

**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 :
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- (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 : Yes / No
- for this program ?
- (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 : Yes / No
- have been maintained for grants sanctioned
- earlier?
11. Whether principle of joint operation of : Yes / No
- Bank Accounts is being followed ?

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 & address of bank	Person operating the account
1.								
2.								
3.								
4.								
5.								
6.								

13. Whether the statements of accounts submitted along with the application : 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 Statement-I : Yes / No

16. Have you enclosed list of managing Committee Members as per Statement-II : Yes / No

17. Have you enclosed the list of employees as per Statement-III : Yes / No

PART-B

18. Details related to beneficiaries and programmes (separately for each Institution)

- (i) Date of :
 - (a) Commencing Selection Process :
 - (b) Inviting applicants :
 - (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 School session :
 - (b) Completion of School session :

- (iv) Details of Beneficiaries:
 - (a) No. of applicants :
 - (b) Beneficiaries selected (Indicating No. of Male & Female separately) :
 - (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 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

19. Have you enclosed the incremental income of beneficiaries due to program / scheme during the last 3 years preceding current year as per Statement-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 Scheme 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 ?
<p>(a) Financial year</p> <p>(b) Total income, of which</p> <p style="padding-left: 20px;">(i) funded by office-bearers, donations from private sector</p> <p style="padding-left: 20px;">(ii) funded by foreign contribution.</p> <p style="padding-left: 20px;">(iii) funded by local bodies & public sector organization</p> <p style="padding-left: 20px;">(iv) funded by State Government</p> <p style="padding-left: 20px;">(v) Grant from Central Govt.(please indicate from each Ministry / Deptt. / CAPART separately).</p> <p style="padding-left: 20px;">(vi) Beneficiaries contribution / user charges / students fees.</p> <p style="padding-left: 20px;">(vii) Miscellaneous income</p> <p>(c) Total Expenditure, of which</p> <p style="padding-left: 20px;">(i) Non-recurring</p> <p style="padding-left: 20px;">(ii) Recurring</p>						

<p>(d) Expenditure on:</p> <p>(i) Salaries & Wages</p> <p>(ii) Traveling, daily etc. Allowances</p> <p>(iii) Other <i>Administrative Costs</i></p> <p>(iv) Rental (a) building (b) Furniture & Fixture (c) Plant & Machinery</p> <p>(v) Expenditure on beneficiaries : (a) in cash : (b) In kind :</p> <p>(vi) Material costs incurred by the ogn : (a) _____ (b) _____ (c) _____</p> <p>(e) Total no. of beneficiaries :</p> <p>(f) Cost per beneficiary:</p>						
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VERIFICATION

Certified that above information is in accordance with the records and accounts audited / to be audited and is correct to the best of knowledge and belief of the office bearers of the organization and after its perusal and satisfaction, they have authorized the undersigned by a resolution dated to verify and submit the statement of information for purpose of monitoring the scheme for which grants-in-aid was received from the Ministry of Social Justice & Empowerment, Govt. of India.

2. I also hereby certify that I have read the rules and regulations of the scheme and I undertake to abide by them. On behalf of the Management. I further agree to the following condition:-

- (a) All assets acquired wholly or substantially out of the central grant shall not be encumbered or disposed of or utilized for purposes other than those for which the grant is given. Should the organisation cease to exist at any time, such properties shall revert to the Government of India.
- (b) The accounts of the project shall be properly and separately maintained. They shall always be open to check by an officer deputed by the Government of India at his discretion.
- (c) If the State or Central Government has reasons to believe that the grant is not being utilised for approved purpose; the Government of India may stop payment of further instalments and recover earlier grant in such manner as they may decide.
- (d) The institution shall exercise reasonable economy in its working especially in respect of expenditure on building.
- (e) In the case of grant for buildings, the construction will be completed within a period of two years from the date of receipt of the first instalment of grant unless further extension is granted by the Government of India.
- (f) No change in the Plain of buildings, the construction will be made without the prior approval of the Government of India.
- (g) Progress reports on the project will be furnished at regular intervals as may be specified by the Government.
- (h) The organisation will bear 10% of the estimated expenditure or the balance of the estimated expenditure on the project as per the guidelines.
- (i) The organisation agrees to make reservation for the Scheduled Casts, Schedule Tribe candidate / Disabled persons for appointment against the posts required for the working of the organisation in accordance with instructions issued by the Government of India from time to time.
- (j) It is hereby certified that no grant is being received for the same project from any other (Govt. private or foreign) source.

Yours faithfully,

Signature of the Authorised Signatory

Name :

Designation :

Address :

Date :

Office Stamp :