affiliation with | |  |
| 9.b | List or Type of healthcare and medical facilities provided to persons with disabilities | |  |
| 9.c | Details of Counselling and mental health facilities provided | |  |
| 9.d | Specific disabilities being addressed for medical facilities | |  |
| 9.e | Number of Staff and health workers working in the facilities (eg: nurses, doctors, counselors etc.) | |  |
| 9.f | Details of In-patient facilities   * No. of patients in a year * Types of medical facilities provided to Indoor patients | |  |
| 9.g | Details of OPD   * No. of patients in a year * Types of medical facilities provided for Outdoor patients. | |  |
| **10.** | **Details of Sports and Recreation activities (If Applicable)** | | |
| 10.a | Number of Students trained in a year [Boys/Girls] | |  |
| 10.b | Specific disabilities being addressed for Sports | |  |
| 10.c | Levels and type of Sports and recreational activities provided in institution | |  |
| 10.d | Any representation on District/State or National Level | |  |
| **11.** | **Recognition & Awards** | | |
| 11.a | Has the institution received any awards in the past? If so, please specify. | |  |
| **12.** | **Award Money** | |  |
| 12.a | How does the organisation plan to utilize the NINA SIBAL Award amount, if received? | |  |

Thank you.