

(Annexure-A)

सेवा में

जिला कल्याण अधिकारी,
.....

मेमो न०

दिनांक:

विषय:- अनुसूचित जातियां तथा पिछड़े वर्गों के कल्याण में लगी संस्थाओं/समितियों को आर्थिक सहायता स्कीम के तहत अनुदान हेतु आवेदन पत्र।

1. संस्था/समिति का नाम.....
2. संपूर्ण पता.....
3. संस्था की कार्यवाही समिति (Executive Committee) के सदस्यों का ब्यौरा, नाम, पद, फोन नं०, मोबाईल नं०, पता व ईमेल आईडी सहित.....
4. आवेदित राशि.....
5. अनुदान राशि का उद्देश्य.....
6. पहले प्राप्त की गई किसी भी अनुदान राशि का ब्यौरा
स्रोत.....
राशि..... वर्ष.....
7. क्या पूर्व अनुदान राशि के इस्तेमाल का प्रमाणपत्र जमा करवा दिया गया है.....
.....
8. संस्था/समिति के नाम भूमि के प्रमाण की प्रति.....
9. संस्था/समिति के पंजीकरण के प्रमाण की प्रतिसत्यापित प्रति एवं संविधान की प्रति.....
.....
10. भवन योजना की प्रति तथा अनुमानित खर्च की बिस्तृत जानकारी.....
11. संस्था के प्रधान का नाम व जाति.....
12. बैंक का नाम, खाता न०, आई०एफ०एस०सी० कोड तथा पैन नं०.....
.....
13. संस्था/समिति का वार्षिक लेखाजोखा एवं बैलेंस सीट.....
14. अन्य सूचना जो देना चाहें.....

आवेदक के हस्ताक्षर
नाम व पदनाम
(संस्था/समिति की सील के साथ)

ANNEXURE-B

This agreement is made on this-----day of-----
between the Governor of Haryana (hereinafter called the Government) of the one part
and-----Association/Institution/Organization and having its head quarter
at-----acting through-----President/Secretary of the
Association/Institution (hereinafter called the Association/Institution) of the 2nd part.

Where as the Association/Institution has requested the Govt. to grant to it a sum
of Rs.------(Rs.-----) for
the purpose of -----

And whereas Govt. has agreed to grant to the Association the aforesaid sum of
Rs.------(Rupees-----) on the terms
& Conditions hereinafter appearing.

Now this agreement witnesses and the parties hereby agree as follows:-

- (i) In pursuance of the aforesaid agreement the Director, Welfare of Scheduled Castes and Backward Classes has advanced to the Association the sum of Rs.------(Rs.-----) the receipt whereof the Association/Institution does hereby acknowledge for the purpose of-----
- (ii) The Association shall utilize the aforesaid grant with in a period of six month of the execution hereof.
- (iii) The unspent balance of the aforesaid grant on the expiry of stipulated period shall be deposited to the competent authority.
- (iv) The aforesaid amount shall be utilize only for the purpose of-----and for no other purpose.
- (v) The facilities offered or the service rendered by the association/Institution shall be open to the all the member of the public irrespective of their caste, creed or religion.
- (vi) Utmost economy will be exercised by the Association/ Institution while incurring expenditure against the grant.
- (vii) Utilization certificate duly signed by the Association/Institution and counter signed by the District Welfare Officer concerned will be furnished to the Director within one month of the stipulated period of the utilization of the grant.
- (viii) If the Association/Institution/Society shall make default in observing or performing any of the terms and conditions of the this agreement to be observed and performed by it, the entire amount given by the competent authority to the Association/Institution/Society under this

agreement shall immediately become recoverable by the Director from the Association/Institution/Society.

- (ix) All disputes and difference whatever arising out of or in any way touching of concerning this agreement shall be referred to the sole Arbitration of----- who for the time being is entrusted, whether or not in addition to other functions with the functioning of the-----by whatever designation such offer may be called. It will be no objection to such appointment that the arbitrator so appointed is a Government servant that he had not dealt with the matters to which the agreement relates and/or that in the course of his duties as the Government servant he has expressed views on all or any of the matters in dispute or difference. The award of such arbitrator shall be final and binding on the parties to this agreement. In witness where of the parties here to have set their hands hereunder on the date respectively given under their signature in the----- -----year of the Republic of India.

For and on behalf of Government of Haryana.

Dated

Witness:-

1.-----

Dated

Witness:-

2.-----

Dated

President/Secretary.

For and behalf of Association/Institution/Society.

Dated

Allotment of UCP

Proforma-AB

| | | | | |
|----------------------------------|---|------------------------------------|--------------------------------------|----------------------------------|
| # Category (Please check on box) | <input type="checkbox"/> Employee | <input type="checkbox"/> Others | <input type="checkbox"/> Third Party | |
| | <input type="checkbox"/> GPF | <input type="checkbox"/> Ex-Gratia | | |
| | <input type="checkbox"/> NPS | <input type="checkbox"/> MLA | | |
| | <input type="checkbox"/> Retrenched | <input type="checkbox"/> Ministers | | |
| | | <input type="checkbox"/> Pensioner | <input type="checkbox"/> Contractual | <input type="checkbox"/> Student |
| 1 | First Name | Middle Name | Last Name | |
| 2# | Father's/Proprietor's/Patner's/Director Name's *b | | | |
| 3# | Mother's Name*b1 | | | |
| 4# | Date of Birth/date of Registration *c | | | |
| 5 | Pan of the person *d | | | |
| 6# | Parent Department (In case of Employee) | | | |
| 7# | GPF No./PRAN (in case of Employee) | GPF Series | GPF No. | PRAN |
| 8# | Bank Name | | | |
| 9# | Bank Branch Address | | | |
| 10# | Bank Account No. *e | | | |
| 11 | MICR Code *f | | | |
| 12# | IFSC Code of Bank Branch *g | | | |

Mandatory field.

| | |
|-----|---|
| *a | In case of business concern like Proprietor-ship, company, Firm etc. Please mention same in First name without writing M/s. Prop. Etc e.g. Capital services Ltd. Ram Brothers and Sons etc. This name should be same as in the Bank account. In case of employee, please do not mention Mr/Mrs/Sh/Smt/Dr/Designation in the name. |
| *b | In case of individuals write father's name of payee as in column. However, in case of business concern write Proprietor/Director/Partner's name instead of Father's/Mother's Name. In case of Gram Panchayat etc. mention. |
| *b1 | In case of individuals write mother's name of payee as in column 1 However in case of business concern gram panchayat etc. write mother's name of person mentioned in column 2 above. |
| *c | In case of Individuals write their Date of Birth. In case of Company, write date of incorporation. In case of firm/society etc date or registration. In case of proprietorship write DOB of the proprietor. |
| *d | PAN as provided by income Tax Department is compulsory if payment of Rs. 10000 or more is to be made to the person. DDO should get a photocopy of Pan card for verification. |
| *e | Bank account number as printed on cheque or bank statement or bank pass book. A photocopy of same should be taken by DDO should get a photocopy of PAN card for verification. |
| *f | 9 digit MICR code available on the cheque. So a cancelled bank cheque should be taken by DDO from the person to verify the same. |
| *g | IFSC code can be ascertained from cancelled cheque. It can also be ascertained by person from his bank branch, information is also available on RBI website www.rbi.org.in |

Name of person authorized to operate bank account

