

**MINISTRY OF TRIBAL AFFAIRS
GOVERNMENT OF INDIA**

**APPLICATION FORM
for
New/On-going Proposals for financial assistance under
the
Scheme of Grant-in-Aid to Voluntary Organization for the Welfare of
Scheduled Tribes.**

- Note: 1. It is **mandatory** for the applicant to fill all the columns. Incomplete application forms will be summarily rejected without any notice.
2. Unsigned application form will be summarily rejected without any notice.
3. The application form and all annexures should be properly indexed by putting a page no. and index should be placed on the top of the application form.

I Details of Voluntary Organization (VO) / Non-Governmental Organization (NGO)

S. No.	Particulars	To be filled by VO/NGO
1	Name of the Organization (as per registration certificate)	
2	(a) Name of President (b) Name of Secretary	
3	Full address of Headquarter of Organization with PIN code	
4	Latest landline telephone no. with STD code	
5	Mobile no. of President and Secretary	
6	E-mail address of Organization	
7	Name of Act under which registered	
8	Details of registration and date of expiry (attested photocopy of registration to be enclosed)	Registration No.: Date of registration: Date of expiry:
9	Details of registration under Foreign Contribution Regulation Act, if applicable	
10	Details of financial assistance from foreign agencies, if applicable	
11	Details of Management Committee/Governing Body	As per Annexure-I

II Suitability of VO/NGO

S. No.	Particulars	To be filled by VO/NGO
1	Experience of the Organization in the relevant field (should not be less than 3 years)	
2	Other activities in which the Organization is involved	
3	Financial resources of the Organization along with bank account nos. in various banks	
4	Whether Organization is in position to run the project without assistance from Ministry of Tribal Affairs	
5	Whether Organization has been declared bankrupt at any point of time	Yes/No
6	If so, reasons thereof	
7	Whether Organization is involved in promoting any religious faith	
8	Whether Organization has been blacklisted by any institution of the Government at any point of time, if so the details thereof	

III Project details

S. No.	Particulars	To be filled by VO/NGO
1	Name of the Project	
2	Whether New/On-going Project	
3	If On-going, the sanction order No. and dates of the first grant and the last grant received	
4	Full address of the location of the Project with PIN code	Survey No.: Village: Block/Mandal: P.O.: District: State: PIN:
5	Proposed Project Period (To be given in case of both New and Ongoing projects. In case of on-going project, it has to be clearly indicated for how long the intervention is required to be continued. In any case, it will terminate at the end of Plan period. Thereafter, the project will be considered de novo)	
6	Whether the Project is located in Scheduled Area/ITDP area/TSP area/MADA area/Cluster, if so, name it	
7	Whether the area is service deficient for the proposed activity	
8	Names of target villages	
9	Names of target Scheduled Tribe communities	

	going to benefited (as per Government notifications)	
10	Names of target PTGs, if any	
11	<p>(a) If educational project, the ST literacy rates (male & female separately of that particular tribal block)</p> <p>(b) Distance of nearest educational institution with following details:</p> <p>(i) whether residential or non-residential</p> <p>(ii) details of classes run and number of students</p> <p>(iii) whether for boys, girls or co-education</p> <p>(iv) whether Govt. run or NGO run</p>	
12	<p>(a) If health related project, major health problems and prevalent diseases in that tribal area</p> <p>(b) Distance of nearest CHC/PHC/dispensary</p> <p>(c) Number of doctors available at that CHC/PHC/dispensary</p>	
13	<p>If the project is employment/livelihood oriented:</p> <p>(a) Total ST population of the target villages</p> <p>(b) Total no. of BPL families in the target villages</p> <p>(c) Total no. of unemployed youths in target villages</p> <p>(d) Employment potential of the District</p>	
14	<p>(a) Distance of project from the nearest district road/State highway and mode of transport</p> <p>(b) Whether the project site is electrified</p> <p>(c) Facility of drinking water</p> <p>(d) Whether the area is plain or hilly</p>	
15	Beneficiaries of the project (males, females or both)	As per Annexure II. Also a separate list to be enclosed for all categories of projects except health related projects as clarified in note of Annexure-II.
16	Details of Staff Employed	As per Annexure-III
17	Assets acquired wholly or substantially out of Government Grants	As per Annexure-IV

IV Bank details of the Organization for transfer of funds

S. No.	Particulars	To be filled by VO/NGO
1	Details of main account: Name and full address of the Bank where the Organization desires to receive the financial assistance from Ministry of Tribal Affairs	
2	MICR code of the branch of the Bank	
3	IFSC code/RTGS code of the Bank	
4	Nature of account (current/saving) and correct account no.	
5	Names of authorized signatories operating the bank account (please enclose certificate for specimen signatures as per Annexure-V)	
6	Details of account at project site:	
(i)	Name and address of the Bank at the project site with MICR code	
(ii)	IFSC code/RTGS code of the Bank	
(iii)	Nature of account (current/saving) and correct account no.	
(iv)	Names of project head operating the bank account	

Note: **Authorization letter** as enclosed as Annexure-VI to be attached with application. This letter should be countersigned by the Bank Manager. The details on this letter shall be for that bank where the grants have been proposed to be transferred by the organization.

V Details of Building

S. No.	Particulars	To be filled by VO/NGO
1	Location of the building with complete address	
2 (i)	Whether the building belongs to organization	Yes/No
(ii)	If yes, from which year the project is running in this building	
3	Whether the building is on rent	Yes/No
4	If on rent, name and address of the owner	
5	Monthly rent amount as per rent agreement (rent agreement certificate mandatory) /rent assessment certificate (copy to be enclosed)	
6	Whether rent assessment certificate has been certified by PWD	Yes/No
7	In case of on-going projects, since when project is running in rented premises and year since when rent received from the Ministry	
8	Details of building: (i) Number of Rooms (ii) Number of toilets (for male/female separately if applicable) (iii) Details of water/electricity facility	

VI Brief justification of the Project:

VII Grants proposed:

S. No.	Particulars	Year (s) to be filled by VO/NGO
1	Current Grant	
2	Any Arrear Grant	

VIII Details of Annexures (to be enclosed as per Checklist prescribed in the guidelines and also indicated in Appendix)

- 1.
- 2.
- 3.
- 4.

Declaration

I hereby solemnly affirm that the information given above is true to the best of my knowledge.

Date
Place

Signature of the President/Secretary
Name of the Signing Authority
Official Stamp of the Organization

Check List and Time Schedule for mandatory documents:

S. No. and Name of Documents	For New Projects in April-May every year along with State Committee's recommendations	For On-going Cases only	
		In April-May every year along with State Committee's recommendations	Latest by 15 th July every year
1. Application Form	√	√	X
2. Budget Estimates	√	√	X
3. Un-audited Accounts of last year	X	√	X
4. Audited Accounts with Auditor's Report	√ (of last three years)	X	√ (of last year)
5. Utilization certificate of previous year's grant in prescribed format as per GFR 19(A)	X	X	√
6. Annual Report	√ (of last three years)	X	√ (of last year)
7. List of Staff	√	√	X
8. List of beneficiaries	√	√ (except educational institutions)	√ (For educational institution only)
9. Inspection Report counter-signed by District Collector/ Commissioner	√	X	√
10. Registration Certificate, Rules & Bye laws	√	√	X
11. List of Management Committee	√	√	X
12. Up to date Rent agreement/ rent assessment certificate authenticated by PWD/CPWD (as applicable)	√	√	X
13. Surety Bond, Authorization letter (in Advance)	√	√	X
14. Acceptance of Terms and Conditions (Advance)	√	√	X

√- To be sent ; X- not to be sent

Composition of Managing Committee/Governing Body

1. Name and Postal Address of the organization:

2. Details of Managing Committee/Governing Body

S. No.	Name of the Members	Sex (M/F)	Father's Name	Spouse's Name	Complete Residential Address	Whether SC/ST/OBC/GEN	Self Occupation	Occupation of the Spouse	Position held in the Managing Committee/Governing Body
1	2	3	4	5	6	7	8	9	10

3. Declaration:

1. Certified that the composition of the above Managing Committee/Governing Body is in accordance with the approved Bye laws and Memorandum of Association of the Organisation.
2. Certified that the above Managing Committee was elected by the General Body in its meeting held on _____. The life of the Committee is from _____ to _____.
3. Certified that the instant proposal has the consent of all the aforesaid members including the members belonging to Scheduled Tribes.

Place:
Date:

Signature of President/Secretary
Full Name of the signatory
Designation
Seal of the Organisation

ANNEXURE-II

DETAILS OF THE BENEFICIARIES

1. Name of the Organization:
2. Name and address of the Project:
3. Details of beneficiaries:

Year	Total No. of Beneficiaries	Male	Female	Beneficiaries' Age	
				Below 18 years	18 year and above
1	2	3	4	5	6
Previous Year					
Current Year					

4. Whether there is any change in beneficiaries from the previous year, if so give details:

Date:
Place

Signature of the Secretary/president
(Office stamp of the Organization)

Note:

(a) In case of hospitals, sex-wise details of indoor and outdoor patients shall also be given in addition.

(b) Except health projects, in case of all other categories of projects including educational projects, along with the aforesaid information a separate list of beneficiaries shall be mandatorily enclosed with Application Form indicating:

1. Name
2. Father's name
3. Sex
4. Date of Birth and age
5. Name of ST community (as per Government notifications) to which they belong

(c) In case of educational projects, list of beneficiaries shall be class-wise.

(d) In case of computer training courses, one column for educational qualification of candidates shall be added.

(e) In case of employment oriented trainings, trade wise details of beneficiary shall be given.

ANNEXURE-III

DETAILS OF THE STAFF EMPLOYED

1. Name and address of the Organisation
2. Name and address of the Project:
3. Details of Staff employed in previous year:
 - (i) Total no. of Staff employed:
 - (ii) No. of ST Staff:
 - (iii) No. of Males and females staff:
 - (iv) Details as follows:

S. No.	Name & Address	Sex (M/F)	Educational Qualification	Date of Appointment	Appointed as	Period for which Employed during the year	Honorarium Per Month	Total Honorarium	Remarks, if any
1	2	3	4	5	6	7	8	9	10

- (v) Whether there is any change in staff members from the previous year, if so, give details:

Date:
Place

Signature of the Secretary/president
(Office stamp of the Organization)

ANNEXURE-IV

Assets acquired wholly or substantially out of Government Grants

**Register maintained by Grantee Institution
Block Account maintained by Sanctioning Authorities**

[Vide Government of India’s Decision (7) (b) under General Financial Rule 149(3)]

Name of the Sanctioning Authority:

1.	Name of the Grantee Institution	
2	No. and date of sanction	
3	Amount of the sanctioned grant	
4	Brief purpose of the grant	
5	Whether any condition regarding the right of Govt. in the property or other assets acquired out of the grant was incorporated in the grant-in-aid sanction	
6	Particulars of assets actually credited or acquired	
7	Value of the assets as on _____	
8	Purpose for which utilized at present	
9	Encumbered or not	
10	Reasons if encumbered	
11	Disposed of or not	
12	Reason and authority, if any, for disposal	
13	Remarks	

Date:

Place:

Signature:

Full Name(In capital letters):

Designation:

Office Stamp of the organization

Note: In case there is no change from the previous year, a photocopy of the statement of the previous year be furnished with the following statement “No change from the year.....”.

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ANNEXURE-V

CERTIFICATE

Authorised Signatories Operating Bank A/C No. _____
In Respect of Organization _____

I- Signature:
Name:
Address:
Designation in organization

II- Signature:
Name:
Address:
Designation in organization:

Signature of Bank Authority with stamp _____

Name & Designation:

Name and address of Bank:

Date:

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ANNEXURE-VI

I/We _____ (Organisation Name) would like to receive the sums disbursed by the Ministry of Tribal Affairs electronically to our bank account detailed below. The account number duly verified by the bank on their letter & seal is enclosed:

Name of the payee as in bank account	Address	District	Pin code	State	Tele No. with STD code	Fax No.	E-mail Address	Name of the Bank	Bank Branch (full address with tele. no)	Bank Account No.	Account Type	Modes of Electronic transfer available in bank branch (RTGS/ NEFT/ ECS/ CBS)	IFSC Code	MICR Code

Signature (Name) _____
 Organisation _____

