

स्वाधार योजना
(Swadhar Yojana)
APPLICATION FORM

Note:-

1. The application should be routed through the State Government concerned or the Officer authorised by the State Govt. concerned.
2. Parts A&B should be completed by the applicant Organisation , Part C by the Inspecting Officer and Part D by the State Govt.

Past-A- THE ORGANISATION

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:
(in one paragraph)
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 State including the State Branch, which will run the Shelter With Phone No., Fax No. etc.
9. Whether oranisation is located in its own/ rented building:
10. Major activities of the organisation in the Last 3 years:

Name of activity	Coverage			Expenditure
	Men	Women	Children	

11. Summary of finacial status of the organisation in the last 3 years (Rs. in lakhs)

Year	Income& Exp. Acctt.	Receipt & Payment Acctt	Surplus	Deficit

12. Details of grant received from Central Govt./State Govt. and other Govt. 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 organisation:

S.No.	Name & Address	Male/ Female	Age	Post	Qualification	Profession	Annual income

15. Details of employees of the Organisation:

S.No.	Name & Address	Male/ Female	Age	Part-time / full time	Qualification	Post	Annual income

16. Details of Managing Committee members of the organisation

S.No.	Name & Address	Male/ Female	Age	Qualification	Profession	Annual income

Part-B-THE PROPOSAL

1. Full addressn of the proposed location of the Shelter:-

District:

Block:

Pin Code:

Telephone No. with STD code:

2. Whether the location is a District H.O. Block H.O. Tehsil H.O or village:

3. Accommodation available for the Shelter:

	No. of rooms	Total Area (Sq. feet)
Room		
Kitchen		
Toilet		
Store		
Verandah		
Open Space		
Total		

4. Is it rent-free accommodation:

5. Classification of proposed beneficiaries:

Type of Problem	No. of women (proposed Beneficiaries)
Type of problem	
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 Centre:

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

Date:

Signature of Secretary/President

PART-C PRORORMA FOR PRE-SANCTION APPRAISAL REPORT

(Enclosed Guidelines may be referred to very carefully before Pre-sanction Appraisal. The pre-sanction appraisal should be by the State Govt. concerned are the officer designated by the State Govt.)

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 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 the 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.
Whether credit entries are available.
11. In the passbook for various income
Of the NGO mentioned in the audited
Accounts? If yes, what amount has
been credited in the passbook for the
Following income?

	Year	Year	Year
a) Donations:			
b) Members Contribution:			
c) Sale of goods:			
d) Income from activities:			
e) Grants:			
f) Loans from members:			
12. Do you have reason to believe that the entries in the Audited Accounts are genuine?
Please elaborate:
13. Name the activities taken up by the NGO for which evidence was available:
14. Is there any ongoing activity of the NGO? If yes, please visit some of and report on performance:
15. Name the activities included in the Audited accounts and annual report for which no evidence was available:
16. Name the assets included in the Balance Sheet but not available for physical Verification:
17. Are the local people aware of the NGO and its activities?
18. What is the opinion of local people About the NGO?
19. Have you come across any instance of mis-utilisation of funds or complaint Involving the NGO? If yes , please give Details:

20. In your opinion, is the NGO capable of implementing the project applied For?
Please give reasons:
21. In your opinion, is there genuine need for the project in the proposed Project area?
Please give reasons:
22. 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.

23. Any other information about the NGO.

I have read the guidelines for pre-sanction appraisal. This report does not contain any mis-representation of facts.

(SIGNATURE)
NAME:

Opinion of local people may be obtained before filling this column.

PART-D-RECOMMENDATION BY STATE GOVERNMENT.

- 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 thereof:
- 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 mis-utilisation of funds?
- 7 Is the Organisation capable of implementing the project applied for?
- 8 Is there any complaint of mis-utilisation 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:

UTILISATION CERTIFICATE

I have verified the account of _____

(Name of grantee organisation)

in respect of the grant of Rs. _____

released by the Government of India, Department of Women & Child Development

vide sanction No. _____ dated _____ for the shelter

for the period _____ with the help of the vouchers and

certify and certify that they are correct and that an amount of Rs. _____ has

been utilised upto _____ for the purpose for which it was sanctioned.

(CHARTERED ACCOUNTANT)

LIST OF DOCUMENTS TO BE ENCLOSED

1. Registration certificate.
2. Prospectus or a note giving aims and objects of the organisation.
3. Constitution of the organisation/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 and address, age and case history in not less than one paragraph for each person.
8. A one-page note on "How you will run a Shelter".

