

अन्य पिछडे वर्ग/ अल्प संख्यको के कल्याण हेतु

**(Welfare of OBCs/Minorities)**

**MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT**

Name of the Scheme:

I. APPLICATION FORM NEW PROPOSAL (To be submitted in Duplicate)

1. Organisation:

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:

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme:

**I APPLICATION FORM FOR 1st INSTALLMENT (To be submitted in Duplicate)**

1. Organisation:

Name:

Address:

Phone:

Fax:

Telex:

Grams:

2. Grant -in-aid (Rs.)	Recurring Non-recurring	Total
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(a) Applied in the current year:

(b) Received as 1st instalment:

(c) Applied for 2nd instalment:

1. The applicant 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 or  
as asked for.

Signature:

Name:

Designation:

Address:

Date:

Office Stamp:

## 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 & EMPLOYMENT

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)



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

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Block Account maintained by Sanctioning Authorities

Name of the Sanctioning Authority

Sr.	Name of the Grantee Institution	No. and date of sanction	Amount of the sanctioned grant	Brief purpose of the grant	Whether any condition regarding the right of ownership of Govt. in the property or other assets acquired out of the grant was incorporated in the grant-in-aid sanction.	Particulars of assets actually credit-ed or acquired	Value of the assets as on	Purpose for which utilized at present	Encumbered or not	Reasons if encumbered	Disposed of or not	Reason and authority, if any, for disposal	Amount realised on disposal	Remarks
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 -----".

