

7.1 APPLICATION TO UNDERTAKE MID/ POST TERM EVALUATION

- 1 Year:-----
- 2 Name of Organization:-
- 3 Postal and telephonic address of Organization:-
- 4 Whether Government/ Public /Private Sector Undertaking :-
- 5 Whether Organization registered under any Act.
- 6 Date of registration:-
(Enclose copy)
- 7 Disability field in which organization is working :-
 - a.
 - b.
 - c.
- 8 Detail of “ Evaluative Studies” undertaken so far:-
 - a.
 - b.
 - c.
- 9 Whether grant received from Govt. If so, give detail
 - 9.2.1 State Govt._____
 - 9.2.2 Central Govt._____
 - 9.2.3 Other sources._____
- 10 Detail of the Project Proposal for Mid / Post Term Assessment of the scheme :-
- 11 Any other information:-

Signature (with seal) .

Name -----

Date-----