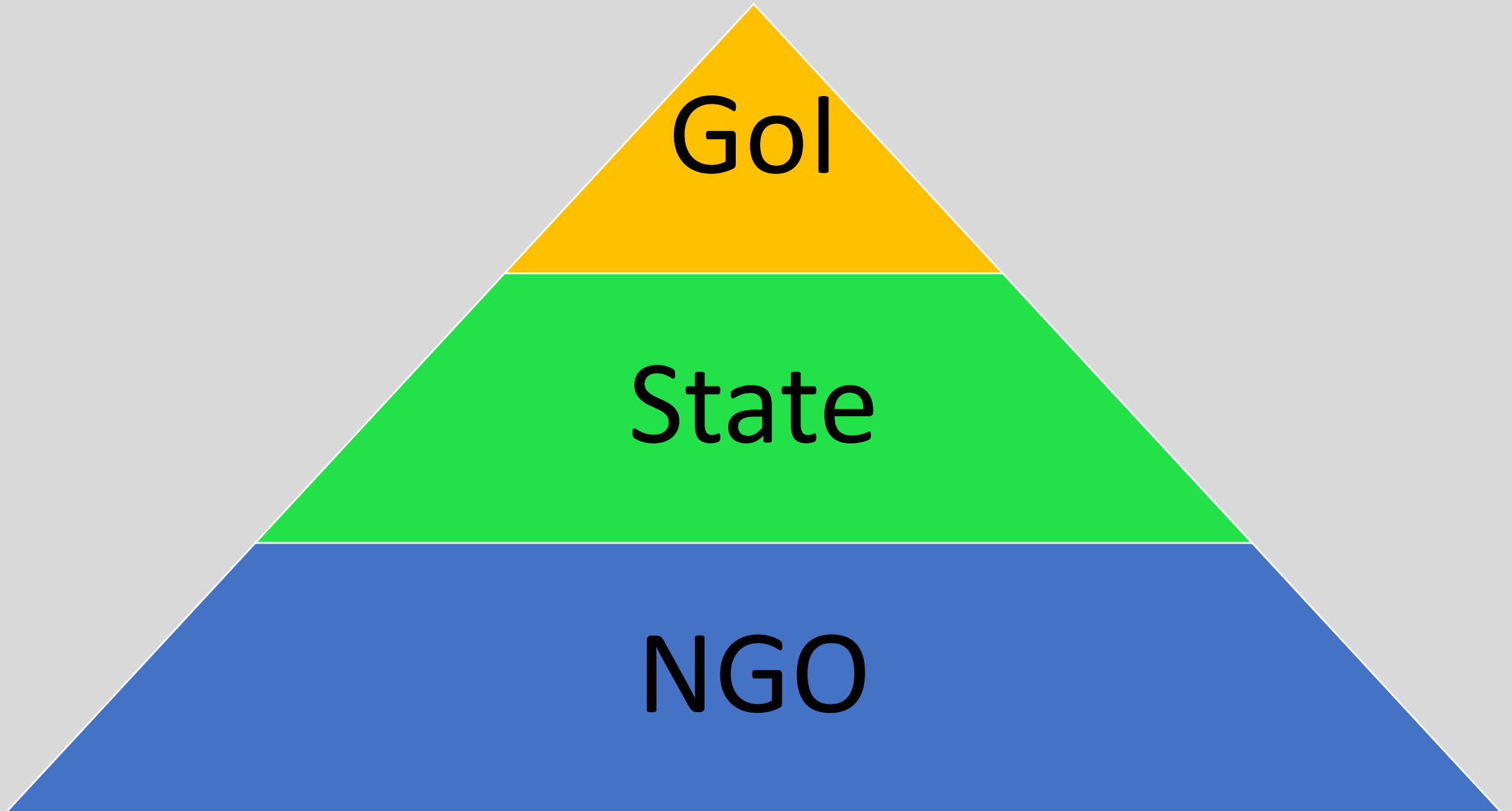


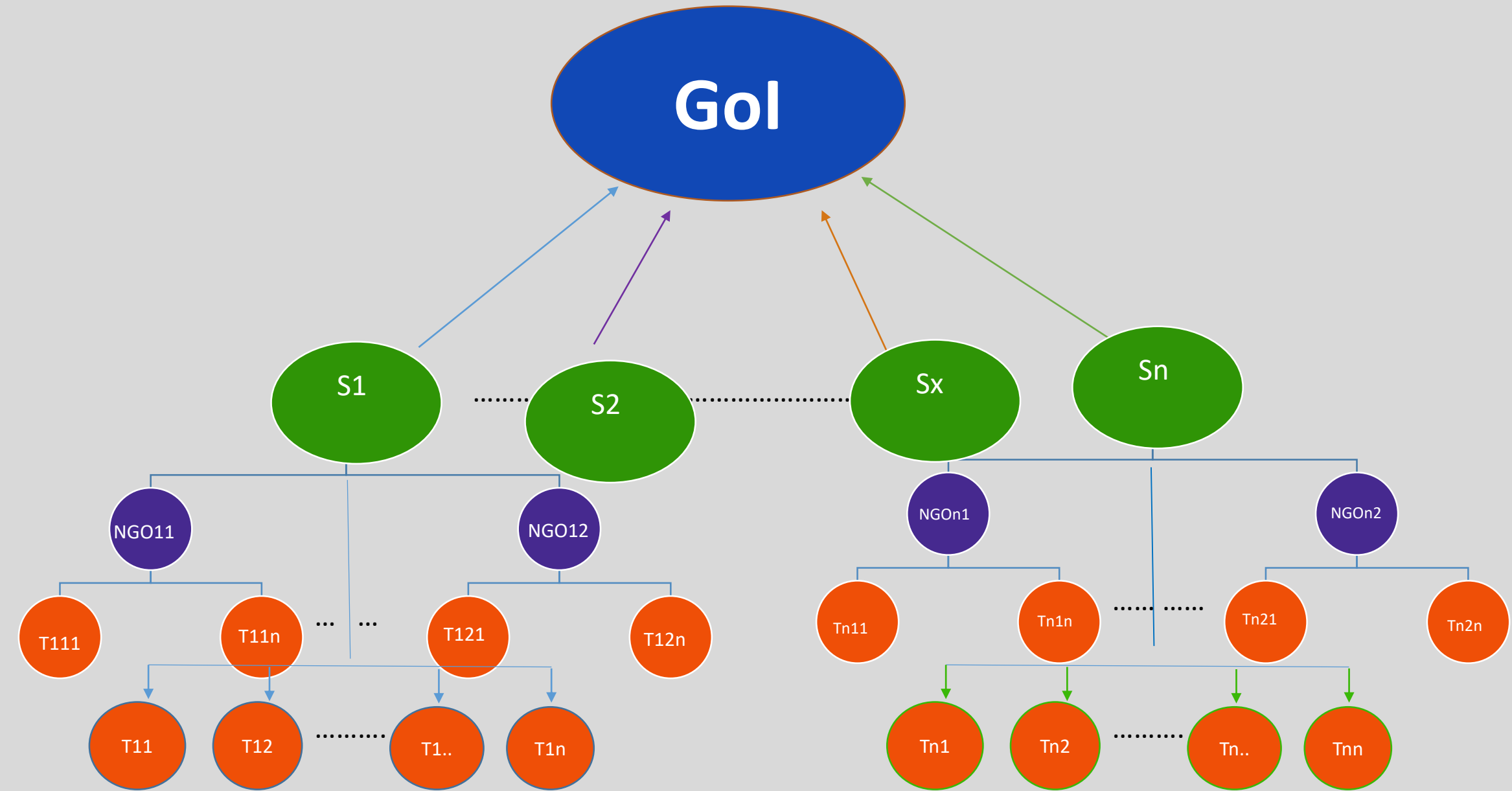


Anganwadi Services(ICDS) Training

Stakeholders



User Hierarchy



Implementation Process

NGO

- Register User with NITI Aayog Id
- Update NGO Profile
- Create Directory of Training Centre
- Enter Budget for each Training Centre
- Consolidate Proposal and Apply for Grant

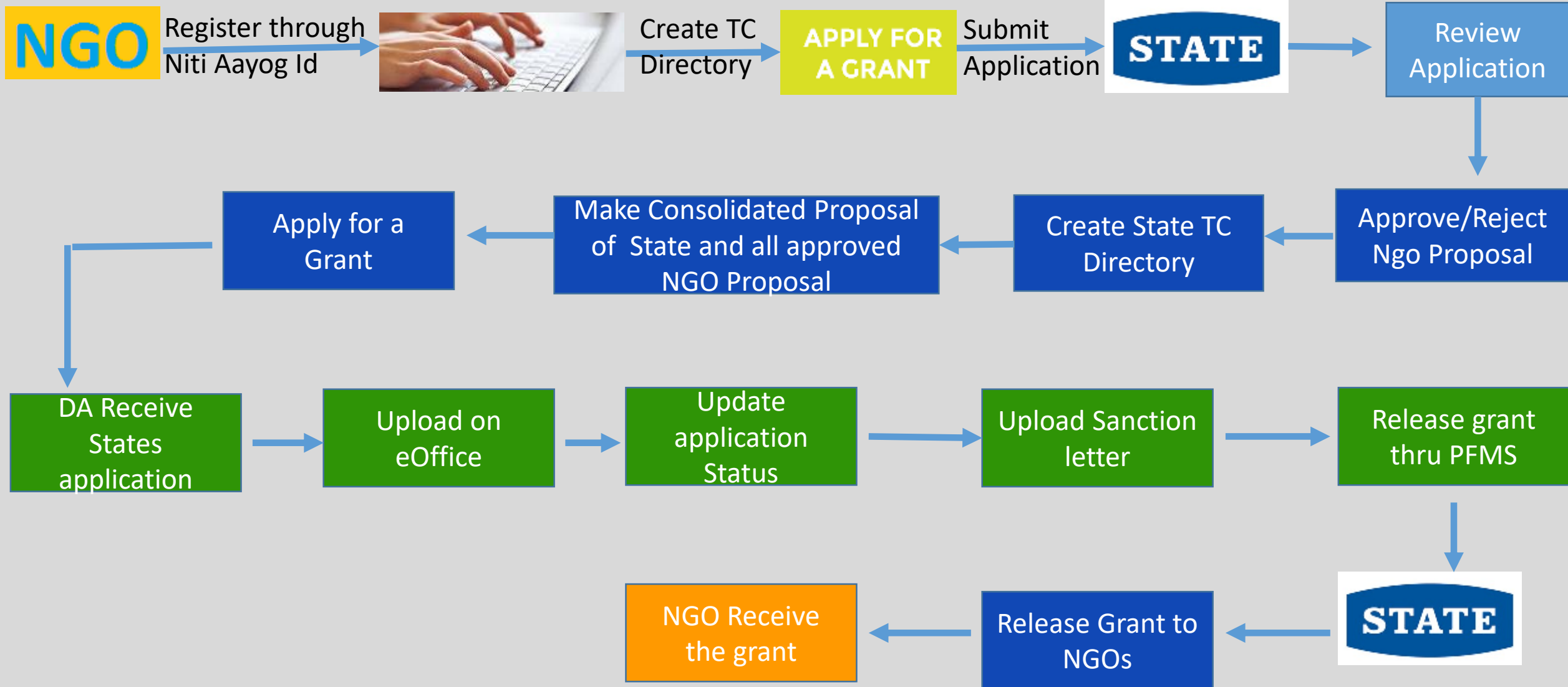
State

- Register online as other User
- Update Profile
- Received NGO Proposal
- Create Directory of Training Centre
- Enter Budget for each Training Centre
- Consolidate NGO and State Proposal & apply for Grant

Gol

- Register Online to create their user
- Approve State User
- Received State Proposal
- Upload on eOffice
- Update State application Status
- Update Sanction details
- Upload Sanction letter for State

Steps to Follow



http://icds-trg.nic.in



MINISTRY OF WOMEN & CHILD DEVELOPMENT
Government of India



Anganwadi Services (ICDS) Training

[Home](#) [Register](#) ▾



➔ [Login Here](#)

017547

[Forgot Password](#)

Ministry Of Women and Child
Development

NGO Grant-in-Aid Portal





For MWCD

esamvad




Dashboard for NGO

 Amar Holistic Society for Disabled


-  Dashboard
-  User Profile
-  ICDS TRAINING**
-  Report An Issue

Dashboard Applications panel

1
Submitted Applications

[More info](#)

5
Training Centre Directory

[More info](#)


New Application

[More info](#)

Training Centre
Summary Report

[More info](#)


Submit New Applications

Schemes

Select Schemes 

[Submit](#)

ICDS TRAINING
Integrated Child Development Services



[View Guidelines](#) [Apply Now](#)

Add Training Centre

Training Centre Directory

Type

---Select---

Centre Name

Name of the
DSWOs

Year of
Establishment

Complete Address

Complete Address*

Town/City*

State*

District*

Pincode*

Bank Details

Bank Name *

Name of Account Holder *

Account Number *

IFSC Code*

--- Select ---

Enter Account Holder Name

Enter Account Number

Enter Bank IFSC Code

Submit

New Application

ICDS Training New Application

Financial Year *

2017-2018 ▼

Name and full Postal address of the head office of the Organization:

Name	Amar Holistic Society for Disabled
Complete Address	Amar Complex B-24 Kanti Nagar Shahdara Delhi-10051 District : East State : DELHI
STD code + Landline No	011-22091722

Bank details of the NGO organization

[Edit Detail](#)

Name	C Lal
Bank	UNION BANK
Account No.	3566699897797977
IFSC	UNBI0332547

Training Centre Listing

S.NO.	Centre Code (Centre Type)	Centre Name	Complete Address	Name of the DSWOs	Bank Details	Year of Establishment	Expenditure	Action
1	N/AWTC/DL/TT88/1516716330 (AWTC)	Rakesh kumar training centre	D-33,moti nagar District : New Delhi	Rakesh kumar	Name : Rakesh kumar Bank : AXIS BANK LTD	2000	4,07,500	Edit Drop

Annexure-I

Annexure-II

Annexure-III

APPLICATION NUMBER : N61516717445AF33 (N/ML)

Name and full Postal address of Training Centre:

Centre Type	MLTC
Centre Name	Suresh kumar singh training
Dswo name	Suresh kumar singh
Complete Address	R.k kumar new delhi District : New Delhi State : DELHI-110031

Bank Details:

Bank Name	AXIS BANK LTD
Account Holder Name	Gopal singh
A/C Number	6555555555555555
IFSC Code	KJGM8488858

Nature of parent organization

NGO or Private Organization

Source of Funding

Add

S.NO.	Financial Year	Source of Funding	Amount (in lakhs)	Action
No Record Found				

Physical Infrastructure and Facilities

Total No. of Class Rooms

Size of Rooms in Square Meter

 x

Seating Capacity of each Room

Separate Practical Room (Y/N)

Select



Classroom Furniture

Chairs:

Benches only:

Chairs with Desk:

Low Desk:

Carpet/Mats:

Remarks :

Light and Ventilation

No / Yes

Drinking Water Facility

No / Yes

Toilet Facility

No / Yes

Remarks

250 remaining

Classroom Training Equipments / Aids

S.NO.	Classroom Training Equipments / Aids		
		Available No / Yes	Condition (Bad/Good) No / Yes
i	White Board	<input type="checkbox"/>	<input type="checkbox"/>
ii	Black Board/B.B Cloth	<input type="checkbox"/>	<input type="checkbox"/>
iii	Chairs with Desk	<input type="checkbox"/>	<input type="checkbox"/>
iv	Flip Chart	<input type="checkbox"/>	<input type="checkbox"/>
v	Overhead Projector	<input type="checkbox"/>	<input type="checkbox"/>
vi	VCR/VCP	<input type="checkbox"/>	<input type="checkbox"/>
vii	T.V	<input type="checkbox"/>	<input type="checkbox"/>
viii	Computer with LCD Projector	<input type="checkbox"/>	<input type="checkbox"/>
Remarks	<input type="text"/>		

Light and Ventilation

No / Yes

Drinking Water Facility

No / Yes

Toilet Facility

No / Yes

Remarks

250 remaining

Classroom Training Equipments / Aids

S.NO.	Classroom Training Equipments / Aids	Classroom Training Equipments / Aids	
		Available No / Yes	Condition (Bad/Good) No / Yes
i	White Board	<input type="checkbox"/>	<input type="checkbox"/>
ii	Black Board/B.B Cloth	<input type="checkbox"/>	<input type="checkbox"/>
iii	Chairs with Desk	<input type="checkbox"/>	<input type="checkbox"/>
iv	Flip Chart	<input type="checkbox"/>	<input type="checkbox"/>
v	Overhead Projector	<input type="checkbox"/>	<input type="checkbox"/>
vi	VCR/VCP	<input type="checkbox"/>	<input type="checkbox"/>
vii	T.V	<input type="checkbox"/>	<input type="checkbox"/>
viii	Computer with LCD Projector	<input type="checkbox"/>	<input type="checkbox"/>
Remarks	<input type="text"/>		

Facilities Available in the Hostel

Location of hostel

No. of Rooms/Dormitories

No. of Cots/Almirah in each room

--- Select ---



Staffing Pattern of Centre

Full time Instructors/Part Time Instructors

Add

S.NO.	Name	Date of Joining	Educational Qualification	Training orient/Refresher	Total no. of working experience / as instructor	Salary/Hon.	Additional information if any	Action
No Record Found								

Library Facility

No / Yes



Remarks

250 remaining

[Add](#)

S.No.	Type of Training	Nature of Trainees AWHs/AWWs/Job	No. of Trainees since a batch	Remarks	Action
No Record Found					

Training Programme Performance & Achievement

[Add](#)

S.No.	Type of Training	Target	Achievement	Performance (%)	Financial Year	Action
No Record Found						

Estimate under state Training action plan (Details of Principal/Coordinator/In-charge of the Training Centre)

(A-1.1) Fixed cost (recurring)

[Add](#)

S.NO.	Centre	Designation	Experience	Salary	No. of days	No. of months	Expenditure	Action
No Record Found								

Training Course Fixed cost (recurring)

[Add](#)

S.NO.	Training Course	Total No.of Training	Total No. of days	Total No. of Trainees	Expenditure	Action
No Record Found						

Thank You