

MINISTRY OF TRIBAL AFFAIRS  
GOVERNMENT OF INDIA

APPLICATION FORM  
for  
New/On-going Proposals for financial assistance under  
the Scheme of  
**Strengthening Education among Scheduled Tribe (ST) Girls in Low  
Literacy Districts**

- Note: 1. It is **mandatory** for the applicant to fill in all the columns. Incomplete application forms will be summarily rejected without any notice.
2. Unsigned application form will be summarily rejected without any notice.
3. The application form and all annexures should be properly indexed and page numbered. The index should be the first page of the application form.

**I Details of Voluntary Organization (VO) / Non-Governmental Organization (NGO) / Society**

S. No.	Particulars	To be filled by VO/NGO
1	Name of the Organization (as per registration certificate)	
2	(a) Name of President (b) Name of Secretary	
3	Full address of Headquarter with PIN code	
4	Operational landline telephone no. with STD code	
5	Mobile no. of President and Secretary, if any	
6	E-mail address	
7	Name of Act under which registered	
8	Details of registration and date of expiry (attested photocopy of registration to be enclosed)	Registration No.: Date of registration: Date of expiry:
9	Details of registration under Foreign Contribution Regulation Act, if applicable	
10	Details of financial assistance from foreign agencies, if applicable	

11	Details of Management Committee/Governing Body	As per <b>Annexure-I</b>
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## II Suitability of VO/NGO

S. No.	Particulars	To be filled by VO/NGO
1	Number of years of experience of the Organization in the relevant field (should not be less than 3 years)	
2	Other activities in which the Organization is involved	
3	Financial status of the Organization along with bank account nos. in various banks	
4	For how long can the organization run the project without assistance from Ministry of Tribal Affairs?	
5	Whether Organization has been declared bankrupt at any point of time	Yes/No
6	If so, reasons thereof	
7	Whether the Organization is involved in promoting any religious faith	
8	Whether Organization has been blacklisted by any institution of the Government at any point of time, if so the details thereof	

## III Project details

S. No.	Particulars	To be filled by VO/NGO
1	(i) Name of the Project (ii) Number of ST Girls proposed (give details class-wise as per <b>Annexure-II</b> ) (iii) Whether proposal is for Hostel or for complete educational complex with schooling facility ( <b><u>in the latter case, why?</u></b> ) (iv) Whether Primary level or Middle-secondary level (v) Name of Panchayat in case of primary level or name of Tribal Block in case of Middle-secondary level	
2	Whether New/On-going Project	
3	If On-going, the sanction order No. and dates of the first grant and the last grant received	
4	Full address of the location of the Project with PIN code ( <b>Please provide a road-map of the Block marking in black spots, existing primary, middle and secondary schools with hostels, and in red-spot, your location</b> )	Survey No.: Village: Block/Mandal: P.O.: District:

		State: PIN:
5.	<p>(i) Whether location falls in identified low literacy district/ low literacy tribal block/ PTG area/Naxal area</p> <p>(ii), If so, please name it</p> <p>(iii) Population of STs in this area as per 2001 census</p> <p>(iv) ST female literacy rate of this area as per 2001 census</p> <p>(v) Population of ST girls of school going age (5-14 years) as per 2001 census in this area</p> <p>(vi) Out of them, number of ST girls already in school</p>	
6	Whether the area also falls in Scheduled Area/ITDP area/TSP area/MADA area/Cluster, if so, name it	
7	Names of target village (s)	
8	Names of target Scheduled Tribe communities going to benefited ( <b>please mention name of ST communities as per Government notifications</b> )	
9	Names of target PTGs	
10	Proposed Project Period (To be given in case of both New and Ongoing projects. In case of on-going project, it has to be clearly indicated for how long the intervention is required to be continued. In any case, it will terminate at the end of Plan period. Thereafter, the project will be considered de novo)	
11	<p>(a) Is there any school run under Sarva Shiksha Abhiyan (SSA) or Kasturba Gandhi Balika Vidyalaya (KGBV) scheme or any other scheme of Education Department in the same location</p> <p>(b) If so, following details to be given,</p> <p>(i) Distance of SSA or KGBV or other school of Education department from the proposed project</p>	

	<p>(ii) whether SSA or KGBV or other schools are having residential facility</p> <p>(iii) details of classes run and number of ST girls therein</p> <p>(c) Is there any NGO run similar project in the same location, if so, following details to be given,</p> <p>(i) Distance of that school from the proposed project</p> <p>(ii) whether that school is residential or non-residential</p> <p>(iii) details of classes run and number of ST girls therein</p>	
12	In case of Hostel, the details of arrangements made by organization for schooling in nearby schools run under SSA or KGBV or other schools of Education Deptt.	
13	<p>(a) Distance of nearest CHC/PHC/dispensary</p> <p>(b) Proposed action for regular health check up of ST girl inmates</p>	
14	Details of arrangement made by of organization for vocational training during the year for ST girls (Class-wise)	
15	Proposed sport events during the session	
16	Proposed cultural functions during the session	
17	Proposed camp/tours during the year	
18	<p>(a) Distance of project from the nearest district road/State highway and mode of transport</p> <p>(b) Whether the project site is electrified</p> <p>(c) Facility of drinking water</p> <p>(d) Whether the area is plain or hilly</p>	
19	Details of Staff Employed	<b>As per Annexure-III</b>
20	Assets acquired wholly or substantially out of Government Grants	<b>As per Annexure-IV</b>
21	Whether Mother's Committee has been constituted as per para 9(d) of guidelines	

#### IV Bank details of the Organization for transfer of funds

S. No.	Particulars	To be filled by VO/NGO
1	<b>Details of main account:</b>	

	Name and full address of the Bank where the Organization desires to receive the financial assistance from Ministry of Tribal Affairs	
2	MICR code of the branch of the Bank	
3	IFSC code/RTGS code of the Bank	
4	Nature of account (current/saving) and correct account no.	
5	Names of authorized signatories operating the bank account (please enclose certificate for specimen signatures as per <b>Annexure-V</b> )	
6	<b>Details of account at project site:</b>	
(i)	Name and address of the Bank at the project site with MICR code	
(ii)	IFSC code/RTGS code of the Bank	
(iii)	Nature of account (current/saving) and correct account no.	
(iv)	Names of project head operating the bank account	

**Note: Authorization letter** as enclosed as **Annexure-VI** to be attached with application. This letter should be countersigned by the Bank Manager. The details on this letter shall be for that bank where the grants have been proposed to be transferred by the organization.

#### **V Details of Building (Please enclose photographs)**

<b>S. No.</b>	<b>Particulars</b>	<b>To be filled by VO/NGO</b>
1	Location of the building with complete address	
2 (i)	Whether the building belongs to organization	Yes/No
(ii)	If yes, from which year the project is running in this building	
3	Whether the building is on rent	Yes/No
4	If on rent, name and address of the owner	
5	Monthly rent amount as per rent agreement (rent agreement certificate mandatory) /rent assessment certificate	
6	Whether rent assessment certificate has been certified by PWD	Yes/No
7	In case of on-going projects, from which year the organization is receiving the rent	
8	Details of building: (i) Number of Rooms (ii) Number of toilets (iii) Details of water/electricity facility	

**VI Brief justification of the Project:**

**VII Grants proposed:**

<b>S. No.</b>	<b>Particulars</b>	<b>Year (s) to be filled by VO/NGO</b>
1	Current Grant	
2	Any Arrear Grant (not applicable for new projects)	

**VIII Details of Annexures (to be enclosed as per Checklist prescribed in the guidelines and also indicated in Appendix)**

- 1.
- 2.
- 3.
- 4.

**Declaration**

I hereby solemnly affirm that the information given above is true to the best of my knowledge.

Date  
Place

Signature of the President/Secretary  
Name of the Signing Authority  
Official Stamp of the Organization

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**Composition of Managing Committee/Governing Body**

**1. Name and Postal Address of the organization:**

**2. Details of Managing Committee/Governing Body**

S. No.	Name of the Members	Sex (M/F)	Father's Name	Spouse's Name	Complete Residential Address	Whether SC/ST/OBC/GEN	Self Occupation	Occupation of the Spouse	Position held in the Managing Committee/Governing Body
1	2	3	4	5	6	7	8	9	10

**3. Declaration:**

1. Certified that the composition of the above Managing Committee/Governing Body is in accordance with the approved Bye laws and Memorandum of Association of the Organisation.
2. Certified that the above Managing Committee was elected by the General Body in its meeting held on \_\_\_\_\_. The life of the Committee is from \_\_\_\_\_ to \_\_\_\_\_.
3. Certified that the instant proposal has the consent of all the aforesaid members including the members belonging to Scheduled Tribes.

Place:  
Date:

Signature of President/Secretary  
Full Name of the signatory  
Designation  
Seal of the Organisation

## ANNEXURE-II

### DETAILS OF ST GIRL BENEFICIARIES

1. Name of the Organization:
2. Name and address of the Project:
3. Name of Scheme:
4. Financial year:
5. Details of beneficiary ST Girls (Class-wise):

Class-.....

S. No.	Name of ST Girl student	Date of Birth	Name of ST Community (as per Govt. Notification)	Mother's Name	Father's Name	Address
1	2	3	4	5	6	7

6. Whether there is any change in beneficiaries from the previous year due to drop out, if so give their details and reasons for drop-out:

Date:  
Place

Signature of the Secretary/president  
(Office stamp of the Organization)



## ANNEXURE-III

### DETAILS OF THE STAFF EMPLOYED

1. Name and address of the Organization

2. Name and address of the Project:

3. Details of Staff employed:

(i) Total no. of Staff employed:

(ii) No. of ST Staff:

(iii) Whether all are female staff: Yes/No

(iv) If no, numbers of male staff and duties assigned to them:

(v) Details as follows:

S. No.	Name & Address	Sex (M/F)	Educational Qualification	Date of Appointment	Appointed as	Period for which Employed during the year	Honorarium Per Month	Total Honorarium	Remark, if any
1	2	3	4	5	6	7	8	9	10

(vi) Whether there is any change in staff members from the previous year, if so, give details:

Date:

Place

Signature of the Secretary/president

(Office stamp of the Organization)

**ANNEXURE-IV**

**Assets acquired wholly or substantially out of Government Grants**

**Register maintained by Grantee Institution  
Block Account maintained by Sanctioning Authorities**

**[Vide Government of India's Decision (7) (b) under General Financial Rule 149(3)]**

**Name of the Sanctioning Authority:**

1.	Name of the Grantee Institution	
2	No. and date of sanction	
3	Amount of the sanctioned grant	
4	Brief purpose of the grant	
5	Whether any condition regarding the right of Govt. in the property or other assets acquired out of the grant was incorporated in the grant-in-aid sanction	
6	Particulars of assets actually credited or acquired	
7	Value of the assets as on ___ (give date) ___	
8	Purpose for which utilized at present	
9	Encumbered or not	
10	Reasons if encumbered	
11	Disposed of or not	
12	Reason and authority, if any, for disposal	
13	Remarks	

Date:

Place:

Signature:

Full Name(In capital letters):

Designation:

Office Stamp of the organization

Note: In case there is no change from the previous year, a photocopy of the statement of the previous year be furnished with the following statement "No change from the year.....".

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**ANNEXURE-V**

**CERTIFICATE**

Authorised Signatories Operating Bank A/C No. \_\_\_\_\_  
In Respect of Organization \_\_\_\_\_

I- Signature:  
Name:  
Address:  
Designation in organization

II- Signature:  
Name:  
Address:  
Designation in organization:

Signature of Bank Authority with stamp \_\_\_\_\_

Name & Designation:

Name and address of Bank:

Date:

.....

**ANNEXURE-VI**

I/We \_\_\_\_\_ (Organisation Name) would like to receive the sums disbursed by the Ministry of Tribal Affairs electronically to our bank account detailed below. The account number duly verified by the bank on their letter & seal is enclosed:

Name of the payee as in bank account	Address	District	Pin code	State	Tele No. with STD code	Fax No.	E-mail Address	Name of the Bank	Bank Branch (full address with tele. no)	Bank Account No.	Account Type	Modes of Electronic transfer available in bank branch (RTGS/ NEFT/ ECS/ CBS)	IFSC Code	MICR Code

Signature (Name) \_\_\_\_\_  
 Organisation \_\_\_\_\_