

**Application Form to Participate in Sarva Shiksha Abhiyan Interventions
Part - I**

Organaisation Name:

Registered Address of the Organisation

Address:

District:

State:

Pincode:

Phone Number(with
area/std code)

Fax No:

Mobile Number:

Email ID:

Registered Address should be same for Correspondence

(If No Fill the Correspondence Address)

Yes/No :

Correspondence Address of the Organisation

Name of the Contact
Person:

Designation:

Address:

District:

State:

Pincode:

Phone Number(with
area/std code)

Fax No:

Mobile Number:

Email ID:

Registration Status

Registered as :

Society / Trust / Company

Date of Registration:

(mm/dd/yyyy)

Last Renewal of
Registration:

(mm/dd/yyyy)

Registration Number:

(mm/dd/yyyy)

Registration Valid Upto:

(mm/dd/yyyy)

Are You Registered With Foreign Contributions : Yes / No

(If Yes Fill the Foreign Contributions (Regulation) Act,1976

Date of Registration:

(mm/dd/yyyy)

Registration Valid Upto:

(mm/dd/yyyy)

Registration Number:

(mm/dd/yyyy)

Part 2

Details of Funds received in last three years

In Rupees

Year	Total Funds Received From				Total Income	Total Expenditure	Is the Accounts Audited (Yes/No)	If Accounts Audited, By whom	
	From Government	From MemberShip fee	From Foreign Sources	From Other Sources				Own auditors	Certified Chartered Accountants
	1	2	3	4	5= (1+2+3+4)	6	7	8	9
2004-05									
2005-06									
2006-07									

Bank Details

Sl.No	Account Type	Name of the Bank	Bank Address	Signing Authority	Signing Authority Position

Major Assests of the organisation as per last audited balance sheet(Please indicate the value-In rupees)

Sl.No	Cash Deposits	Movable Assets	Immovable Assets

Membership (Please indicate numbers)

General Members		Executive Committee Members	
Male	Female	Male	Female

Number of Block/District/Regional Offices Working for

Sl.No	Regional Office	District Office	Block Office	Other Offices below block level

Any exemptions received from Government (Yes/No)

Are there any criminals cases past/pending against the organisation/office beares (Yes/No)

Are there any black listing proceeding the organisation (Yes/No)

	If Yes Give Details: _____
	If Yes Give Details: _____
	If Yes Give Details: _____

Major Objectives of the Organisation(Specify mission/vision of the organisation in points

Part 3

Past Experience in Implementing Projects

Area (Education / Others)	Strategy (**)	Activity/Programme Name	Year	Place / Area	District	Target Group/Beneficiaries	Sponsor	Amount Spent	Evaluation study conducted / completed for this programme (Yes/No)	If Yes	
										Name of the Agency conducted / completed the evaluation	Brief Notes of the Evaluation Study

** Strategy : If Area is Education Then fill Strategy as Out of School / Girls Education / Remedial Teaching / Community Mobilization / Others

Composition of Executive Committee

Name	Age	Designation in organisation	Qualification	Number of years of experience in Social Sector	Number of years of experience in Other Sector	Holding an office of profit in org (Yes/No)

Staffing in the Organisation (Mention staff members only whose Salary paid from the Organisation)

Name	Gender (Male/Female)	Status (Permanent/ Part Time)	Designation	Date of Joining (dd/mm/yyyy)	Qualification	Years of Experience

Part 4

Details of the Interventions / Strategy the NGO would like to Participate

Activity (*)	Estimated Cost to Run the Strategy (In Rupees)	Place	Habitation Name/Ward	Village	Taluka	District	No. of children to be covered	No. of teachers to be covered	No. of community members to be covered

Activity (*)

OOSC - 12 RBC/NRBC/HBE/Madarasa/Ashakirana/6SRBC

Girls Education - Conducting Adolescent girls camps/ Awareness Camps

Community Mobilisation - Conducting Training

What Arrangements the NGO has made to Undertake the Intervention / Strategy (Indicate Yes/ No)

Building Available : Sufficient Staff with Qualification: Staff has Undergone the training:

Do the organisation has the following material / document

Teaching Learning Material: Related Literature / Documents: Statistical Data relating to strategy:

Whether the Agency is willing to work for the Universal enrolment an retention (Yes/No) _____

If yes Give the details about the geographical area the NGO would like to operate _____

The information given above is true to my knowledge and belief and understand that the wrong information if any would attract penalty an legal proceedings

Date : _____

Signature
Designation with Seal

Copy Submitted to the DDPI _____ (date) _____ to take further action