

## Application form for CCIs/NGO Seeking Grant In Aid

### A. INSTITUTIONAL DETAILS/GENERAL INFORMATION

1. Name of the Institution:

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2. Name of the Society

3. Details of CCI :

- Name and Designation of CCI In- Charge

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- Complete Address

\_\_\_\_\_

- Mobile/ landline No

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- Email

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- PAN No

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- Bank Account No

\_\_\_\_\_

- Name and Branch of the Bank

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- IFSC Code

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4. Registration Details ( Attached Registration Certificate ( If any)

- Whether registered under Societies Act 1860/2012 Yes /No

- Whether registered under JJ ACT 2015/2000 Yes /No

Registration No ----- Dated -----

5. Total Number of children present ( Attached detail of each children as per format at ( Annexure A)

- Male
- Female
- Age breakup of children

Sr No	Age	Number of Children		Total
		Girls	Boys	
1.	0-6 years			
2.	7-14 years			
3.	15-18 years.			
	Total			
4.	18-21 years			

**B. Status of Children:****Segregation of children**

Sr. No	Age group	Yes/ No	Remarks
1	Children of both sexes below 10 years to be kept in same home,		
2	Separate bathing & sleeping facilities for boys & girls in age group of 5-10 yrs		
3	Separate children home for boys & girls in the age group of 7-11 and 12-18 yrs.		
4	Separate facilities for children in the age group of 0-5 yrs with appropriate facilities for infants		
5.	Are there children above 18 years staying there, Give number		

- (i) Sanction capacity of the Home.....
- (ii) No. of new admissions in the current month.....
- (iii) No. of children who have moved out/released.....
- (iv) No. of children referred by CWC/JJB during the month.....
- (v) No. of children produced before CWC/JJB during the month.....
- (vi) No. of children as on last day of the previous month .....
- (vii). No. of children with special needs, if yes, give details.....
- (viii) Interventions made for their rehabilitation: .....

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(ix) Are the Individual care plans prepared for every child? Yes  No

**C. Infrastructure:**

1.	Building detail	Rented/Owned
2.	Are CCTV cameras installed at the entrance	Yes/No
3.	Security Adequate Inadequate	
4.	Sufficient space to accommodate the children:	Yes/No

**Space available:**

No. of rooms / dormitories	Details	
Provision of sick room / medical unit		
Counseling room		
Recreational / activity room for Children <ul style="list-style-type: none"> <li>• Is there a TV set available with Cable network</li> <li>• How often are children allowed to view TV</li> <li>• Are children playing games indoors</li> <li>• What games are available to them</li> <li>• Are children playing games outdoors</li> <li>• Do they have equipments/ accessories to play</li> <li>• Do children go for picnics/excursions</li> <li>• Do they have interactions with eminent personalities</li> <li>• Is there a recreation room available to children</li> </ul>	Yes                      No In the evening or any time Yes                      No Age appropriate games or not Yes                      No Yes                      No Yes                      No Yes                      No	
Kitchen / Dining Room <ul style="list-style-type: none"> <li>• Is the cooking area and pantry separate</li> <li>• Do children get individual thalis, mugs glasses</li> <li>• Are cooking utensils adequate and clean</li> <li>• Is there a fridge available for children</li> <li>• Is there a Oven available for children</li> <li>• Is there a Gas stove available in kitchen</li> <li>• Is there a chimney available</li> <li>• What is the arrangement to keep the gas cylinders</li> <li>• Adequate water supply for washing, cooking</li> <li>• Adequate drinking water available (RO)</li> </ul>	Yes                      No Yes                      No Yes                      No Yes                      No Yes                      No Yes                      No Yes                      No safe / away from children or not Yes                      No Yes                      No	

• Is cooking done my machines or by cook		
Number of toilets & bathrooms for Children		
• Flush is working	Yes	No
• Taps In the wash basin are functioning	Yes	No
• Is the floor slippery	Yes	No
• Drains clean	Yes	No
• Drains are clogged	Once or more in a day	
• Fittings for hanging clothes/ towels in place	Yes	No
• Cob webs are removed	Yes	No
• Door has a latch	Yes	No
• Door has peep holes	Yes	No
• Frequency of bath a child is allowed	Yes	No
• Water is adequately available	Yes	No
• Adequate numbers of buckets and mugs	Yes	No
• Personal toiletries are provided	Yes	No
• Is washing powder or soap given	Yes	No
• Do children wash their own clothes	Yes	No
• Is there a washer man available	Yes	No
• Is the washing machine functional	Yes	No
Open space for outdoor activities		
Class rooms		
Space for vocational training		

- Premises**
- Does the home have a child friendly indoors? Yes No
  - How often is the sweeping, swabbing done ? Twice a day or more
  - Are the children involved in cleaning exercise during class hours? Yes No
  - Are the facilities of coolers/ heaters available for children? Yes No
  - Are the doors and windows maintained properly? Yes No
  - Are the rooms and dormitories well ventilated? Yes No
  - Is there an alternate provision for lights and fans when there is no electricity available? Yes No
  - Are the outdoors clean, pleasant and child friendly? Yes No
- Clothing/ Bedding/ Lockers/Toiletries provided to the children:

- Are the clothes provided as per size and season Yes      No
- Frequency of changing undergarments Yes      No
- New clothes are stitched or bought stitched or
- Are the mattresses given individually Yes      No
- Are pillows given individually Yes      No
- Are the mattress and pillows clean Yes      No
- Do children have separate cupboards Yes      No
- Are bed sheets and Khes available Yes      No
- Are blankets available in winters Yes      No
- Number of sets provided on arrival one/two/three/four
- Frequency of providing new clothes Monthly/  
quarterly
- Are these sets of same color or different colors? Same/different
- Are children provided with individual lockers to keep their personal items Yes /No

Other articles provided to the children:

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**D. Services provided to the children:**

- Medical facilities/ Maintenance of Health Cards:

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- Nutrition / Special Diet:

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- Provision of safe drinking water:  
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- Dally Routine of Children:

Time	Activlties / Schedule
Morning	
Day Time	
Afternoon	
Evening	
Late evening/ Night	

- Education ( Formal Education / NFE & Life Skill Training Programme ) :  
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- Computer/ Internet/ Phone
  - Is the facility of Computer with internet available? Yes No
  - Is the facility functional? Yes No
  - Are the children allowed to use the facility? Yes No
  - Is the telephone for official purposes only Yes No
  - Are the children allowed to use telephone fixed timing/as and when required
  - Is the number of Childline (1098) displayed near the phone Yes No
  - Counseling/ Guidance services/special educator/physiotherapist, etc. provided :  
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- Vocational training:

- .....
- Recreational facilities  
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  - Linkages developed with other agencies/ departments:  
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  - Implementation of track the missing child programme:  
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    - Entries of children in track the missing child website:  
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    - User Id and password provided:  
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  - Other programmes and activities initiated:  
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**E. Staff Details:**

S.N.	Name	Designation	Date of joining	Attendance at the time of visit	Remarks
1					
2					
3					
4					
5					
6					
7					

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**Staffing pattern of an Institute with 50 children**

Sr. No	Staff	Sanctioned strength as per Mission Vatsalya norms	Salary as per Mission Vatsalya norms per month	Educational qualification	Drawing Salary	On regular /contract or outsourcing
1	One Office In-charge (Superintendent)	1	33,100/-			
2	One Counsellor	1	23,170/-			
3	One Probation Officer/Child Welfare officer/ Case worker	1	23,170/-			
4	Two House Mother or House Father	2	14,564/-			
5	One Paramedical staff	1	11,916/-			
6	One Store – keeper cum Accountant	1	18,536/-			
7	One Educator	1	10,000/-			
8	One Art & Craft cum Music Teacher	1	10,000/-			
9	One PT Instructor Cum Yoga Trainer	1	10,000/-			



10	Two Cook	2	9930/-			
11	Two Helper cum Night Watchman preferably Women in Girl child CCI	2	7944/-			
12	One Housekeeper	1	7944/-			

**F. Children's Committee/ Management Committee**

- Formation of Children's Committee: 

YES	NO
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- Age wise formation of Children's Committee :
- Frequency of Children's Committee Meeting: 

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- .....
- Formation of Management Committee: 

YES	NO
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- Date of constitution of Management Committee and frequency of meetings held :  
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**G. Record Maintenance:**

Staff attendance register	
Children attendance register	
Central admission register	
Individual case file with individual care plan	
Communication with CWC/JJB	
Children's suggestion book	
Children's suggestion box	
Medical file / medical cards	
Personal belongings register	
Management Committee - minutes register	
Children's Committee - minutes register	
Nutrition / Diet File	
Any other record maintained	

**DETAILS OF CHILDREN RESDING IN CCIS**

NAME OF INSTITUTION/CCI-----

Sr No	Name of the child	Age (D.O.B)	Sex	Educational status	Orphan Singal Parent MR phy Challenged HIV	Haryana	Other State
1	2	3	4	5	6	7	8
1						--	

- TOTAL NO. OF CHILDREN:
- TOTAL MALE
- TOTAL FEMALE
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INSTRUCTIONS FOR TABLE II

1. List of children to be prepared starting from children in the age group 0-6, 7-10, 11-14, 15-18 and above i8 Years'.
2. Age is to be calculated from age calculator (available on internet)'Also mention date of birth in the age column'
3. In column no.5,mention the class in which the child is studying .'If the child is not going to school and availing vocational training then it should be mentioned.
4. In column no. 6 if a child is for example orphan as well as MR' Physically challenged or HIV, mention both the categories as represented.
5. In Column no. 8, mention the name of other State as represented.
6. Both the table lists should be signed in the following hierarchy: office in charge of institution ) Protection officer ( Institutional care), If Specialized Adoption Agency. ( SAA) then Protection Officer ( Non Institutional Care), )Verified by DCPO/WCDPO cum DCPO. Both the table lists should have forwarding with signatures of District Programme Officer of the concerned district.
7. Separate data is to be prepared for each CCI.
8. All pages of the application form are to be signed by the In charge of the CCI

Signature \_\_\_\_\_  
Stamp

Name (Capital letter) \_\_\_\_\_  
Personal Aadhar No \_\_\_\_\_

Signature \_\_\_\_\_  
Stamp

Name (Capital letter) \_\_\_\_\_  
Personal Aadhar No \_\_\_\_\_  
Personal PAN no \_\_\_\_\_  
Residential Address \_\_\_\_\_

**Undertaking**

1. It is certified that the information given in this form is true /correct.
2. The CCI and the In charge /Executive member are free from any criminal record and proceedings.
3. I will abide by all the conditions of the Govt of Haryana issued from time to time.

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

Signature \_\_\_\_\_  
Name

Stamp

Date