

**SCHEME OF SWADHAR
Application Form**

Note: 1. The application should be routed through the State Govt. concerned or the Officer authorized by the State Govt concerned.

2. Parts A &G should be completed by the applicant organization, Part C by the Inspecting officer & Part D by the State Govt.

PART – A – THE ORGANISATION:

1. Name and full postal address of the :
Head Office of the organization.
District :
State :
Pin code :
2. Telephone No. with STD Code :
3. Fax No. :
4. Do the bye-laws of the NGO permit :
it to receive Govt. grants and
implement women's programme in
the proposal project area?
5. Objectives of the organization. :
6. Brief History of the organization :
(in one paragraph)
7. Whether registered under Indian :
Societies registration Act.(Act 21
of 1860)if so give the number
and Date of registration.
8. Whether the organization is of all :
India character . If yes , give the
Address of its Branches in different
States including the State Branch ,
which will run the shelter with
phone number , Fax number etc.
9. Whether organization is located ;
in its own / rented building.

10. Major activities of the organisation in the last 3 years

Name of the activity	coverage			expenditure
	Men	Women	Children	

11. Summary of financial status of the organization in the last 3 years
(Rs. In lakhs)

Year	Income & Expdr. accounts	Receipt & Payment Account	Surplus	Deficit

12. Details of grant received from Central Govt. / State and other Government of agencies
in the last 3 years (Rs. In lakhs)

Sanction order No.	Date	Amount	Scheme	Address of funding agency

13. Details of Foreign contribution received during last 3 years:

Country	Organisation	Purpose	Amount

14. Details of office bearers of the organization.

Sl. No.	Name & Address	Male/ Female	Age	Post	Qualifi cation	Profe ssion	Annual Income

15. Details of employees the organization

Sl. No.	Name & Address	Male/ Female	Age	Part/ Full Time	Qualifi cation	Post	Annual Income

16. Details of Managing- committee members of the organization:

Sl. No.	Name & Address	Male/ Female	Age	Qualifi cation	Profe ssion	Monthly Income

Part-B – The Proposal

1. Full Address of the Proposed location of the Shelter.

District :
Block :
Pin code :
Telephone Number :
with STD code

2. Whether the location is :
a District H.Q, Block
H.Q., Tehsil H.Q. or
Village

3. Accommodation available for the Shelter:

Room

Kitchen

Toilet

Store

Verandah

Open space

Total

4. Is it rent-free accommodation :

5. Classification of proposal beneficiaries:

Type of Problem	No. of women(proposal beneficiaries)
In Moral danger	
Victims of Rape	
Cruelty by Family Members	
Deserted by Husband	
Family Discord	
Other (Please specify)	
Total	

6. No. of Family Counseling Centres in the District

7. Is your NGO running any family counseling center:

8. No. of Destitute homes run by the State Govt. in your District.

Date:

Signature of Secretary/
President.

LIST OF DOCUMENTS TO BE ENCLOSED:

1. Registration Certificate.
2. Prospectus or a note giving aims and objects of the organization.
3. Constitution of the organization/ Bye-laws and Memorandum of association
4. Constitution of the Board of Management with brief particulars of each member.
5. Annual Report for the last 3 years
6. Audited accounts for the last 3 years
7. Details of women/girls proposed to be accommodated in the Shelter including their name & address, age and case history is not less than one paragraph for each person.
8. A one page note on ' How you will run a Shelter'