

NCSC for DA

(National Career Service Centre for Differently Abled)

USER Manual for Differently Abled Representative

NIC- NCSC for DA-USER-1.0

Abstract: This User Manual provides complete description of the functions covered for NCSC For DA (National Career Service Centre for Differently Abled). This document is intended for the stakeholders of the system.

Keywords: Software requirement specification, Differently Abled People, state User, Center User, Code Directory, Query, MIS Report

M/Labour & Employment Division
National Informatics Centre (MeitY), India

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Amendment log

Version	Date	Brief Description	Section Change
1.0	18.09.2018	Covers the functionality of Registration of Differently Abled, Application Accept Or Reject, Enroll, Refused and Dropout	1 st Draft

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1 Registration on Portal

Differently Abled Person need to apply online for training, needs registration first on the Portal. The Portal requires name,date of birth, email, mobile number to get registered.

भारत सरकार Government of India श्रम एवं रोजगार मंत्रालय M/o Labour & Employment

रोजगार महानिदेशालय Directorate General of Employment

National Career Service Centre for Differently Abled [NCSC For DA]

एन सी एस सी डी एबल

Department Login

Register Yourself with us!

Name* नाम

Date Of Birth* जन्म तिथि

Email Id* ई-मेल

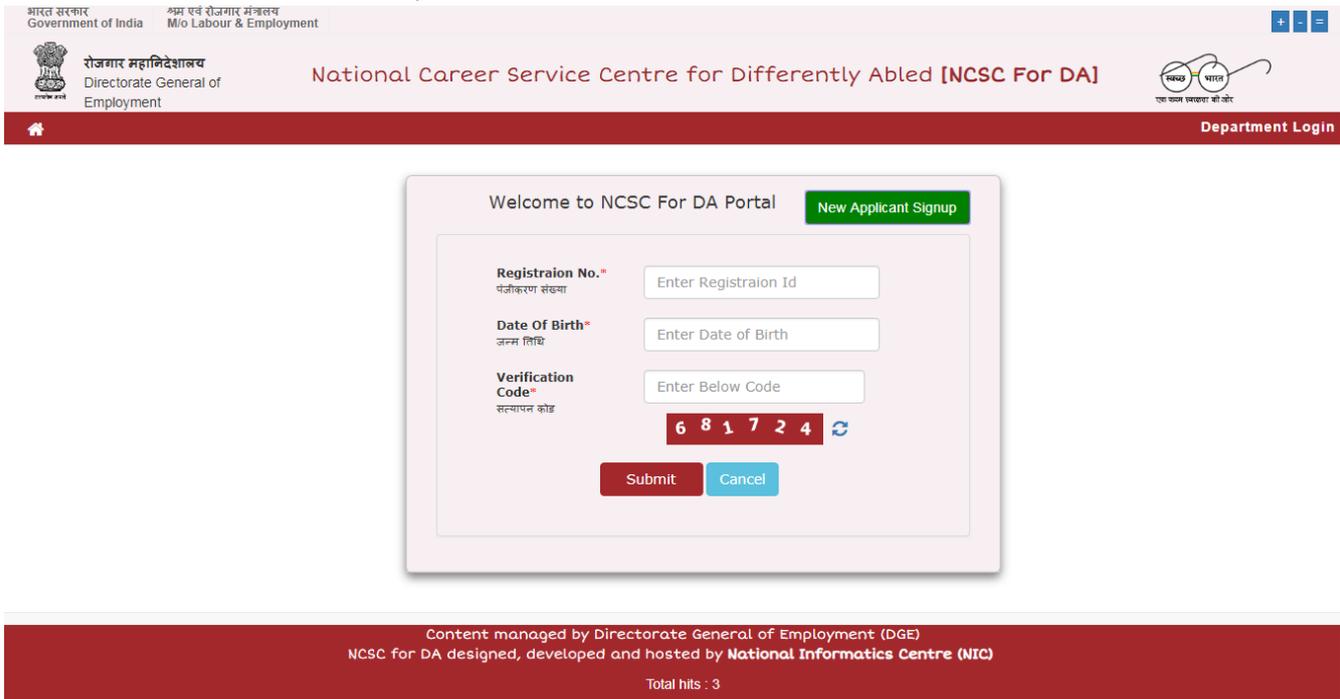
Mobile No.* मोबाइल नम्बर

Verification Code* सत्यापन कोड 8 5 7 6 3 4

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1.1 New User Sign-up

The signup form may ask for minimum information (like Name, Date of Birth, mobile, etc. Mobile number is mandatory to get OTP verification. After filling OTP Number your registration will done Successfully and get registration id on Mobile and Email id (**Email Id** is not **Mandatory**. If You will give then you will get success message with Registration On your email id).



1.2 Registered User

The system lets the registered user to login through Apply For Training/Course form with details like Registration No and Date Of Birth.

1.3 Apply Application

1.3.1 Apply Application (By Differently Aabled)

The system facilitates to submit the Student details. The form comprises of details -

Applicant details [Name, Father Name, Category, Date of Birth, Disability Type, Percentage of Disability, Bench Mark Disability, IQ, Aadhaar Number, Mobile Number, Email-Id, NCS Registration no. , Monthly Income of Parents.]

- Student details [Address (Premise Number, Sub Locality/Street/ Colony Name, Locality/city/village), Pin Code , State, District.]
- Bank details [Bank Name, IFSC code, A/C Number, Bank Branch Address]
- Education Details

[Select Education -

- 1.Litrate – Basic School Education, Drop Out Before Xth class.
2. Illitrate - No School Education.
3. Formal Qulification – X th class Pass Out and Above.

]

- Upload Document [Disability Certificate, Caste Certificate, Upload Photograph, 10th certificate (Mandatory, if you selected Formal Qualification.)]
- Select the State(where you want to do course [Mandatory field]

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National Career Service Centres for Differently Abled of Financial year 2018-19 वित्तीय वर्ष 2018-19 के दिव्यांग जन हेतु राष्ट्रीय करियर सेवा केंद्र

Personal Details/व्यक्तिगत विवरण

Name* नाम	<input type="text" value="Bhagat Singh"/>	Father's/Husband's Name* पिता / पति का नाम	<input type="text"/>
Category* वर्ग	<input type="text" value="-Select Category-"/>	Date of Birth* जन्म तिथि	<input type="text" value="22/12/2000"/> 18 years
Disability Type* विकलांगता प्रकार	<input type="text" value="-Select Disability-"/>	Percentage(% of Disability) विकलांगता का प्रतिशत (%)	<input type="text" value="70%"/>
Bench Mark Disability	<input type="text"/>	IQ	<input type="text"/>
Aadhar Number अधार नंबर	<input type="text"/>	Tel./Mob. Number	<input type="text" value="9873568998"/>
Address पता	<input type="text" value="Premise Number/परिसर संख्या"/>	Pin Code पिन कोड	<input type="text"/>
	<input type="text" value="SubLocality/Street/Colony Name"/>	State राज्य	<input type="text" value="-Select State-"/>
	<input type="text" value="Locality/City/Village/Town Name"/>	District जिला	<input type="text"/>
Email Id ईमेल आईडी	<input type="text"/>	Gender* लिंग	<input type="text" value="-Select gender-"/>
N.C.S Registration No एन सी एस पंजीकरण संख्या	<input type="text"/>	Monthly Income of Parents माता-पिता की मासिक आय	<input type="text"/>

Bank Details/बैंक विवरण

Bank Name* बैंक का नाम	<input type="text" value="-Select Bank-"/>	IFSC Code* आईएफएससी कोड	<input type="text"/>
A/C Number* खाता संख्या	<input type="text"/>	Bank Branch address* बैंक शाखा का पता	<input type="text"/>

Education Details/शिक्षा विवरण

Select the Education शिक्षा का घयन करें	<input type="text" value="-Select Education Type-"/>
Vocational Training व्यवसायिक प्रशिक्षण	<input type="text"/>

Upload Documents/दस्तावेज अपलोड करें

Disability Certificate* विकलांगता प्रमाण पत्र	<input type="button" value="Choose file"/> No file chosen <small>*Upload Only PDF! And Upload Disability Certificate issued from authorized medical board!</small>	Upoad Photograph* फोटो	<input type="button" value="Choose file"/> No file chosen <small>*Only PNG or JPG image showing Disability & Maximum upload size is 70KB!</small>
Caste Certificate जाति प्रमाण पत्र	<input type="button" value="Choose file"/> No file chosen <small>*Upload Only PDF!</small>	Additional Qualification अतिरिक्त योग्यता	<input type="button" value="Choose Files"/> No file chosen <small>*Select Multiple pdf file with shift button!</small>

Select the State(where you want to do course)* राज्य का घयन करें (जहां आप कोर्स करना चाहते हैं):	<input type="text" value="-Select State-"/>
Select the Centre(where you want to do course)* केंद्र का घयन करें (जहां आप कोर्स करना चाहते हैं):	<input type="text" value="-Select-"/>
Intake Number of NCSC-DAs NCSC-DAs की प्रवेश संख्या:	<input type="text"/>
Select the Trade व्यवसाय का घयन करें:	<input type="text" value="Cutting & Tailoring"/>
Have you under gone training in trade organised by centre earlier क्या आपने इस कोर्स में पहले केंद्र द्वारा आयोजित किया था?	<input type="text" value="-Select-"/>

[SAVE AS DRAFT](#) [View & Submit Form](#)

1.4 Save as Draft/Edit

Registration Id/पंजीयन पहचान:-44966735

Govt. of India
Ministry of Labour & Employment
NCSC for Differently Abled, Delhi
Particulars of Candidates for Admission 2018-19

Candidate Details/उम्मीदवार विवरण			
Name/नाम	Mukesh Kumar		
Gender/लिंग	Male		
Date of Birth/जन्म की तारीख	31/12/1995 (22 Year)		
Applied Course State/अर्जित करने वाला राज्य	Delhi		
Regional Office of course/पाठ्यक्रम के क्षेत्र के कार्यालय	NCSC for DA - New Delhi NCSC For DA, V.R.C, Building, 9-10-11, Main Vikas Marg Extension (Near Shakti Mukund Hospital) Karkardooma, Delhi-110092	Preferred Courses/कोर्स	Domestic Appliances,
Course Enrolled / पाठ्यक्रम	Automobile	Period Of Course/कोर्स की तारीख	Start Date: 28/12/2018 End Date: 27/12/2019
Bank Name/बैंक का नाम	DENA BANK	Bank IFSC Code/बैंक आईएफएससी कोड	DBIR0256988
Bank A/c No./बैंक खाता संख्या	1000000000002569	Bank Branch Address/बैंक शाखा का पता	New Delhi
Category/वर्ग	ST	Registered Mobile No/ मोबाइल नंबर	7894646313
Email Id/ईमेल आईडी	mukesh@kumar.com	Any Technical Qualification/ तकनीकी योग्यता	No Technical Qualification
Disability Type/विकलांगता प्रकार	HH(Hearing Handicapped)	Percentage(%)of Disability/विकलांगता का प्रतिशत (%)	50%
Bench Mark Disability	Bench Mark	IQ	IQ Test
N.C.S Registration No/पंजीयन संख्या	Ncs12569/205	Monthly Income of Parents/माता-पिता की मासिक आय	9000
Guardian Name/अभिभावक का नाम	PP Kumar	Adhar Number/आधार संख्या	XXXX-XXXX-3333
Permanent Address/स्थायी पता	255, Dichoan Kalan, najafgarh, new delhi, West, Delhi, 110045		
Select the Education/शिक्षा का प्रकार	Literate	Vocational Training/व्यवसायिक प्रशिक्षण	No
Period From	01/12/2018	Period To	31/12/2019
Intake Number of NCSC-DAs /NCSC-DAs की संख्या		Have you under gone training in this trade organised by centre earlier/क्या आपने इस कोर्स में पहले केंद्र द्वारा अभिहित किया था?	No
Stipend Received/उम्मीदवार को मिलने वाला छात्रवृत्ति	No		

Caste Certificate

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri/Shrimati/Kumari _____ Son/Daughter of _____ Village/Town _____ /District/Division* _____ of the _____ State/Union Territory belongs to the _____ Caste*/Tribe which is recognised as a Scheduled Caste/Tribe under :

*The Constitution (Scheduled Castes) Order, 1950
 *The Constitution (Scheduled Tribes) Order, 1950
 *The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;
 *The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order, 1951;
 [As amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976].
 *The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956.
 *The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.
 *The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962.
 *The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962.
 *The Constitution (Pondicherry) Scheduled Castes Order, 1964.
 *The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967.
 *The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968.
 *The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968.
 *The Constitution (Nagaland) Scheduled Tribes Order, 1970.
 *The Constitution (Sikkim) Scheduled Castes Order, 1978.
 *The Constitution (Sikkim) Scheduled Tribes Order, 1978.
 *The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
 *The Constitution (SC) Orders (Amendment) Act, 1990.
 *The Constitution (ST) Orders (Amendment) (Performance) Act, 1993.

Disability Certificate

data: 1 / 2

FORMAT OF MEDICAL CERTIFICATE FOR PERSON WITH DIABILITIES (PwD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL _____
 Certificate No. _____ Date: _____

1. This is to certify that Smt/Shri/Kumari _____ son/daughter of Shri _____ age _____ Male/Female having identification marks as below: _____ is suffering from permanent disability of following category:

A. Locomotor or cerebral palsy:
 (i) BL – Both legs affected but not arms.
 (ii) BA – Both arms affected : a) Impaired reach b) Weakness of grip
 (iii) OL – One leg affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
 (iv) OA – One arm affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
 (v) BH – Stiff Back and hips (cannot sit or stoop)
 (vi) MW – Muscular Weakness and limited physical endurance.

B. Blindness or Low Vision : (i) B-Blind (ii) PB- Partially Blind
 C. Hearing Impairment: (i) D-Deaf (ii) PD- Partially Deaf. (Delete the category whichever is not applicable)

Paste here your recent colour photograph showing the disability (the photograph should be attested by the Chairperson of the Medical Board)
 Signature of the candidate

1.5 Final Submission

In a View Detail Check Box is their to Accept DecelARATION, If you Select Deceleration, Then Click on Submit Button to Finalize it.

Your Registration Form Send to Administrator to Enrolled for Education.