

अक्षम व्यक्तियों के कल्याण हेतु अनुदान योजनाएं
() ऐड्स एण्ड अप्लाइन्सज लगवाने व खरीदने हेतु सहायता
(Assistance to Disabled for Purchase of Aids and Appliances)

Annexure-II

Ministry of Social Justice & Empowerment

Name of the Scheme:

1. Application Form For New Proposal

1. Organisation:

Name:

Address (Office):

(Project):

Phone (Office):

(Project):

Fax (Office):

(Project):

E-mail (Project):

(Project):

Grams (Office):

(Project):

2. Name of the Act

Under which registered:

(II) Registration No. And:

Date of Registration

(Please attach a photocopy)

Any other organization /Institute/:

Body, if applicable, give details

3. Registration under Foreign:

(Yes/No)

Contribution Act

4. Memorandum of Association:

and Bye-Laws.

(Please attach a photocopy)

5. Name & Address of the:
Members of the Board of
Management/Governing
Body

6. List of Documents to be attached
 - a. A copy of the Annual Report for the previous year which Should contain the balance Sheet (including receipt and Payment account), Income and Expenditure Account.
7. Details of the project for which the grant-in-aid is being applied.
8. Grant-in-aid applied for in the current year.
9. Details of beneficiaries.
 - a) Number of disabled benefited from previous years' grant.
 - b) Proposed number of disabled expected to be covered during current financial year.
10. Details of the staff available
11. List of Additional papers,
(if any given)

I have read the scheme and fulfill the requirement and conditions of the Scheme. I undertake to abide by all the conditions of the Scheme.

Signature
Name
Address
Date
(Seal)

Note: Wherever not applicable, especially in case of new Organisation, please write-
N.A.

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(Assistance to Disabled for Purchase of Aids and Appliances)

Ministry of Social Justice & Empowerment

Name of the Scheme:

I. Application Form For The IInd Installment

2. Organisation
Name
Address (Office):
(Project):
Phone (Office):
(Project):
Fax (Office):
(Project):
E-mail (Office):
(Project):
Grams (Office):
(Project):
3. Grant-in-aid(in Rs.):
Total
- a. **Applied in the current year:**
- b. **Received as Ist Installment:**
- c. **Applied for IInd Installment:**
3. The applicant organisation should enclose following papers:
 - i) Annual Report of the previous year.
 - ii) Audited statement of accounts of previous year(Receipts and Payments statement, Income & Expenditure Statement) and Balance Sheet.
 - iii) Audited utilisation certificate with itemwise expenditure as per the sanctioned items of grant.
 - iv) Details of staff available.
 - v) Details of beneficiaries as per Annexure -IV
 - vi) Assets acquired wholly or substantially out of government grants under GFR 19.
 - vii) Any other information considered necessary by the organisation or as asked for.

Signature
Name
Address
Date
(Seal)

Annexure-IV

List of beneficiaries assisted by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of Aids/Appliances to be furnished to Ministry of Social Justice & Empowerment

Sl .No.	Name of beneficiary	Address	Male/ Female	Age	Income	Type of aid given	Date on which given	Cost of Aid	Fabrication Fitment charges
1	2	3	4	5	6	7	8	9	10

Total Cost of aid	Subsidy Provided	Travel cost paid to out - station beneficiary	Board and lodging expenses paid	Whether any surgical correction undertaken	Total of 12+13 +14+15	No. of days for which stayed	Whether accompanied by escort
11	12	13	14	15	16	17	18

* To be accompanied by certificate from Rehabilitation Professional/ Physician for every case.

Annexure-V

Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids /Appliances:
Utilisation Certificate.

(See Government of India's Decision (1) below Rule 150)

Sr.No.	Letter Number and date	Amount
(1)	(2)	(3)

Certified that out of Rs-----/- of grant-in-aid sanctioned during the year _____ in favour of _____ under this Ministry/Department letter No. given in the margin and Rs.-----/- on account of unspent balance of the previous year, a sum of Rs.-----/- has been utilised for the purpose of -----for which it was sanctioned and that the balance of Rs.-----/- remaining unutilised at the end of the year has been surrendered to Government (vide No.-----date-----will be adjusted towards the grant-in-aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilised for the purpose for which it was sanctioned.

Kinds of checks exercised:

- 1.
- 2.
- 3.
- 4.
- 5.

Duly certified by
a Chartered Accountant/Auditor
Date

Signature-----
Designation-----
Date-----