

# APPLICATION FORM

## Part-I

1(a). Name of the Institution/ Home/ Child Care Institutions (CCI)

(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 CCI at the Present Address

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

8. Foreign Contribution  
Details of funds received, if any.

9. a) Any other Registration/Recognition with Central/State Govt.  
b) Whether the institution certified as Fit Institution by Juvenile Justice Board ( JJB)/Child Welfare Committee ( CWC). If yes details...

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      Year of Construction

|     |        |  |
|-----|--------|--|
| I   | Owned  |  |
| II  | Rental |  |
| III | Lease  |  |

- Total area of the campus/Plot
- Total livable area of the buildings and No. of floors
- Play ground
- Details of available area for academic programmes
- Medical Facilities available in the Institution.
- Nearest hospital (government) Address & distance.
- 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. (as per ICPS norms)

12. Available water facility with capacity....

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

14. No. of children residing with the organization

- Capacity of the Institution
- Present Strength ; male/female Total
- Age group (sex wise) 0-6 years/7-12 years/13-18 years.
- Normal/Mentally Retarded/Physically Challenged etc.
- Parents alive or not.

15. Arrangements of Safety/ Security/ Transportation.

16. Resolution of the governing body/Board to run this Institute.

17. Classification of the Institutions

(Children's Home/Shelter Home/Orphanage/ Charitable Home, Open Shelter Home , SAA, Observation Home, Special Home, Place of Safety etc.)

18. Whether availing Income Tax Exemptions.

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

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

**PAN of the Applicant**

**Part-II**

Report of District Programme Officer WCD along with reasons of recommendation or rejection.

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

**Date:-**

**Designation(with Seal.)**

Oberservation of the Deputy Commissioner.

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

**Date:-**

**Designation(with Seal.)**