# 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:
- 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:

Yes/No

#### MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme:

#### I APPLICATION FORM FOR Ist INSTALLMENT (To be submitted in Duplicate)

1. Organisation:

Name:

Address:

Phone:

Fax:

Telex:

Grams:

2. Grant -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 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:

#### 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".

## APPENDIX II

### 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	Male	Female	Age 18
(Give name, Address	Below 18	Below	years and
of the beneficiaries	years	18 years	above
separately)			
(1)	(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 Sanctioning Authority

Sr.	Name of	No. and	Amount	Brief	Whether	Particu-	Value	Purp-	Encu-	Reasons	Dispos-	Reason	Amo-	Rem-arks
	the	date of	of the	purp-	any	lars of	of the	ose for	mbered	if encu-	ed of or	and	unt	
	Grantee	sanction	sanct-	ose of	condition	assets	assets	which	or not	mbered	not	authority,	reali-	
	Institu-		ioned	the	regarding	acutally	as on	utili-sed				if any, for	sed on	
	tion		grant	grant	the right of	credit-ed		at pres-				disposal	dispo-	
			C	C	ownership	or acqui-		ent				1	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 ------".