

महिलाओं / लड़कियों के लिए अल्पावास  
**(Short Stay Home For Women And Girls)**  
APPLICATION FORM

Part-A-THE ORGANISATION

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1. Name and full postal address of  
the head -office of the organisation :  
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 proposed project area? :
5. Objectives of the Organisation:
6. Brief history of the Organisation:
7. Whether registered under Indian  
Societies Registration Act (Act XXI  
of 1860) If so , give the number and  
date of registration.
8. Whether the organisation is of all  
India character: If yes, give the  
address of its branches in different  
States including the State Branch  
which will run the Short Stay Home  
with Phone No.,Fax No. etc :
9. Whether organisation is located in  
its own/rented building.
10. Major activities of the organisation in the last 2 years :

Name of activity	Coverage			Expenditure
	Men	Women	Children	

11. Financial status of the organisation in the last 2 years (Rs. in lakhs)

Year	Income & Exp. Account	Receipt & payment	Surplus	Deficit

12. Details of grant received from Central Govt./State Govt. and other Govt. agencies in the last 2 years:(Rs.in lakhs)

Sanction Order No.	Date	Amount	Scheme	Address of funding agency

13. Details of Foreign Contribution received during last 2 years:

Country	Organisation	Purpose	Amount

14. Details of office bearers of the organisation:

Sl. No.	Name & Address	Male/ Female	Age	Post	Qualification	Profession	Annual Income

15<sup>u</sup> Details of employees of the organisation:

Sl.No.	Name & Address	Male/ Female	Age	Post	Qualification	Profession	Annual Salary

16. Details of Managing Committee members of the organisation:

Sl. No.	Name & Address	Male/ Female	Age	Occupation	Profession	Monthly Income

### **Part-B-THE PROPOSAL**

1. Full address of the proposed location of the Short Stay Home:

District:

Block:

Pin Code:

Telephone No. with STD code:

2. Whether the location is a District

HQ, Block H.Q, Tehsil HQ or village:

3. Accommodation available for the

Short Stay Home

	No. of rooms	Total Area (Sq.foot)
Rooms		
Kitchen		
Toilets		
Store		
Verandah		
Open Space		
Total		

4. Is it rent-free accommodation:

5. Classification of proposed

beneficiaries:

Type of Problem	No. of Women Proposed Beneficiaries)
In moral danger	
Victims of Rape	
Cruelty by family members	
Deserted by Husband	
Family Discord	
Others (please specify)	
Total	

6. No. of Family Counseling Centres  
in the District :
7. Is your NGO running any Family  
Counseling Centre:
8. No. of Destitute Homes run by  
the State Govt. in your District :

Date:

Signature of Secretary/President

**Part -C-PROFORMA FOR PRE-SANCTION APPRAISAL  
REPORT**

(Guidelines may be referred to before Pre-sanction Appraisal)

1. Name, Designation and full  
Address of the Inspecting Officer:
2. Date and time of visit:
  
3. Name and full postal address of  
NGO:
4. Is a name board prominently  
displayed by the NGO?
5. Have you inspected the original  
Registration Certificate of the  
NGO and is it satisfactory?
6. Are any managing committee  
members related to each other?  
If yes, names of members and  
their relationship\* :
7. Are the office bearers of the NGO  
associated with any other NGO?  
If yes, names of other NGO(s)\*:
8. Does the NGO have staff as  
mentioned in the application form?  
If not , please indicate the shortfall :
9. Are copies of the audited accounts  
submitted by the NGO true copies  
of the original?
10. What is the present bank balance  
of the NGO :
11. Whether credit entries are available  
in the passbook for various income

of the NGO mentioned in the audited account? If yes, what amounts have been credited in the passbook for the following income?

Year                      Year

- Donations:
- Members Contribution:
- Sale of goods:
- Income from activities:
- Grants:
- Loan from members:

12. Name the activities taken up by the NGO for which evidence was available :
13. Is there any ongoing activity of the NGO? If yes, please visit some of them and report on performance :
14. Name the activities included in the audited accounts and annual report for which no evidence was available :
15. Name the assets included in the balance Sheet but not available for physical verification :
16. Are the local people aware of the NGO and its activities?\*
17. What is the opinion of local people about the NGO?\*
18. Have you come across any instance of misutilisation of funds or complaint involving the NGO? If yes, please give details\*:
19. In your opinion is the NGO capable of implementing the project applied for? Please give reasons:
20. In your opinion, is there genuine need for the project in the proposed project area? Please give reasons
21. Has the NGO furnished details of beneficiaries proposed to be covered? If yes, please visit a few of them and furnish the

following information:

Name of Beneficiary	Whether Below Poverty Line	Whether genuinely in need of assistance under the project?

22. Any other information about:  
the NGO

(Signature)  
Name:.

\* Opinion of local people also may be obtained before filling these columns.

## **PART-D-RECOMMENDATION BY STATE GOVERNMENT**

(To be sent within 90 days from date of appraisal report by CDPO. if no reply is received within the time-frame, it will be presumed that the State Govt. supports the proposal)

1. Name and full address of the Organisation:
  
2. Name of scheme for which application is made :
  
3. Name and designation of the Officer who inspected the organisation :
  
4. Do you agree with the report of the Inspecting Officer and if not, reasons therefore :
  
5. Does the Organisation fulfill all eligibility criteria for grants under the scheme?
  
6. Will the State Government recover sanctioned grants in the event of misutilisation of funds?
  
7. Is the Organisation capable of implementing the project applied for?
  
8. Is there any complaint of misutilisation of funds or other irregularities by the organisation?
  
9. What is the justification for the project applied for?

10. Is the proposal recommended  
for sanction of grants?

Date:

(Signature)  
Name:  
Designation: