

APPLICATION FORM

Part-I

1(a). Name of the Institution/ Home/ Child Care Institutions (CCI)

(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 CCI at the Present Address

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

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

9. a) Any other Registration/Recognition with Central/State Govt.
 b) Whether the institution certified as Fit Institution by Juvenile Justice Board (JJB)/Child Welfare Committee (CWC). If yes details...

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 Year of Construction

I	Owned	
II	Rental	
III	Lease	

- a. Total area of the campus/Plot
- b. Total livable area of the buildings and No. of floors
- c. Play ground
- d. Details of available area for academic programmes
- e. Medical Facilities available in the Institution.
- f. Nearest hospital (government) Address & distance.
- g. 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. (as per ICPS norms)

12. Available water facility with capacity....

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

14. No. of children residing with the organization

- a. Capacity of the Institution
- b. Present Strength ; male/female Total
- c. Age group (sex wise) 0-6 years/7-12 years/13-18 years.
- d. Normal/Mentally Retarded/Physically Challenged etc.
- e. Parents alive or not.

15. Arrangements of Safety/ Security/ Transportation.

16. Resolution of the governing body/Board to run this Institute.

17. Classification of the Institutions

(Children's Home/Shelter Home/Orphanage/ Charitable Home, Open Shelter Home , SAA, Observation Home, Special Home, Place of Safety etc.)

18. Whether availing Income Tax Exemptions.

Signature
Name in Capital Letter

Designation
(with Seal of the Umbrella Organisation.)

PAN of the Applicant

Part-II

Report of District Programme Officer WCD along with reasons of recommendation or rejection.

Signature
Name in Capital Letter

Date:-

Designation(with Seal.)

Oberservation of the Deputy Commissioner.

Signature
Name in Capital Letter

Date:-

Designation(with Seal.)