

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

FORM NO 1

**Name of Scheme: HOMES FOR INFANTS FOR PROMOTING IN COUNTRY ADOPTION
(SHISHU GREH)**

APPLICATION FORM FOR NEW PROPOSAL

1. Organisation:

Name:

Phone:

Fax:

Telex:

Email:

Grams:

2A

- (l) Name of the Act under which registered:
- (i) Registration No and date:
(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 law (Please attach photocopy)

5. Name and Address of the members:
Of the board of Management/Governing
Body

6. List of documents to be attached

- a) A Photocopy of the annual report
For the previous year which
Should contain the balance sheet
(including receipt and payment account)

Details of the project for which Grant – in aid is being applied

Grant in aid applied for the current year
Non- recurring

Recurring:

Details of the staff employed
(Appendix I)

List of additional papers

If any given

I have read the scheme and fulfill the requirements and the conditions of the scheme. I undertake to abide by all the conditions of the scheme

Date:
Place:

Signature:

Full Name: (in capital letters)

Designation:

Office Stamp of the organisation

Note: Wherever not applicable, especially in case of new organisation, please write NA

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**Name of Scheme: HOMES FOR INFANTS FOR PROMOTING IN COUNTRY ADOPTION
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II APPLICATION FORM FOR 1st INSTALLMENT

1. Organisation:

Name:

Phone:

Fax:

Telex:

Email:

Grams:

2. Audited/Unaudited accounts for the previous year indicate the expenditure incurred on each sanctioned item vis-avis the grant sanctioned
3. Budget Estimates for the financial year for which grant in aid is required (show recurring and non recurring items separately)

Signature

Place:

Full Name: (in capital letters)

Address/seal

Date:

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DETAILS OF STAFF EMPLOYED

Part I (Previous Year)

- (i) Name of the Organisation:
(ii) Name and address of the Project:
(iii) Year

Sno.	Name & Address	Educational Qualification	Date of Appointment	Period for which employed during the year	Salary per month	Total Salary	Remarks

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 the staff particulars from the previous years"

Signature of the secretary /President

Date:

(Office stamp of the organisation)

Place:

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DETAILS OF BENEFICIARIES

Part I (Previous Year)

- (iv) Name of the Organisation:
 (v) Name and address of the Project:
 (vi) Year (previous year)

Sno.	No. of beneficiaries	Male	Female	Age	
				Below 18 yrs	Above 18 yrs
1	2	3	4	5	6

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 the staff particulars from the previous years”

Signature of the secretary /President

Date:

(Office stamp of the organisation)

Place:

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 sanctioning Authority _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Serial No	Name of grantee Institution	No. and date of sanction	Amount of the sanctioned grant	Brief purpose of the grant	Whether any condition regarding the right of ownership of Government in the property of other assets acquired out of the grant –in	Particulars of assets actually credited ar acquired	Value of the Assets as on	Purpose for which utilised at	Encumbered or not	Reasons encumbered	Disposed of or not	Reasons and authority, if any, for disposal	Amount realised on disposal	remarks

Place:

Signature:

Date:

Name of Secretary/President

Seal of the organisation

Note: In case there is no change from the previous year a photocopy statement of the previous year to be furnished with the following statement "No change from the year _____"