

**APPLICATION CUM MONITORING FORM FOR GRANT-IN-AID TO
VOLUNTARY ORGANISATIONS WORKING FOR OTHER BACKWARD
CLASSES**

(for 1st instalment and new cases) (Training Programmes)

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 Project : _____
- (c) Year of Commencement of Grant-in-aid from G.O.I for the Project : _____
- (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/locations 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	Amount recurring	Amount Non-recurring	Bank Account No.	Name and address of Bank	Person operating the account.
1.								
2.								
3.								
4.								
5.								
6.								

13. Whether the statements of accounts submitted along with the application is : Audited/Unaudited

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

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

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

17. Have you enclosed list of Managing Committee Members as per Form-II : Yes/No.

18. Have you enclosed the list of employees as per Form-III.

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 Selection : _____
- 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 Program : _____
- b) Completion of Program : _____

(iv) Details of Beneficiaries :

- a) No. of applicants : _____
- b) Beneficiaries selected : _____
- c) No. at beginning of Program : _____
- d) No, at completion of Program : _____
- e) No. of those successfully completed : _____
- f) No. of dropouts during Program : _____

(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 Program Coordinator : _____

(vii) No. of employees involved in the Program : _____

(viii) Details about beneficiaries
(Please indicate no. of beneficiaries
against each column)

(a) Residential Status :

Urban : _____

Rural : _____

(b) Educational Level :

Illiterate : _____

Literate : _____

I – Middle : _____

II – 10th : _____

III – 10+2 & above : _____

(c) Family Income :

(i) Less than Rs. 24,000 p.a. : _____

(ii) Rs. 24,000 – Rs. 50,000 p.a. : _____

(iii) Above Rs. 50,000 p.a. : _____

(d) Reasons for joining the courses :-

(i) To become self-employed : _____

(ii) To become qualified for job : _____

(iii) To have additional qualification : _____

(e) Is the Centre assisting the trainees in jobs/
placements : Yes/No.

(f) Is the Centre following up the performance
of the trainees after they successfully completed
the course : Yes/No

20. Have you enclosed the incremental income

of beneficiaries due to program/scheme during the last 3 years preceding current year as per Form-IV.

: Yes/No

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 Scherme at S.No.2	Previous Year	Current Year budgeted/ actual?	Year preceding receipt of first grant under the Scheme.	Previous 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. (vii) Miscellaneous income c) Total Expenditure, of which						

<p>(i) <i>Non-recurring</i> (ii) <i>Recurring</i></p> <p>d) Expenditure on :</p> <p>(i) Salaries and Wages (ii) Travelling, daily, etc. allowances. (iii) Other Administrative Costs (iv) Rental (a) building (b) Furniture & fixture (c) Plant & Machinery (v) Expenditure on beneficiaries: (a) in cash: (b) in kind: (vi) Material costs incurred by the orgn.: a) ----- b) ----- c) ----- (e) Total no. of beneficiaries: (f) Cost per beneficiary:</p>						
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**MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT
(BACKWARD CLASSES DIVISION)**

Scheme : PRE-EXAMINATION COACHING FOR OTHER BACKWARD CLASS

**APPLICATION FORM FOR First INSTALMENT
(For ongoing Cases)**

Organisation Name

Address

Phone :

Gram :

Telex :

E-Mail :

Grams :

2. Audited /unaudited accounts for the previous year indicating the expenditure incurred on each sanctioned item vis-a-vis the grant sanctioned :

3. Budget estimates for financial year for which grant-in-aid is required :

4. The examination for which the grant is applied for :

5. The duration of the programme (date of commencing and completing the programme) :

6. Number of candidates to be coached
(a) Outstation candidates
(b) Local candidates

Signature
Name
Desi-nation
Address

.....

(office seal)