

FORM-1
[(See clauses 3(2) and 11(1))]
APPLICATION FOR REGISTRATION OF SENIOR CITIZEN HOME
UNDER THE HARYANA SAMARTH VRIDDH SEWA ASHRAM SCHEME,
2024

PART A

1. Detail of NGO/VO/Trust/Society/Corporate under corporate social responsibility:

- (i) Type of Institution
- (ii) Name of the Institution / Organization.....
- (iii) Registration number and date of Registration of the Institution/ Organization under the Haryana Registration and Regulation of Societies ACT, 2012 or any other relevant Act of the Center/State Govt./ as per applicable in the existing Law/Rule in force (Annex-Relevant documents of registration and bye-laws, memorandum of association).....
.....
.....
.....
.....
- (iv) Validity of Registration No. of the Institution/ Organization upto
.....
- (v) Complete address of the NGO/VO/Trust/Society/Corporate
.....
.....
.....
.....
- (vi) ContactNo. of NGO/VO/Trust/Society/Corporate
- (vii) Contact No. of Director/Chairman/Administrator of NGO/VO/Trust/ Society/Corporate
- (viii) E-mail address.....
- (ix) Whether the organization is of all India character, if yes, give address of its branches, in other states.....
- (x) Whether the Institution/ Organization had been denied registration earlier under the Haryana Registration and Regulation of Societies ACT, 2012 or any other relevant Act of the Center/State Govt./ as per applicable in the existing Law/Rule in force.

Yes/No
- (xi) If Yes then provide the following details:-
 - a) Date of denial.....
 - b) Ref. No. of application
 - c) Denied by Center/State Govt
 - d) Name of the Department of Center/State Govt.....
 - e) Reason for registration denial.....

2. Eligibility Criteria of NGO/VO/Trust/Society/Corporate:-

- a) Motive of establishment of NGO/VO/Trust/Society/Corporate (Whether Profitable or Non-profitable).....
- b) Corpus of NGO/VO/Trust/Society/Corporate (Specify the amount & attach proof of the same):-
.....
- c) Details of Bank Account of the NGO/VO/Trust/Society/Corporate:-
.....
- d) Whether the NGO/VO/Trust/Society/Corporate shall have a properly constituted Managing body/ Executive Committee with its powers, duties and responsibilities clearly laid down in a written Constitution? (if yes, Annex the relevant documents)
.....
- e) Whether the NGO/VO/Trust/Society/Corporate governed by its own members on democratic principles yes/no (if yes, Annex the relevant documents)
.....
- f) Whether the NGO/VO/Trust/Society/Corporate runs for profit to any individual or a body of individuals/ institute (yes/no) if yes, then define and give details of individual or a body of individuals/ institute
- g) Any surplus earned will be invested in the operation of the old age home or not.....
- h) Whether the NGO/VO/Trust/Society/Corporate possess proven credentials and capability to handle such projects (if yes, then annex credentials and capability)
.....
- j) Whether the NGO/VO/Trust/Society/Corporate should have its own website for pro-active disclosure of the information, as far as possible (if yes, then annex details).....
- k) Whether the NGO/VO/Trust/Society/Corporate is being run by any Senior Citizen. If yes, then provide details of Senior Citizen along with his designation and experience for running the Old Age Home.....
- l) Whether the NGO/VO/Trust/Society/Corporate have ability to raise Corporate Social Responsibility (CSR)/Public funds (If yes, then provide details of last two financial years)
.....

3. Complete address/ location of proposed senior citizen home are given below:-

- (i) Old Age Home, Sector - 4. HSVP, Gurugram.
- (ii) Day Care Centre, Sector 14, HSVP, Back side of Main Bus Stand, Hisar
- (iii) Senior Citizen Club, Sector 6, HSVP, Bahadurgarh, Jhajjar
- (iv) Day Care Centre, Sector - 7, Sonipat
- (v) Senior Citizen Club, Sector 20, HSVP, Near Police Station, Sirsa
- (vi) Day Care Centre, Sector 17, HSVP, Near Swami Vivekanand School, Jagadhri, Yamuna Nagar.

The interested NGO/VO/Trust/Society/Corporate to specify name and location of the proposed Old Age Home in their “Expression of Interest (i). (ii)..... (iii)..... (iv)..... (v)..... (vi).....

Affidavit

I have read and understood all the terms and conditions of the Scheme/ACT/Rules given below:-

- a) ‘Samarth Vriddh SEWA Ashram’ Scheme, 2024.
- b) The Maintenance and Welfare of Parents and Senior Citizens Act, 2007.
- c) The Maintenance and Welfare of Parents and Senior Citizens Rules, 2009.

I declare that no person associated with the organization has been previously convicted or has been involved in any immoral act or in any act of child abuse or employment of child labour and that the organization has not been blacklisted by the Central or the State Government at any point of time.

.....(Name of the Organization / Institution) has complied with all the requirements to be granted registration as a SENIOR CITIZEN HOME under SAMARTH VRIDDH SEWA ASHRAM SCHEME, 2024.

I undertake to abide by all the conditions laid down by the Central/State Act, Rules, Guidelines and Notifications in this regard.

Signature of the authorized signatory:

Name:

Designation: Address.....

District.....

Date.....

Office stamp: Signature of:

Witness no.1:

Witness no.2:

FORM-2

Government of Haryana

Department of Social Justice, Empowerment, Welfare of Scheduled Castes & Backward Classes
and Antyodaya (SEWA)

CERTIFICATE OF REGISTRATION

(UNDER THE HARYANA SAMARTH VRIDDH SEWA ASHRAM SCHEME, 2024)

After perusal of the documents submitted as per Form 1, _____ is granted registration No.....as a OLD AGE HOME UNDER THE HARYANA SAMARTH VRIDDH SEWA ASHRAM SCHEME, 2024 with effect from..... for a period ofyears.

The..... (Name of the Institution) which has the capacity of..... Senior citizens shall remain bound to follow the following Act, Rules and Scheme guidelines framed by the Central/ State Government and any changes made therein from time to time.

- (a) The Maintenance and Welfare of Parents and Senior Citizens Act,2007.
- (b) Senior Citizens Rules, 2009-Haryana rules
- (c) THE HARYANA SAMARTH VRIDDH SEWA ASHRAM SCHEME, 2024

Dated this Day of 2024

(Signature with Seal)
Director General Social Justice, Empowerment,
Welfare of SCs & BCs and Antyodaya (SEWA),
Department, Haryana

[See clause]

INSPECTION FORM BY DISTRICT LEVEL MONITORING COMMITTEE

(Fill as applicable)

Date of visit: Time of visit:

Name of the officials inspecting the Home:

- 1.
2.
3.

A. General Information:

(i) Name and address of the Organisation:
.....
.....

(ii) Registration No. (Under THE HARYANA SAMARTH VRIDDH SEWA ASHRAM SCHEME, 2024):

Date of issue :

Date of expiry :

(iii) Complete address of the senior citizen home :
.....
.....

(iv) Name of the Officer/Person-in-Charge:
.....

(v) Contact No: Email Id:

(vi) If Aided/supported: by State Government, Name of the Department:

(vii) If run by Government:

B. Status of Senior citizens:

- (i) Sanction capacity of the Home.....
(ii) Are senior citizen of both sexes kept in the same home Yes/No
(If yes, number of such male/female senior citizen as on today.....
(iii) Are the bathing and sleeping facilities maintained separately? Yes/No

C. Infrastructure:

- (i) Building: Rented:..... Owned.....
(ii) Are CCTV cameras installed at the entrance Yes/No
(iii) Security Adequate / Inadequate.
(iv) Sufficient space to accommodate the senior citizens: Yes/No
(v) Space available:

No. of rooms / dormitories	Details (whether well-maintained or not – ventilation/clothing/bedding/lockers/hygienic)
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Counseling room	
Recreational / activity room for senior citizens <ul style="list-style-type: none"> • Is there a TV set available with Cable network • Any other recreational activities, etc. (Please specify) 	
Kitchen / Dining Room Adequate water supply for washing, cooking	Adequate/inadequate
Number of toilet/bathrooms for senior citizens	Adequate/inadequate
Open space for outdoor activities	Adequate/inadequate

D. Services provided to the Sr Citizen:

- Medical facilities/ Maintenance of Health Cards:
- Nutrition / Special Diet:
- Provision of safe drinking water:
- Is the number of senior citizen helpline (1098) displayed near the phone Yes/No
- Counselling/ Guidance services/physiotherapist, etc. provided :
-
- Other programmes and activities initiated:
-

E. Staff Details :

S/No.	Name	Designation	Date of Joining	Attendance at the time of visit	Remarks

F. Record Maintenance :

Staff attendance register	
Senior citizen attendance register	
Medical file / medical cards	
Personal belongings register	
Management Committee – minutes register	
Nutrition / Diet File	
Any other record maintained YES NO (please specify)	

Observations/ Remarks:.....

Name of inspection Committee member:

Signature:

Name of inspection Committee member:

Signature:

Name of inspection Committee member:

Signature:

Name of inspection Committee member:

Signature:

List of Documents to Be Submitted Along with Application for 1st Installment or New Case

- a. Accounts in 4 parts for the project for which grant-in-aid is sought and for the institution as a whole.
 - I. Income & Expenditure Statement
 - II. Receipt & Payments Statement
 - III. Balance Sheet
 - IV. Auditors Report
- b. Activity Report of the Institution for the previous year.
- c. Budget Estimates for the project for current year
- d. Details of Beneficiaries.
- e. Details of the Managing Committee.
- f. Details of Employees.
- g. Copy of Registration Certificate
- h. Memorandum of Association / bye-laws / Articles.
- i. Utilization Certificate in respect of grants released in the previous year

Note: In the case of new projects, accounts should be audited and the accounts submitted for the preceding two years. The requirement of Utilisation Certificate (UC) does not apply in such cases.