

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT  
(T.D. DIVISION)

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FORM NO 1

Name of Scheme: WELFARE OF SCHEDULED CASTE

1. Organisation:

Name:

Phone:

Fax:

Telex:

Email:

Grams:

2 A (I) Name of the Act under which registered:

(ii) 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)

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

8. Grant in aid applied for the current year  
Non- recurring

Recurring:

9. Details of the staff employed  
Appendix I

10. 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:

Name of secretary/president

Office Stamp of the organisation

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

**ANNEXURE II  
(PARA 7.1)**

II APPLICATION FROM FOR 1ST INSTALLMENT FOR ONGOING PROJECTS FOR THE YEAR

**Name of Scheme: WELFARE OF SCHEDULED CASTE**

**Organisation:**

**Name:**

**Phone:**

**Fax:**

**Telex:**

**Email:**

**Grams:**

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

Date

Signature

Place:

Name Of Secretary/President

Office Stamp of the organisation

### III APPLICATION FORM FOR 2<sup>nd</sup> INSTALLMENT FOR ONGOING PROJECT FOR THE YEAR

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**1. Organisation:**

**Name:**

**Phone:**

**Fax:**

**Telex:**

**Email:**

**Grams:**

2. Grant in aid (in Rs. )	Recurring	Non –Recurring	Total
a. Applied in the current year			
b. Received as first installment			
c. Applied for 2 <sup>nd</sup> Installment			

2. The applicant Organisation should enclose the following papers

- (i) Annual Report of the Previous Year
- (ii) Audited statements of accounts of previous year(Receipt and payment statement and balance sheet)
- (iii) Audited Utilisation Certificate with item wise expenditure as per the sanctioned norms of grants
- (iv) Details of staff employed as per Appendix – I
- (v) Details of the beneficiaries as per Appendix II
- (vi) Assets acquired wholly or substantially out of government grants under GFR 19 as per appendix II
- (vii) Any other information considered necessary by the organisation or as asked for

Place:

Signature: ( )

Date:

Name of the Secretary/President

Seal of the organisation