

मादक द्रव्य निवारण के लिए अनुदान योजना

(Grant-in-aid Scheme for Prevention of Drug Abuse)

APPENDIX-II

(Vide Para 4.1)

AWARENESS BUILDING PROGRAMME AGAINST DRUG ABUSE/ALCOHOLISM

1. Production and Dissemination of Educative and publicity Material

- (a) **Posters/ Flash Cards/Flannel Charts/Flip Charts**
- (b) Pamphlets/Brochures/Leaflets
- (c) Hoardings/Panels/Banners
- (d) Booklets/Periodicals etc.

II. Community participation Programmes:

- (a) Corner meeting/Workshops/Conferences
- (b) Essay/Debate/Slogans/Drama/One Act Play Competitions
- (c) Pantomime Shows/ Street Plays/ Folk Media etc.

III. Training camps for Voluntary Workers.

IV. Any Other Activity for Awareness building programmed against drug/alcoholism.

SCHEME FOR PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE
APPLICATION FORM

1. Name and complete address of the organisation institution/establishment and date of establishment
2. Whether registered under Societies Registration Act, 1860 or any relevant Act of the State Govt. Union Territory Administration or under any State Law relating to registration of literary, scientific and Charitable Societies or as public trust and as a charitable company if so:-
 - a) Name of the Act under which registered.
 - b) Registration No. and date of registration.
(Please attach an attested photocopy thereof)
3. Whether or not receiving foreign contribution if so.
 - a) No and date of the Registration certificate issued by the Government of India in the Ministry of Home affairs under the Foreign Contribution (Regulation) Act, 1976.
(Please attach an attested photocopy thereof)
4. List of papers/statements attached
 - a) Constitution of Board of Management/Governing body. etc and the particulars of each member (i.e. name complete residential address, parentage, occupation with designation)
 - b) Constitution/Memorandum of Association and byelaws of the organisation/institution/establishment.
 - c) A copy of the annual report for the previous year.
 - d) A Copy each of the receipt and Payment. Income and Expenditure Statement and Balance Sheets for the previous one year certified by Chartered Accountant or a Government Auditor.
 - e) List of staff with full particulars detailing name, address, educational qualifications designation and experience in the field and period of employment.
 - f) Detailed budget estimates with break-up of expenditure for which grant is required.
 - g) Brief note indicating the sources of income including foreign contribution, if any and also details of assets acquired during the previous three years.
This note should also give details of activities undertaken by the organisation/institution/ establishment in various fields, including prohibition and drug abuse prevention, with details about areas/places covered and the expenditure incurred).
5. Additional information, if any not covered by the above but relevant to the project may also be submitted.

SIGNATURE

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Name of the Secretary/President

Name of the organisation/
institution/ establishment

(with office stamp)

Place

Date

Note:-The applicant organisation/institution/establishment is to ensure:-

- a) That each document is serially numbered by them as Annexure-A. Annexure-B, Annexure-C etc and that appropriate entry is also made against the corresponding Sl. No. in the Application Form.

- b) That each document is duly certified/signed by the President/ Secretary of the organisation/institution / establishment after affixing their office stamp and
- c) That the Registration Certificate is in the name of the applicant organisation/ institution/ establishment only.

**COMMENCEMENT FORM FOR GRANT-IN-AID FOR SCHEME FOR
PREVENTION OF ALCOHOLISM AND SUBSTANCE (DRUGS) ABUSE.**

(for 1st instalment and new cases)

Financial year for which grant-in-aid is applied _____

Name of the Organisation _____

(a) Nature of the Project _____

(b) Date of commencement of the Project _____

(c) Year of Commencement of Grant-in-aid _____
from GOI for the Project:

(d) Whether the Project is recognized by the _____
State Govt.

Date of Registration of the organisation:

Address of Registered Office _____

(STD Code) Tel.No. (STD Code) Fax No. E.Mail
Nearest Railway Station/Bus stand

Whether building is: OWNED RENTED ONLEASD DONATED

(Please indicate √ against appropriate box)

the building being utilized exclusively for this programme? : Yes No

No, provide details of usage of building : _____
Number of Rooms : _____

10. Whether separate project-wise accounts have been maintained for grants sanctioned earlier? Yes No

11. (a) Whether principle of joint operation of banks accounts is being followed? Yes No

12. Details of Bank accounts in which grant-in-aid released during previous financial year:

SL.No.	Grant-in-aid for financial year	Sanction letter number	Dated	Recurring Amount	Non-recurring Amount	Bank A/C No.	Name and address of Bank	Person Operating the joint Account
1								
2.								

13. Whether the statements of accounts submitted along with the application:- Yes No

(Please indicate √ against appropriate box)

14. Distance from the nearest organization running/ operating similar/ same program/scheme/project: _____ Kms.

- (b) Name and location address of such nearest
 Organization / Institution : _____
15. The amount of support sought from the
 Ministry for recurring grant-in-aid : _____

Cost Head Group	Rs. in Lakhs	
(a) Recurring		
(c) Non-recurring		
(c) Total		
16. Whether List of Beneficiaries enclosed as per Form-I	<input type="checkbox"/>	<input type="checkbox"/>
17. Whether List of Managing Committee enclosed as per Form-II	<input type="checkbox"/>	<input type="checkbox"/>
18. Whether List of Employees enclosed as per Form-III	<input type="checkbox"/>	<input type="checkbox"/>
19. Whether the Half Yearly Progress Report, required for monitoring by ministry and also to forward to UNDCP is enclosed as per Form-IV	<input type="checkbox"/>	<input type="checkbox"/>
16. Whether List of statement enclosed as per Form-V	<input type="checkbox"/>	<input type="checkbox"/>

(Mark \checkmark above against the appropriate by)

VERIFICATION

Certified that above information is in accordance with the records and accounts audited/ to be audited and is correct to the best of knowledge and belief of the office- bearers of the organization, and after its perusal and satisfaction, they have authorized the undersigned by a resolution dated _____ to verify and submit the statement of information for purposes of monitoring the scheme for which grants-in-aid was received from the Ministry of Social Justice & empowerment, Govt. of India.

2. I also hereby certify that I have read the rules and regulations of the scheme and I undertake to abide by them. On behalf of the Management. I further agree to the following condition:-

- (a) All assets acquired wholly or substantially out of the central grant shall not be encumbered or disposed of or utilized for purposes other than those for which the grant is given. Should the organization cease to exist any time, such properties shall revert to the Government of India.
- (b) The accounts of the project shall be properly and separately maintained. They shall always be open to check by an officer deputed by the Government of India or the State Government. They shall also be open to a test check by Comptroller and Auditor General of India at his discretion.
- (c) In the case of grant for buildings, the construction will be completed within a period of two years from the date of receipt of the first instalment of grant unless the Government of India grants further extension.
- (d) No. change in the Plan of buildings the construction will be made without the prior approval of the Government of India.
- (e) Progress reports on the project will be furnished at regular intervals as may be specified by the Govt.
- (f) The organization will bear 10% of the estimated or the balance of the estimated expenditure on the project as per the guidelines.
- (g) The organization agrees to make reservation for the Scheduled Castes/Schedule Tribe candidate/Disabled persons for appointment against the posts required for the working of the organization in accordance with instructions issued by the Govt. of India from time to time.
- (h) It is hereby certified that no grant is being received for the same project from any other (Govt, Private or foreign) source.

Yours faithfully

Signature of the Authorized Signatory

Name:

Designation:

Address:

Date:

Office Stamp:

LIST OF BENEFICIARIES:

- (a) Name of the Organisation:
- (b) Name and address of the Project:
- (c) Year:

S.No.	Name of the beneficiary	Father's/ Mother's Name	Date of Birth	Sex	Address	Date of entry in instn.	Remarks about outcome/ Results
1							
2							
3							
4							
5							

-Sd-
Secretary/General Secretary
(NGO Name)

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT**DRUG ABUSE PREVENTION DIVISION****PROGRAMME UNIT****HALF-YEARLY PROGRESS REPORT OF THE FUNCTIONING OF DRUG
AWARENESS , COUNSELLING AND ASSISTANCE CENTRE**

(To be furnished before 10th each half-year period ending on September & March)

A REGISTRATION WITH THE MINISTRY**NOT TO BE FILLED BY THE CENTRE:**

1. Serial No.	:
2. Organisation No.	:
3. Center No.	:
4. State	:
5. U.T.	:
6. Month	:

TO BE FILLED BY THE CENTRE

(Do not leave any column Blank)

B. DRUG ABUSE PROFILE**Columns 7 to 16 should be filled during the admission stage.**

7(a) Name & address of the Organisation (Full Postal address with Tel.Nos.)	
7 (b) Name & address of the Centre (Full Postal address with Tel. Nos)	
7(c) Name designation, postal address telephone/ Fax Number of the contact person	
8. Period of Reporting April- Sept. 2000 Oct. March, 2000	(Please indicate)
9.Date of Sanction	
10. Number, date amount and the year for the last financial sanction.	

Ministry of Social Justice & Empowerment
APPLICATION FORM FOR 2nd INSTALMENT
(To be submitted in duplicate)

Name of the Scheme _____

ORGANISATION

Name _____

Address _____

	Recurring	Non-recurring
Applied in the current Year		
Received as Ist Instalment		
Applied for 2nd Instalment		

Annual Report of the previous year

Half Yearly Progress Report for the period
ending September.

Audited statement of account of previous year:

- I) Receipt and Payment Statement
- ii) Income & Expenditure Statement
- iii) Balance sheet
- iv) Audited utilization certificate with
Item wise expenditure as per the
sanctioned items of grant

Assets acquired wholly or substantially
out of Govt. grants under GFR 19

Any other information considered necessary
by the organisation or as asked for.

Whether the organisation is receiving or
expecting to receive any grant from some
other source for the project for which
application is being made.