

(For VOs/NGOs/Private Institutions)

w.e.f. April 2009

**MINISTRY OF TRIBAL AFFAIRS
GOVERNMENT OF INDIA**

**APPLICATION FORM
for
New/On-going Proposals for financial assistance under
the
Scheme of Vocational Training in Tribal Areas
Year : _____**

- Note: 1. It is **mandatory** for the applicant to fill 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 by putting a page no. and index should be placed on the top of the application form

I Details of Voluntary Organization (VO) / Non-Governmental Organization (NGO)/ Private Institution

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

12	Details of Management Committee/Governing Body	As per Annexure-I
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II Suitability of VO/NGO/Private Institution

S. No.	Particulars	To be filled by VO/NGO/Private Institution
1	Experience of the Organisation in the relevant field (should not be less than 3 years)	
2	Other activities in which the Organisation is involved	
3	Financial resources of the Organisation along with bank account nos. in various banks	
4	Whether Organisation is in position to run the project without assistance from Ministry of Tribal Affairs	
5	Whether Organisation has been declared bankrupt at any point of time	Yes/No
6	If so, reasons thereof	
7	Whether Organisation is involved in promoting any religious faith	
8	Whether Organisation 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/Private Institution
1	Name of the Project	
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	Survey No.: Village: Block/Mandal: P.O.: District: State: PIN:
5	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)	
6	Whether the Project is located in Scheduled Area/ITDP area/TSP area/MADA area/Cluster, if so, name it	

7	Names of target villages/block/district	
8	Names of target Scheduled Tribe communities (Please indicate specific names of ST communities as per Government notifications mandatorily)	
9	Names of target PTGs, if any (Please indicate specific names of PTG communities as per Government notifications mandatorily)	
10	Demographic details: (a) Total ST population of the target villages (b) Total no. of tribal BPL families in the target villages (c) Total no. of unemployed tribal youths in target villages/block/district (d) Employment potential of the District	
11	(a) Distance of project from the nearest district road/State highway and mode of transport (b) Whether the project site is electrified (c) Facility of drinking water (d) Whether the area is plain or hilly	
12	Beneficiaries of the project (males, females or both)	As per Annexure II.
13.	Trade-wise details of beneficiaries	Annexure-III
14	Details of Staff Employed	As per Annexure-IV
15	Assets acquired wholly or substantially out of Government Grants	As per Annexure-V

IV Bank details of the Organization for transfer of funds

S. No.	Particulars	To be filled by VO/NGO/ Private Institution
1	Details of main account: Name and full address of the Bank where the Organisation 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 Annexure-VI)	
6	Details of account at project site:	
(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-VIII 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

S. No.	Particulars	To be filled by VO/NGO/ Private Institution
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 organization is running project in this building	
(iii)	Rental value of own building (duly authenticated by PWD)	
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 (copy to be enclosed)	
6	Whether rent agreement has been certified by PWD	Yes/No
7	In case of on-going projects, since when project is running in rented premises and year since when rent received from the Ministry	
8	Facilities to run VTC in the building: (i) Number of Rooms (ii) Details of hostel facility (iii) Number of toilets (for male/female separately if applicable) (iv) Details of water/electricity facility	

VI Details of Trades proposed:

S.No.	Name of Trade	Course content/ syllabus	Recognized by whom	Duration in Months	Whether Certificate/ Diploma course

VII Brief justification of the Project (please justify on the basis of employment avenues available in the region and your efforts for placements of trained youths therein):

VIII Grants proposed:

S. No.	Particulars	Year (s) to be filled by VO/NGO/ Private Institution
1	Current Grant	
2	Any Arrear Grant	

IX Details of proposed placements:

X Details of successful trainees (as per Annexure VII)

XI 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
Year : _____

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 BENEFICIARIES

Year : _____

1. Name of the Organization:
2. Name and address of the Project:
3. Details of beneficiaries:

Year	Total No. of Beneficiaries	Male	Female	Beneficiaries' Age	
				Below 18 years	18 year and above
1	2	3	4	5	6
Previous Year					
Current Year					

Date:
Place

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

Note: It is mandatory to attach a separate list of all trainees (trade-wise) indicating their name, father's name, address, date of birth, and name of ST community to which they belong (as per Govt. notification) as per Annexure-III.

Annexure-III

TRADE-WISE DETAILS OF ST BENEFICIARIES
YEAR - _____

1. Name of the Organization:
2. Name and address of the Project:
3. Details of beneficiaries:

S. No.	Name of the Trade	Name of the beneficiary	Father's name	Address	Male/ Female	Date of Birth	Educational Qualification	Name of ST community (as per Government notification)
1	2	3	4	5	6	7	8	9

Date:
Place

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

ANNEXURE-IV

DETAILS OF THE STAFF EMPLOYED

Year : _____

1. Name and address of the Organisation
2. Name and address of the Project:
3. Details of Staff employed in previous year:
 - (i) Total no. of Staff employed:
 - (ii) No. of ST staff:
 - (iii) No. of Males and females staff:
 - (iv) 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	Remarks, if any
1	2	3	4	5	6	7	8	9	10

- (v) 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-V

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 _____	
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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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:

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Annexure-VII

Details of Successful Scheduled Tribe Trainees of last Two Years

Year	Name of Trained ST candidates	Sex	Educational Qualification	Name of Trades in which trained	Address of trained candidate	Employed or self employed	If self - employed, in what profession and where	Average Annual income (In Rs.)	If Employed, where and in what capacity	Average Annual income (in Rs.)
2007-08										
2008-09										

* The years mentioned above are indicative. However, the details will be given by the project proponent for last two years.

Date:

Place:

Signature:

Full Name(In capital letters):

Designation:

Office Stamp of the organization

ANNEXURE-VIII

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 _____