स्वंय सेवी संस्थाओं को अनुदान योजना

<u>(Grant-in-aid to Voluntary Organisations)</u> 1. अनुसूचित जातियों के कल्याण हेत्

<u>(Welfare of Scheduled Castes)</u> <u>MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT GOI</u>

Name of the Scheme:

- 1 APPLICATION FORM NEW PROPOSAL (To be submitted in Duplicate)
- 1. Organization: Name:
 - Address: Phone: Fax: Telex: Grams:
- 2 (i) (a) Name of the Act under which registered :
 - (ii) Registration No. and date of Registration : (Please attach a Photocopy)
 (b) Area other Organization / Institute / Dada
 - (b)Any other Organisation/Institute/Body, if applicable, give details
- 3 Registration under foreign contribution Act: Yes/No
- 4 Memorandum of Association and Bye-Laws : (Please attach a photocopy)
- 5. Name, address, of the Members of the Board of Management/Governing body.
- 6. List of the documents to be attached:-
- a) A copy of the annual report for the Previous year which should contain the balance sheet (including) receipt and payment account.
- 7. Details of the project for which the Grant-in-aid: is being applied.
- 8. Grant-in-aid applied for in current year: Non-recurring Recurring
- 9 Details of Staff Employed (Appendix-I
- 10 List of additional papers, if any given.

I have read the scheme and fulfill the requirements and conditions of the scheme. I undertake to abide by all the conditions of the scheme.

Date

Signature: Name/Address:

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme :

Ι	APPI	LICATION FORM FOR Ist INSTALLMENT (To be submitte	ed in Duplicate)
1.	Orgar	nisation:	
	Name	2.	
	Addre	ess:	
	Phone	e:	
	Fax:		
	Telex		
	Gram	IS:	
2	Grant	t -in-aid (Rs.) Recurring Non-recurring	Total
	a	Applied in the current year:	
	b	Received as 1st instalment:	
	c	Applied for 2nd instalment:	
1.	The a	pplicant organisation should enclose following papers:-	
	(i)	Annual Report of the previous year	
	(ii)	Audited Statement of accounts of previous year.	
		(Receipt & Payment Statement and Balance Sheet)	
	(iii)	Audited Utilisation Certificate with item wise expenditure	
		as per the sanctioned norms of grant.	
	(iv)	Details of Staff employed as per Appendix-I	
	(v)	Details of beneficiaries as per Appendix-II	
	(vi)	Assets acquired wholly or substantially out of Govt grants	
		under GFR 19 as per Appendix-III	
	(vii)	Any other information considered necessary by the organisation	ı or
		as asked for.	
			Signatur
			Nam Designatio

Signature: Name: Designation: Address: Date: Office Stamp:

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme:

DETAILS OF THE STAFF EMPLOYED

- Part I (Previous year)
 - (i) Name of the Organization
 - (ii) Name and address of the project
 - (iii) Year

Sr.No.	Name and address	Educational qualification	Date of appointment	Whether SC/ST/ OBC/ Disabled	Period for which employed during the year	Salary per month	Total Salary paid during the year	Remarks
1	2	3	4	5	6	7	8	9

Part II (Current year)

- (i) Only notify change from the previous year
- (ii) In case there is no change in Part I from the previous year,

please certify as follows:

"No change in Staff particulars from the previous year".

MINISTRY OF SOCIAL JUSTICE & EMLOYMENT

Name of the Scheme

DETAILS OF THE BENEFICIARIES

Part I (Previous Year)

- (i) Name of the Organization
- (ii) Name and address of the project
- (iii) Year

No.of Beneficiaries (Give name, Address of the beneficiaries separately)	Male Below 18 years	Female Below 18 years	Age 18 years and above
	(2)	(3)	(4)

APPENDIX III

Form GFR 19

(See Government of India's Decision (7) (b) under Rule 149(3))

Assets acquired wholly or substantially out of Government grants

Register maintained by grantee institution

Block Account maintained by Sanctioning Authorities

Name	of	the	Sanci	tion	ing	Aut	hority
1 Julio	UL I	uiv	June	LIUI.		1 1 1 1 1	

Sr.	Name of		Amount	Brief	Whether	Particu-	Value	Purp-	Encu-	Reasons	Dispos-	Reason	Amo-	Rem-arks
51.	the	date of	of the	purp-	any	lars of	of the	ose for	mbered	if encu-	ed of or	and	unt	item unto
	Grantee	sanction	sanct-	ose of	condition	assets	assets	which	or not	mbered	not	authority,	reali-	
	Institu-	Sunction	ioned	the	regarding	acutally	as on	utili-sed		moorea	not	if any, for	sed on	
	tion		grant	grant	the right of	credit-ed		at pres-				disposal	dispo-	
			0	0	ownership	or acqui-		ent					sal	
					of Govt. in	red								
					the									
					property or									
					other assets									
					acquired									
					out of the									
					grant was									
					incorporate									
					d in the									
					grant-in-aid									
					sanction.									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

Place: Signature

Date: Signature of Secretary / President:

Seal of the Organisation

Note: In case there is no change from the previous year a photocopy of the statement of the previous year be furnished with the following statement "No change from the year ------".