

## APPLICATION FORM

### For Registration under Orphanages & other Charitable Home Supervision & Control Act 1960.

#### Part-I

1(a). Name of the Institution or Home

(b). Postal Address

House No./ Street No.	Ward/ Colony	Town/Villages	Distt.
State	Pin No.	Telephone No.	
Email ID:-			

2.(a) Name of the **Promoter Organisation** (NGO, Trust, Society, Company etc.)

(b) Address of Registered Office of the Organisation.

House No./ Street No.	Ward/ Colony	Town/Villages	Distt.
State	Pin No.	Telephone No.	
Email ID:-			

(c) Date & Authority of Registration (along with copy of certificate)

3. Name and address of the Incharge of Institution.

4. Date of establishment of this Home

5. Details of Governing body (Managing Committee/ Executive Committee)

Sr. No.	Name & Address	Designation in the Organisation.	Principal Occupation	Education Qualification	PAN No.	Phone & E-Mail
1	2	3	4	5	6	7

6. Major Activities of the Promoter organization

7. (i) Details of funding Agencies for last 3 years

Sr. No.	Source of Funds	Amount	Year	Project details for which funds received
1	2	3	4	5

(ii) Audited statements of the last three years (copies to be enclosed)

8. Foreign Contribution

Details of funds received, if any.

9. a) Any other Registration/Recognition with Central/State Govt.

10. Details of staff of the organization in their existing programme

Sr.No.	Name & Age	Residential Address		Education Qualification	Designation	Date of appointment	Responsibility
		Local	Permanent				
1	2		3	4	5	6	8

11. Infrastructure available

- a. Year of construction of building
- b. Own building or on rent or on lease
- c. Total area of the campus/Plot
- d. Total livable area of the buildings and No. of floors
- e. Play ground
- f. Details of available area for academic programmes
- g. Medical Facilities available in the Institution.
- h. Nearest hospital (government) Address & distance.
- i. Details of kitchen, dormitories, Activity room, Teaching Room /  
Arrangement of education/ training in or outside the Institution Campus,  
Toilets, Store, recreational room, staff room, Chaukidar room etc.
- h. Available water facility with capacity....

12. Name & Address of the Bank/ Account No/ Authorised signatories operating the Bank Account for the Institution

13.
  - a. Capacity of the Institution
  - b. Present Strength ; female Total
  - c. Age group 0-6 years/7-12 years/13-18 years and above.
  - d. No. of Normal/Mentally Retarded/Physically Challenged etc.
  - e. No. of Orphan
  - f. No. of inmates whose either of the parent or both are alive.
  - g. No. of inmates belong to Haryana
  - h. No. of inmates belong to other States with details.

14. Arrangements of Safety/ Security/ Transportation.

15. Date Resolution of the governing body/Board to run this Institute. (copy thereof)

16. Classification of the Institutions

(Shelter Home/Orphanage/ Charitable Home, Short Stay Home/Swadhar greh etc.)

17. Whether NGO availing Income Tax Exemptions.

**Signature**  
**Name in Capital Letter**

**Designation**  
**(with Seal of the Umbrella Organisation.)**

**PAN of the Applicant**

**Part-II**

Report of along with reasons of recommendation or rejection regarding  
Registration.

DCPO

PPO

PO (ICDS)

**Name in Capital Letter**

**Date:-**

**Designation(with Seal.)**

Comments/ report of the Deputy Commissioner.

**Signature**

**Name in Capital Letter**

**Date:-**

**Designation(with Seal.)**

From

The Director General,  
Women & Child Development Department,  
Haryana, Panchkula.

To

All the Programme Officer,  
In the State of Haryana.

No. P.O-III/DWC/WCD/2012, dated

Subject:- Registration of Orphanages, other Charitable Homes, Women Home & Swadhar Greh.

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Reference to the subject cited above.

As you are aware that Orphanages & other Charitable Homes (supervision & control) Act 1960 has been notified by the State Govt. As per provisions of the aforesaid Act a format for Registration of various Homes has been devised and uploaded on departmental web site [www.wcdhry.nic.in](http://www.wcdhry.nic.in).

You are directed to personally contact the Homes / Institutions running in your district and get the registration process completed (sample format is enclosed).

The applications for registration from the various Homes should reach in the office of P.O (ICDS) upto 30.06.2012 and thereafter the DCPO, PPO and PO (ICDS) should personally visits these Homes and submit their reports to the Deputy Commissioners. Similarly, the report/ comments of the Deputy Commissioner should be based either of his/her personal visit or on the basis of the report submitted by the representative of Deputy Commissioner and should reach this office by 06.07.2012.

**The format for registration should also be readily available in your office and should be provided free of cost.**

Director General,  
Women & Child Development Department,  
Haryana, Panchkula.

Endst. No.

P.O-III/DWC/WCD/2012, dated

A copy of above is forwarded to all the Deputy Commissioner in the State of Haryana for information and necessary action.

Director General,  
Women & Child Development Department,  
Haryana, Panchkula.

**Form A**

**Form for Details of the NGOs and Trustees**

**I Details of the NGOs/ Trust/ Society**

Name of NGOs/ Trust/ Society etc.	Regd. office	Complete office Address with landline - phone No.	Certification under OCH (Law) 1960 Act. Registration No. with date of registration / copy of registration	PAN No.	No. of Bank Accounts	Name & Address of Bank Account	Whether donation to this institute is tax exempted	
							Yes (since when, and which Act)	No



**Annexures Required**

**Proof of registration No. of NGOs**

**Copy of PAN Card of NGOs**

**Copy of Bank Accounts of NGOs**

**II Details of Member of NGO/Trust/ Society/ Company**

Sr. No	Name	Age	Complete Address with landline - phone No.	Designation in the society /organization	Personal Occupation	Work Address	PAN No.	No. of Bank Accounts	Type of Account	Photo identity
										
										

**Annexures Required**

**Proof of registration**

**Copy of PAN Card of all members**

**Copy of Bank Accounts of trustee**

**Signature & Name of the President/ Secretary**

**Pan No.**

**Phone No.**

## Form D

### Form for Details of Profile of each inmates

Sr. No	Name	Husband Name	Father's name	Parents		Mother's Occupation	Father's Occupation/ Husband occupation	Age	Sex	Last address before coming in the Institution	Religion (if known)	Caste (if known)	Year of Birth	Home State	Educational Status	Type of Education		Photo Identity	
				Single	Both											In the Institution (Informal)	School going (formal)		
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																			<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>
																			<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div>

**Signature , Name and Designation of Institution Incharge**

## Form B

### Details of the Orphanages & Charitable Home

Name of the Institution	Postal Address with phone No.	Date of Registration with WCD & Registration No under J.J.Act ,2000, Orphanage & Other Charitable Homes Act, 1960	Expiry Date/ Valid upto	Originally Establish in Haryana State or Relocated.	For Male/ Female or Both

Sr. No.	Plot Area	Covered Area	Facility of Lawn/ open Space		No of Dormitories	Building		(A) Capacity of inmates (B) Present Strength			No. of Rooms	No. of Toilets	Activity room	Specify other details if any	Photo Graph of Institution front, back, kitchen, toilet, rooms with date.	
			Front of the building	Behind of the building		Owned	Rented	Male	Fem ale	Total						

**Note: - The above information is to be given by the authorized signatory of NGO or the Institutions.**

**Name & Signature**  
of the authorized signatory/Incharge  
of the Institution/Home with seal



**PAN No.**

**Phone No.**



## Form C

### Details of the Staff in the Orphanage/ Charitable Homes

Sr. No	Name & Parents Name	Age	Current Residential Address with landline - phone No.	Permanent Residential Address with landline - phone No.	Designation & Work Responsibility	(A) Date of Appointment (B) Contract valid upto	Qualification	Board/ University	Recent Colored Photograph
									
									

Police verification is to be done for all staff, format of which is attached

**Name & Signature**  
**of the authorized signatory/Incharge**  
**of the Institution/Home with seal**

**PAN No.**

**Phone No.**

**Form E**

**Health Profile of each Inmate**

Name of Institution

Date of Checkup

Serial Number

- Name \_\_\_\_\_
- Age \_\_\_\_\_
- Date of Birth \_\_\_\_\_
- General Health Status
  - Height of the Inmate \_\_\_\_\_
  - Weight of the Inmate \_\_\_\_\_
  
- Mental Health Status \_\_\_\_\_
- Disability
  - Nature of Disability \_\_\_\_\_
  - Extent of Disability \_\_\_\_\_
- Eye Sight \_\_\_\_\_
- Hearing \_\_\_\_\_
- Lung Examination \_\_\_\_\_
- Blood Tests regarding (Hb), Infections and HIV  
\_\_\_\_\_
- T.B Test \_\_\_\_\_
- Any other test if required  
\_\_\_\_\_
- Comment of Doctor on overall Health of the inmates (whether health is satisfactory)  
\_\_\_\_\_  
\_\_\_\_\_
- Further test recommended , please specify \_\_\_\_\_
- Recommended date of Follow up (in case of any disease)  
\_\_\_\_\_

Signature of the Medical Officer

Name & Designation with Office Stamp.

**Instruction for the Committee going for Inspection on  
Orphanage/Charitable Homes**

- The inmates in the Institution should be interacted with, separately without the official of the institution. They should not be asked any direct question and should be facilitated to open up.
- A detailed study should be carried on :
  1. Sanitation and hygiene
  2. The staffing pattern
  3. Recruitment , Selection and training of personal
  4. Minimum standards of service viz a viz, medical facility diet scale, clothing and bedding daily routine, education and vocational training.
- Committee should also examine whether efforts are being made for rehabilitation and social integration of the inmates.
- The inspection shall be carried out at least once in every three months.
- The follow up action on the finding and suggestions of the inmates shall be taken by all concerned authorities.

**Proforma for Police Verification of employee of the Orphanage &  
other Charitable Home**

Recent  
Photograph

1. Name of the Institution \_\_\_\_\_  
2. Post held in the Institute \_\_\_\_\_

3. Name in full (in block Surname Name  
capitals)with aliases if any.

4. Present Address in full (i.e. Village, Tehsil  
Thana and Distt. or House No./Lane/Street  
and Road.

5. a) Home/Permanent address in full ((i.e. Village, (a)  
Tehsil Thana and Distt. or House No./Lane/Street  
and Road.

b) Place of birth, Distt. and State in (b)  
which it is situated.

c) District and State of which you belong. (c)

d) District and State in which property is held. (d)

6. Particular of place where you have resided  
for more than one year, during proceeding  
five years.

From \_\_\_\_\_ To \_\_\_\_\_ Residential address in full i.e. Village,  
Tehsil Thana and District/H.No./Street  
and Road.

7. a) Father's Name in Full(with alias if any)  
b) Present postal address (if dead, give last  
address).  
c) Permanent Home Address  
d) Profession  
e) If any service, give designation and official  
address.

8. a) Exact date of birth as given in (a)  
the Matriculation Certificate.  
b) Present Age. (b)  
c) Height (c)  
d) Marks of identification. (d)  
e) Religion (e)

9. Are you a member of Schedules Caste or Schedules Tribes/Backward Classes of Haryana  
If so , State the name there of.

10. Educational qualifications showing place of education with years in school and college since 15<sup>th</sup> years  
of age.

Name of the School /College With full address	Date of entering	Date of examination on leaving passed
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Name & Signature  
of Incharge Home/NGO

11. Details of previous employment :-

Designation of post  
Held or description.

Period

Full address of  
office/ firm and  
Institution.

Detailed reasons  
for previous service

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12. (a.) Are you an Ex- Eco, ESSC or Ex-Servicemen or likely to be released ? if so, state the (i) rank (ii) officer (iii) Jr. Commissioner/ officer and;  
(b.)Have you ever been convicted by court of any offence? If so , full particulars of the convictions and the sentences should be given.

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13. Name of the two responsible persons of your locality or two reference to whom you are known with their full address.

i)

ii)

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14. Are you married ? If yes, name and address of spouse.

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15. I certify that the foregoing information is correct and complete.

Signature of the Candidate

Date\_\_\_\_\_

Place\_\_\_\_\_

**Certification by CCI Incharge or NGO.**

Certified that Sh. /Smt./Km.\_\_\_\_\_

Son/daughter/wife of Sh. \_\_\_\_\_ is working in the Institute/NGO  
w.e.f. \_\_\_\_\_ and the particulars furnished by him/ her are correct.

Name & Signature  
of Incharge Home/NGO

Remarks of the verifying Police Officer

\_\_\_\_\_  
\_\_\_\_\_

Signature  
Name and Designation of verifying Police Officer