

APPLICATION FORMAT FOR DRC / GRC

A. BASIC DATA

1. Name of NGO : _____

2. Address : _____

Pin

3. Telephone No. :

Mobile No. :

Fax No. :

E-mail address : _____

4. Contact Person:

Name : _____

Designation : _____

Tel. No. : Off: Res:

Mobile No. :

5. Registration Details:

Registration No.:

Date of Registration: Day Month Year

Registration under (Name of Act)

| Societies Registration Act 1860 | Indian Trust Act 1872 | Companies Act (Sect. 25) | Any Other (Please Specify) |
|------------------------------------|--------------------------|-----------------------------|-------------------------------|
| | | | |

6. PAN No. :

7. FCRA No.:

8. I.T. Exemption for Donations:

| Section 80G | Sec. 35 AC | Sec. 12 AA |
|-------------|------------|------------|
| | | |

9. Bank Details :

Account No. :

Bank Name : 1. _____ 2. _____

Branch Address: 1. _____ 2. _____

B. INFRASTRUCTURE

- Office Premises Rented or own
- Approx. Area _____ Sq. ft.
- Is the office is residence-cum-office Yes No
- Office Equipment:

| Name | Nos. |
|--------------------|------|
| - Computer | |
| - Typewriter | |
| - Fax | |
| - T.V. with CD/VCD | |
| - OHP | |
| - Generator | |

B2 Any other Branch Office / Resource Centre in Delhi

| S.No | Details of Brach Office | Address | Contact Person | Telefax |
|------|-------------------------|---------|----------------|---------|
| | | | | |

C. FUNCTIONAL DATA

C.1 Area of Operation

URBAN RURAL BOTH

C.2 Name of locality/location where NGO operates

| S.No. | Name of Locality | District | Assembly Constituency | Present MLA/Party |
|-------|------------------|----------|-----------------------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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C.3. How the Community members are involved in the activities undertaken by the NGO:

C.4. Population Group: Tick () target groups of your NG work:

| Infants | Children | Adolescents | Men | Women | All |
|---------|----------|-------------|-----|-------|-----|
| | | | | | |

C.5. Vulnerable Group: Tick () target groups of your NG work:

| Addicts | Mentally Challenged | Physically Handicapped | Victims of Rape/Violence | Elderly | Widows | CSW | Street Children | Any other (Please specify) |
|---------|---------------------|------------------------|--------------------------|---------|--------|-----|-----------------|----------------------------|
| | | | | | | | | |

C.6 Community Structure formed:

| SHGs | Youth Groups | Mahila Mandals | Theatre Groups | IEC Groups | Any Other (Please specify) |
|------|--------------|----------------|----------------|------------|----------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Mention the number of Groups formed under the reported heads

C.7 Details of Community Participation:

C.8 Skill available for IEC activities (Please tick () in the appropriate Boxes and enclose details, if required):

| Print | Folk | Electronics | Theatre | Any Other |
|-------|------|-------------|---------|-----------|
| | | | | |

D. MAIN FUNCTIONAL AREAS (Please tick () in the appropriate Boxes):

| Research | Training | Capacity | IEC Activities | Service Delivery | Advocacy | Community based | Any other |
|----------|----------|----------|----------------|------------------|----------|-----------------|-----------|
| | | | | | | | |

| | | | | | | | |
|--|--|-----------|--|--|--|------------|------------------|
| | | Buildings | | | | activities | (please specify) |
| | | | | | | | |

E. FINANCIAL INFORMATION

(As reported in Annual audited Accounts of the NGO):

F.1 Receipt & Payment and Assets:

| | | Current Year 2007-08 | One year before 2006-07 | Two years before 2005-06 |
|---------|---------|-------------------------|----------------------------|-----------------------------|
| Receipt | | | | |
| Payment | | | | |
| Assets: | Fixed | | | |
| | Movable | | | |

F.2 Details of Grants Received (During last 3 years)

| S. No. | Name of Funding Agency | Contact Person & Phone No. | Amount of Grant | Project Duration | Target Area | Project Title/activity |
|--------|------------------------|----------------------------|-----------------|------------------|-------------|------------------------|
| | | | | | | |

Attach additional sheet, if required.

F.3 Details of Current Ongoing Project

| S. No. | Name of Funding Agency | Address | Amount of Grant | Project Duration | Target Area/group | Nature of Activity |
|--------|------------------------|---------|-----------------|------------------|-------------------|--------------------|
| | | | | | | |

F. LIST OF GOVERNING BOARD:

| S.No. | Name | Designation | Qualification | Background | Experience |
|-------|------|-------------|---------------|------------|------------|
| | | | | | |
| | | | | | |

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

G. DETAILS OF NGO STAFF:

G.1 Employed on Full Time basis:

| S. No. | Name | Designation | Qualification | Employed since | Job Responsibilities |
|--------|------|-------------|---------------|----------------|----------------------|
| 1. | | | | | |

G.2 Employed on Part Time basis:

| S. No. | Name | Designation | Qualification | Employed since | JOB responsibilities |
|--------|------|-------------|---------------|----------------|----------------------|
| 1. | | | | | |

G.3 Volunteers:

| S. No. | Name | Designation | Qualification | Associated from |
|--------|------|-------------|---------------|-----------------|
| 1. | | | | |

G.4 Other Resources available with NGO (Please give details)

- i) Premises for Health Clinic
- ii) Ambulance
- iii) Any Other (Please specify): _____

H. UNDERTAKING:

1. It is hereby confirmed that the information given in this form is correct to the best of our knowledge and belief.
2. It is hereby confirmed that this Organisation has not been blacklisted and / or placed under any funding restriction by any Ministry/ Department of the Central/ State Government or their agencies.

Date:

Signature:

Name:

Designation: