

## Form I

### (For projects of Schools/Hostels/Vocational Training Programmes only)

Details related to beneficiaries and programmes (separately for each Project of Schools/Hostels/ Training Programmes)

(i) Date of:

a) Commencement of Selection Process:	
b) Inviting applications:	
c) Closure of applications:	
d) Completion of Selection:	
e) Notification of result	

(ii) Date of:

a) Commencement of School/Hostel/Training Session:	
b) Completion of School/Hostel/ Training session:	

(iii) Details of Beneficiaries\* in the previous financial year:

a) No. of applications received:	
b) Beneficiaries selected :	
c) No. of beneficiaries at beginning of Session :	
d) No. at completion of Session:	
e) No. of those left the institution after completion of course	
g) No. of dropouts during the year:	

Similar detail in respect of the year for which grant is being requested must be made available soon after the admission process in educational institutions/Hostels/Training institutions is over.

**Form II**

**(To be filled up for Schools and Hostel Projects only)**

**Total number of SC beneficiaries for which grant is being claimed.**

<b>Male</b>	<b>Female</b>	<b>Total</b>

**Class-wise details of number of students admitted previous year**

Class	No. of students admitted								No. of students with disability								No. of students at time of examination								No. of students passed							
	SC		ST		OTHERS		TOTAL		SC		ST		OTHERS		TOTAL		SC		ST		OTHERS		TOTAL		SC		ST		OTHERS		TOTAL	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
I																																
II																																
III																																
Etc.																																

**NAME OF THE SCHEME: Scheme of Grant in Aid to Voluntary Organizations working for Scheduled Castes**

**LIST OF BENEFICIARIES**

- (i) Name of the Organisation:**
- (ii) Name and address of the Project:**
- (iii) Financial year**

S. No.	Name of the beneficiary	Sex /class	Father's/ Mother's name	*Address of the beneficiary	Date of Birth	Date of entry in institution	Whether SC cert. available

**\*Applicable in case of projects of Schools/Hostels**

**\*Complete address as in aadhar card/photo I card along with Number. In case of children where aadhar card/photo I card is not available, the information in respect of father or mother may be provided**

**Signature of the Authorized Signatory**

**Name:**

**Designation:**

**Address:**

**Date:**

**Office Stamp**

## Form IV

**(To be filled up for vocational training programmes only)**

**Details of beneficiaries:**

**Is the Centre assisting the trainees in jobs / placements : Yes / No**

**If yes, indicate the benefit accrued to trainees of previous year as per statement below**

<b>S.No.</b>	<b>Name of beneficiary</b>	<b>Complete address as per voter I Card/Aadhar card no. along with voter I Card/Aadhar card no. and mobile no. of beneficiary</b>	<b>Job/self employed</b>	<b>Monthly earning</b>

**Form V**

**For 10 bedded hospital/mobile dispensary following statement be uploaded**

<b>S.No</b>	<b>Name of patient</b>	<b>Age</b>	<b>Complete address</b>	<b>Nature of illness</b>	<b>Treatment given</b>	<b>Name of Doctor</b>	<b>Date of Admission/Date of discharge in case of ten bedded hospital</b>

**Form V -A**

**List of SC villages visited during previous Year and list of SC villages proposed to be visited during the year for which grant sought(Month wise schedule) should be uploaded in format below**

<b>S.No</b>	<b>Name of village/Taluq</b>	<b>%age of SC population</b>	<b>Date of visit</b>

# Form VI

**NAME OF THE SCHEME: Scheme of Grant in Aid to Voluntary Organizations working for Scheduled Castes**

## LIST OF EMPLOYEES

- (i) Name of the Organisation:**
- (ii) Name and address of the Project:**
- (iii) Financial year**

S. No.	Name & address of the employee	Educational qualificationSex/class	Date of appointment	Period for which employed during the year	Honarium per month	Total honorarium paid during the year	Remarks

**\*Complete address as in aadhar card/photo I card along with Number.**

**Signature of the Authorized Signatory**

**Name:**

**Designation:**

**Address:**

**Date:**

**Office Stamp**

**Details of Income and Expenditure during the year.**

	FOR THE ORGANIZATION AS A WHOLE			FOR THIS PROGRAMME/ SCHEME		
	Year preceding receipt of first grant under the Scheme at S.No. 2	Previous Year	Current Year budgeted /actual?	Year preceding receipt of first grant under the Scheme	Previou s Year	Current Year budgeted /actual?
(a) Financial year						
(b) Total income						
Of which						
(i) Funded by office bearers donations from private sector						
(ii) Funded by foreign contribution.						
(iii) Funded by local bodies and public sector organization.						
(iv) Funded by State Government						
(v) Grant from Central Govt. (Please indicate from each Ministry/Deptt/ CAPART separately).						
(vi) Beneficiaries contribution/user charges/students fees.						
(viii) Miscellaneous income.						
(c) Total Expenditure of which						
(i) Non-recurring						
(ii) Recurring						
(d) Expenditure on						
(i) Salaries and Wages						
(ii) Travelling daily, etc. allowances.						
(iii) Other						
Administrative Costs						
Rented						
(a) Building						
(b) Furniture and Fixture						
(c) Plant & Machinery						
(iv) Expenditure on beneficiaries						
(v) (a) in case						
(b) in kind						
(vi) Material costs						
Incurred by the orgn.						
(d) _____						
(e) _____						
(f) _____						
(e) Total No. of beneficiaries						
(f) Cost per beneficiary						