

स्वयं सेवी संस्थाओं को अनुदान योजना
(Grant-in-aid to Voluntary Organisations)
1. अनुसूचित जातियों के कल्याण हेतु
(Welfare of Scheduled Castes)
MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT GOI

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) 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:

APPENDIX I

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
(1)	(2)	(3)	(4)

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 -----".

