

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

**ADVERTISEMENT**

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 15<sup>th</sup> 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](http://www.daman.nic.in) and [www.diu.gov.in](http://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

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

<b>English Proficiency</b>	<input type="checkbox"/> Can communicate	<b>Computer Skill</b>	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"/>
<b>Other Details</b>	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"/>			

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

.....  
 (Signature of Applicant)

Date : .....

Date : .....