

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 -----".

