

APPLICATION FORM

For Registration under Orphanages & other Charitable Home Supervision & Control Act 1960.

Part-I

1(a). Name of the Institution or Home

(b). Postal Address

House No./ Street No.	Ward/ Colony	Town/Villages	Distt.
State	Pin No.	Telephone No.	
Email ID:-			

2.(a) Name of the **Promoter Organisation** (NGO, Trust, Society, Company etc.)

(b) Address of Registered Office of the Organisation.

House No./ Street No.	Ward/ Colony	Town/Villages	Distt.
State	Pin No.	Telephone No.	
Email ID:-			

(c) Date & Authority of Registration (along with copy of certificate)

3. Name and address of the Incharge of Institution.

4. Date of establishment of this Home

5. Details of Governing body (Managing Committee/ Executive Committee)

Sr. No.	Name & Address	Designation in the Organisation.	Principal Occupation	Education Qualification	PAN No.	Phone & E-Mail
1	2	3	4	5	6	7

6. Major Activities of the Promoter organization

7. (i) Details of funding Agencies for last 3 years

Sr. No.	Source of Funds	Amount	Year	Project details for which funds received
1	2	3	4	5

(ii) Audited statements of the last three years (copies to be enclosed)

8. Foreign Contribution
Details of funds received, if any.

9. a) Any other Registration/Recognition with Central/State Govt.

10. Details of staff of the organization in their existing programme

Sr.No.	Name & Age	Residential Address		Education Qualification	Designation	Date of appointment	Responsibility
		Local	Permanent				
1	2		3	4	5	6	8

11. Infrastructure available

- a. Year of construction of building
- b. Own building or on rent or on lease
- c. Total area of the campus/Plot
- d. Total livable area of the buildings and No. of floors
- e. Play ground
- f. Details of available area for academic programmes
- g. Medical Facilities available in the Institution.
- h. Nearest hospital (government) Address & distance.
- i. Details of kitchen, dormitories, Activity room, Teaching Room /
Arrangement of education/ training in or outside the Institution Campus,
Toilets, Store, recreational room, staff room, Chaukidar room etc.
- h. Available water facility with capacity....

12. Name & Address of the Bank/ Account No/ Authorised signatories operating the Bank Account for the Institution

13.
 - a. Capacity of the Institution
 - b. Present Strength ; female Total
 - c. Age group 0-6 years/7-12 years/13-18 years and above.
 - d. No. of Normal/Mentally Retarded/Physically Challenged etc.
 - e. No. of Orphan
 - f. No. of inmates whose either of the parent or both are alive.
 - g. No. of inmates belong to Haryana
 - h. No. of inmates belong to other States with details.

14. Arrangements of Safety/ Security/ Transportation.

15. Date Resolution of the governing body/Board to run this Institute. (copy thereof)

16. Classification of the Institutions

(Shelter Home/Orphanage/ Charitable Home, Short Stay Home/Swadhar greh etc.)

17. Whether NGO availing Income Tax Exemptions.

Signature
Name in Capital Letter

Designation
(with Seal of the Umbrella Organisation.)

PAN of the Applicant

Part-II

Report of along with reasons of recommendation or rejection regarding
Registration.

DCPO

PPO

PO (ICDS)

Name in Capital Letter

Date:-

Designation(with Seal.)

Comments/ report of the Deputy Commissioner.

Signature

Name in Capital Letter

Date:-

Designation(with Seal.)

From

The Director General,
Women & Child Development Department,
Haryana, Panchkula.

To

All the Programme Officer,
In the State of Haryana.

No. P.O-III/DWC/WCD/2012, dated

Subject:- Registration of Orphanages, other Charitable Homes, Women Home & Swadhar Greh.

Reference to the subject cited above.

As you are aware that Orphanages & other Charitable Homes (supervision & control) Act 1960 has been notified by the State Govt. As per provisions of the aforesaid Act a format for Registration of various Homes has been devised and uploaded on departmental web site www.wcdhry.nic.in.

You are directed to personally contact the Homes / Institutions running in your district and get the registration process completed (sample format is enclosed).

The applications for registration from the various Homes should reach in the office of P.O (ICDS) upto 30.06.2012 and thereafter the DCPO, PPO and PO (ICDS) should personally visits these Homes and submit their reports to the Deputy Commissioners. Similarly, the report/ comments of the Deputy Commissioner should be based either of his/her personal visit or on the basis of the report submitted by the representative of Deputy Commissioner and should reach this office by 06.07.2012.

The format for registration should also be readily available in your office and should be provided free of cost.

Director General,
Women & Child Development Department,
Haryana, Panchkula.

Endst. No.

P.O-III/DWC/WCD/2012, dated

A copy of above is forwarded to all the Deputy Commissioner in the State of Haryana for information and necessary action.

Director General,
Women & Child Development Department,
Haryana, Panchkula.

Form A

Form for Details of the NGOs and Trustees

I Details of the NGOs/ Trust/ Society

Name of NGOs/ Trust/ Society etc.	Regd. office	Complete office Address with landline - phone No.	Certification under OCH (Law) 1960 Act. Registration No. with date of registration / copy of registration	PAN No.	No. of Bank Accounts	Name & Address of Bank Account	Whether donation to this institute is tax exempted	
							Yes (since when, and which Act)	No



Annexures Required

Proof of registration No. of NGOs

Copy of PAN Card of NGOs

Copy of Bank Accounts of NGOs

II Details of Member of NGO/Trust/ Society/ Company

Sr. No	Name	Age	Complete Address with landline - phone No.	Designation in the society /organization	Personal Occupation	Work Address	PAN No.	No. of Bank Accounts	Type of Account	Photo identity
										
										

Annexures Required

Proof of registration

Copy of PAN Card of all members

Copy of Bank Accounts of trustee

Signature & Name of the President/ Secretary

Pan No.

Phone No.

Form D

Form for Details of Profile of each inmates

Sr. No	Name	Husband Name	Father's name	Parents		Mother's Occupation	Father's Occupation/ Husband occupation	Age	Sex	Last address before coming in the Institution	Religion (if known)	Caste (if known)	Year of Birth	Home State	Educational Status	Type of Education		Photo Identity	
				Single	Both											In the Institution (Informal)	School going (formal)		
																			□
																			□
																			□

Signature , Name and Designation of Institution Incharge

Form B

Details of the Orphanages & Charitable Home

Name of the Institution	Postal Address with phone No.	Date of Registration with WCD & Registration No under J.J.Act ,2000, Orphanage & Other Charitable Homes Act, 1960	Expiry Date/ Valid upto	Originally Establish in Haryana State or Relocated.	For Male/ Female or Both

Sr. No.	Plot Area	Covered Area	Facility of Lawn/ open Space		No of Dormitories	Building		(A) Capacity of inmates (B) Present Strength			No. of Rooms	No. of Toilets	Activity room	Specify other details if any	Photo Graph of Institution front, back, kitchen, toilet, rooms with date.	
			Front of the building	Behind of the building		Owned	Rented	Male	Fem ale	Total						

Note: - The above information is to be given by the authorized signatory of NGO or the Institutions.



Name & Signature
of the authorized signatory/Incharge
of the Institution/Home with seal

PAN No.

Phone No.

Form C

Details of the Staff in the Orphanage/ Charitable Homes

Sr. No	Name & Parents Name	Age	Current Residential Address with landline - phone No.	Permanent Residential Address with landline - phone No.	Designation & Work Responsibility	(A) Date of Appointment (B) Contract valid upto	Qualification	Board/ University	Recent Colored Photograph
									
									

Police verification is to be done for all staff, format of which is attached

Name & Signature
of the authorized signatory/Incharge
of the Institution/Home with seal

PAN No.

Phone No.

Form E

Health Profile of each Inmate

Name of Institution

Date of Checkup

Serial Number

- Name _____
- Age _____
- Date of Birth _____
- General Health Status
 - Height of the Inmate _____
 - Weight of the Inmate _____

- Mental Health Status _____
- Disability
 - Nature of Disability _____
 - Extent of Disability _____
- Eye Sight _____
- Hearing _____
- Lung Examination _____
- Blood Tests regarding (Hb), Infections and HIV

- T.B Test _____
- Any other test if required

- Comment of Doctor on overall Health of the inmates (whether health is satisfactory)

- Further test recommended , please specify _____
- Recommended date of Follow up (in case of any disease)

Signature of the Medical Officer

Name & Designation with Office Stamp.

**Instruction for the Committee going for Inspection on
Orphanage/Charitable Homes**

- The inmates in the Institution should be interacted with, separately without the official of the institution. They should not be asked any direct question and should be facilitated to open up.
- A detailed study should be carried on :
 1. Sanitation and hygiene
 2. The staffing pattern
 3. Recruitment , Selection and training of personal
 4. Minimum standards of service viz a viz, medical facility diet scale, clothing and bedding daily routine, education and vocational training.
- Committee should also examine whether efforts are being made for rehabilitation and social integration of the inmates.
- The inspection shall be carried out at least once in every three months.
- The follow up action on the finding and suggestions of the inmates shall be taken by all concerned authorities.

**Proforma for Police Verification of employee of the Orphanage &
other Charitable Home**

Recent
Photograph

1. Name of the Institution _____
2. Post held in the Institute _____

3. Name in full (in block Surname Name
capitals)with aliases if any.

4. Present Address in full (i.e. Village, Tehsil
Thana and Distt. or House No./Lane/Street
and Road.

5. a) Home/Permanent address in full ((i.e. Village, (a)
Tehsil Thana and Distt. or House No./Lane/Street
and Road.

b) Place of birth, Distt. and State in (b)
which it is situated.

c) District and State of which you belong. (c)

d) District and State in which property is held. (d)

6. Particular of place where you have resided
for more than one year, during proceeding
five years.

From _____ To _____ Residential address in full i.e. Village,
Tehsil Thana and District/H.No./Street
and Road.

7. a) Father's Name in Full(with alias if any)
b) Present postal address (if dead, give last
address).
c) Permanent Home Address
d) Profession
e) If any service, give designation and official
address.

8. a) Exact date of birth as given in (a)
the Matriculation Certificate.
b) Present Age. (b)
c) Height (c)
d) Marks of identification. (d)
e) Religion (e)

9. Are you a member of Schedules Caste or Schedules Tribes/Backward Classes of Haryana
If so , State the name there of.

10. Educational qualifications showing place of education with years in school and college since 15th years
of age.

Name of the School /College
With full address

Date of entering

Date of examination
on leaving passed

Name & Signature
of Incharge Home/NGO

11. Details of previous employment :-

Designation of post
Held or description.

Period

Full address of
office/ firm and
Institution.

Detailed reasons
for previous service

12. (a.) Are you an Ex- Eco, ESSC or Ex-Servicemen or likely to be released ? if so, state the (i) rank (ii) officer (iii) Jr. Commissioner/ officer and;
(b.)Have you ever been convicted by court of any offence? If so , full particulars of the convictions and the sentences should be given.

13. Name of the two responsible persons of your locality or two reference to whom you are known with their full address.

i)

ii)

14. Are you married ? If yes, name and address of spouse.

15. I certify that the foregoing information is correct and complete.

Signature of the Candidate

Date_____

Place_____

Certification by CCI Incharge or NGO.

Certified that Sh. /Smt./Km._____

Son/daughter/wife of Sh. _____ is working in the Institute/NGO
w.e.f. _____ and the particulars furnished by him/ her are correct.

Name & Signature
of Incharge Home/NGO

Remarks of the verifying Police Officer

Signature
Name and Designation of verifying Police Officer