

Application cum Monitoring Form for grant in aid to Voluntary Organisation working for Scheduled Caste Development (For 1st Installment and New Cases) (Residential / Non-residential Hostel)

PART - A

1. Financial year for which grant-in-aid is applied:	_____
2. Name of the Organization:	_____
3. (a) Nature of the Project:	_____
(b) Date of commencement of the School/Hostel:	_____
(c) Year of Commencement of Grant-in-aid from G.O.I. for the School/Hostel:	_____
(d) Whether the Project is recognized by the State Government:	_____
4. Date of Registration of the Organization:	_____
5. Address of Registered Office:	_____ (Ph. No.): (Fax No): (E-Mail):
6. (a) Complete Address of location / location where programme / project / scheme is being implemented:	_____ (Ph. No.): (Fax No): (E-Mail):
(b) Nearest Railway Station/Bus stand:	_____
7. Whether building is OWNED / RENTED / ON LEASE / DONATED:	_____
8. (a) Is the building being utilized exclusively for this program ?:	Yes / No
(b) If no, provide details of usage:	_____
9. (a) Area of building:	_____ (in sq. meters)
(b) Number of rooms:	_____
10. Whether separate project-wise accounts have been maintained for grants sanctioned earlier ?:	Yes / No
11. Whether principle of joint operation of bank Accounts is being followed?:	Yes / No

12. Details of bank accounts in which grant-in-aid released during last financial year were deposited.

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

13. Whether the statements of accounts submitted along with the application are :

Audited / Un-audited

14. Grant-in-aid sought from the Ministry :

Cost Head Group	Rs. in Lakhs
(a) Recurring	_____
(b) Non-recurring	_____
(c) Total	_____

15. Have your enclosed list of beneficiaries as per Form-I: **Yes / No**

16. Reasons for admission of Children to the School/Hostel:

i) Non availability of School near home	_____
ii) Parents cannot support Education of child	_____
iii) Facilities are better in this school than other local schools	_____
iv) Others (tobe elaborated)	_____

17. Indicate whether arrangement made by School for admission of children in higher classed after completion of studies in this school.

18. Have you enclosed list of Managing committee as per Form-II	Yes / No
19. Have you enclosed the list of employees as per Form-III	Yes / No

PART - B

19. details related to beneficiaries and programmes (separately for each Institution)

(i) Date of :

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

(ii) Whether any government nominee actually participated in the selection process ? If yes, the name and designation of officer: _____

(iii) Date of:

a) Commencement of School Session:	_____
b) Completion of School session:	_____

(iv) Details of Beneficiaries:

a) No. of applicants:	_____
b) Beneficiaries selected:	_____
c) No. at beginning of Session:	_____
d) No. at completion of Session:	_____
e) No. of those passed:	_____
f) No. of dropouts during the year:	_____

(v) Details of Sanction:

a) Letter No.:	_____
b) Dated:	_____
c) Amount sanctioned: Recurring: Non-Recurring:	_____
d) Amount utilized: Recurring: Non-Recurring:	_____

(vi) Name of the Head of Institution: _____

(vii) No. of employees: _____

(viii) Details of Govt. run Schools within a radius of 2 Km. From your school.

Part - C

20. Details of Income and Expenditure during the year.

FOR THE ORGANISATION AS A WHOLE				FOR THIS PROGRAM/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 at	Previous year	Current year budgeted/actual?
a) Financial year						
b) Total income, of which						
(i) funded by officebearers, donations from private sector						
(ii) funded by foreign contribution.						
(iii) funded by local bodies and public sector organisation.						
(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						
(vii) Miscellaneous income						
c) total expenditure, of which						

Name:

Designation:

Address:

Date:

Office Stamp: