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|---|---|---|
|  | <p><b>APPLICATION FORM FOR IMPREGNATION OF<br/>COMMUNITY OWNED BED NETS IN PPP MODE<br/>UNDER NVBDCP</b></p> <p>Name of the CHC/BLOCK AND SCs _____</p> <p>Name of the District _____</p> |  |
|---|---|---|

|    |  |            |
|----|--|------------|
| 1  | Name of the Organization.  |            |
| 2  | Registered Office address with phone, fax number and email ID.   |            |
| 3  | Name of the Chief Functionary with Mobile number.  |            |
| 4  | Office address with phone number of the District for which funding seeking (attach the land record/lease agreement etc as documentary evidence). |            |
| 5  | Whether district office located in own or rented building.   | Own / Rent |
| 6  | Year of operation of the activities in the District for which funding seeking.   |            |
| 7  | Which year the organization has received 1 <sup>st</sup> grant from Govt./Non-Govt. (attach copy)  |            |
| 8. | a. Date & year of society registration under Society Registration Act / Indian Trust Act (Attach copy)   |            |
|    | b. Act under which registered  |            |
| 9  | Year of 12 A registration (Attach copy)  |            |

|    |  |          |
|----|--|----------|
| 10 | <b>a. Whether registered under 80 G (Attach copy)</b>                            | Yes / No |
|    | <b>b. Whether FCRA registered organization (Attach copy of the registration)</b> | Yes / No |
| 11 | <b>Bank details (account number and address)</b>                                 |          |
| 12 | <b>PAN Number ( Attach photocopy)</b>  | Yes / No |

**13. Financial turn over (Last 3 Year)**

| Year | Income (Rs.) | Expenditure (Rs.) | Fixed asset as per the balance sheet (Rs.) |
|------|--------------|-------------------|--|
|      |              |                   |  |
|      |              |                   |  |
|      |              |                   |  |

**14. Experience in Health and Family Welfare Programme (with Govt. support)**

| Name of the program | Supported by | Programme duration (from-to) | Operational area | Project cost | Remark |
|---------------------|--------------|------------------------------|------------------|--------------|--------|
|                     |              |                              |                  |              |        |

(Attach copy of the sanction order/MoU)

**15. Experience in Health and Family Welfare Programme (with support from other Agencies)**

| Name of the program | Supported by | Programme duration (from-to) | Operational area | Project cost | Remark |
|---------------------|--------------|------------------------------|------------------|--------------|--------|
|                     |              |                              |                  |              |        |

(Attach copy of the sanction order/MOU)

**16. Experience in other Social Development Sectors (with Govt. support)**

| Name of the program | Supported by | Programme duration (from-to) | Operational area | Project cost | Remark |
|---------------------|--------------|------------------------------|------------------|--------------|--------|
|                     |              |                              |                  |              |        |

(Attach copy of the proof)

**17. Experience in other Social Developmental Sectors (with support from other agencies)**

| Name of the program | Supported by | Programme duration (from-to) | Operational area | Project cost | Remark |
|---------------------|--------------|------------------------------|------------------|--------------|--------|
|                     |              |                              |                  |              |        |

(Attach copy of the proof)

**18. Detail project proposal for Impregnation Of Community Bed Nets :**

**19. List of members of Managing Committee / Executive Committee of the Organisation:**

**20. Staff position of the Organisation as on 31/12/2018:**

| Staff categories | Full time ( Number) | Part time ( Number ) |
|------------------|---------------------|----------------------|
|                  |                     |                      |
|                  |                     |                      |
|                  |                     |                      |
|                  |                     |                      |

**21. Undertaking by the Agency that it has not been blacklisted or placed under funding restriction by any Government or Govt. Agencies:**

**22. Undertaking that any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence:**

**23. Any other information:**

**Declaration:**

I hereby certify that, I have read the rules and regulation of the Scheme/Project and the above information furnished is true to the best of my knowledge and belief.

**Signature of Chief Functionary with seal**

**Name of the Chief Functionary\_\_\_\_\_**

**NB:**

- 1. Incomplete applications will be rejected.**
- 2. Each page of the proposal document should be signed by the Chief Functionary of the Agency.**

**Documents to be submitted with the application/proposal:**

1. Proposal for Impregnation of Community owned bed nets.
2. Self certified copy of the Society registration /Indian Trust Act certificate.
3. Self certified copy of the 12-A registration certificate.
4. Self certified copy of the 80-G registration certificate (if available).
5. Self certified copy of the Audit report for last three financial years
6. Self certified copy of the last three annual reports
7. Proof of infrastructure, land and building of minimum 5 lakhs as fixed assets in the name of the Agency and minimum of Rs. 5 lakhs turnover as per last balance sheet of 31/3/2018 (self certified copy).
8. Proof of District presence since last three years on the basis of land record/patta/lease agreement etc (self certified copy).
9. Bye-law and memorandum of the Agency (self certified copy).
10. Grant letters received from different organizations /Govt etc (self certified copy).
11. Experience on Health and Family Welfare Program with the support of Govt./ Donor Agencies ( attach the proof documents with self certification).
12. Experience in other social development sector (attach the proof documents with self certification).
13. Undertaking by the Agency that it has not been blacklisted or placed under funding restriction by any Government or Government Agencies.
14. Undertaking that any office bearer on behalf of the organization has not been convicted by any court of law in India or abroad for any criminal offence.
15. Human resource details (full time, part time staffs etc).
16. Copy of PAN card.
17. Copy of Bank Account number
18. Any other documents in support of the organization.

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