

# 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

C.3. How the Community members are involved in the activities undertaken by the NGO:

\_\_\_\_\_  
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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:

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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

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**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: