# **Composition of Managing Committee/Governing Body**

1.	Name and	<b>Postal</b>	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 Commit Association of the Organisation.	tee/Governing Body is in accordance with the approved Bye laws and Memorandum o
2. Certified that the above Managing Committee was elected by the C	General Body in its meeting held on The life of the Committee is from
3. Certified that the instant proposal has the consent of all the aforesa	id members including the members belonging to Scheduled Tribes.
Place: Date:	Signature of President/Secretary Full Name of the signatory Designation
	Seal of the Organisation

#### **DETAILS OF THE BENEFICIARIES**

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

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

4. Whether there is any change in beneficiaries from the previous year, if so give details:

Date:	Signature of the Secretary/president
Place	(Office stamp of the Organization)

#### Note:

- (a) In case of hospitals, <u>sex-wise details of indoor and outdoor patients</u> shall also be given in addition.
- (b) Except health projects, in case of all other categories of projects including educational projects, along with the aforesaid information a separate list of beneficiaries shall be mandatorily enclosed with Application Form indicating:
  - 1. Name
  - 2. Father's name
  - 3. Sex
  - 4. Date of Birth and age
  - 5. Name of ST community (as per Government notifications) to which they belong
- (c) In case of educational projects, list of beneficiaries shall be class-wise.
- (d) In case of computer training courses, one column for educational qualification of candidates shall be added.
- (e) In case of employment oriented trainings, trade wise details of beneficiary shall be given.

#### **ANNEXURE-III**

#### DETAILS OF THE STAFF EMPLOYED

1. Name and address of the Organisati	isation	Orga	the	of	address	and	Name	1.
---------------------------------------	---------	------	-----	----	---------	-----	------	----

- 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.	Name	Sex	Educational	Date of	Appointed	Period	for	Honorarium	Total	Remarks,
No.	&	(M/F)	Qualification	Appoint	as	which		Per Month	Honorarium	if any
	Address			-ment		Employe	ed			
						during	the			
						year				
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:	Signature of the Secretary/president
Place	(Office stamp of the Organization)

## 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	

	ange from the previous year, a photocopy of the statement of shed with the following statement "No change from the
Note: In case there is no obj	ange from the provious year a photocopy of the statement of
Place:	Office Stamp of the organization
	Designation:
Date:	Full Name(In capital letters):
	Signature:

# **ANNEXURE-V**

# **CERTIFICATE**

•••••
Date:
Name and address of Bank:
Name & Designation:
Signature of Bank Authority with stamp
II- Signature: Name: Address: Designation in organization:
I- Signature: Name: Address: Designation in organization
Authorised Signatories Operating Bank A/C No In Respect of Organization
Authorised Signatories Operating Bank A/C No

## **ANNEXURE-VI**

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

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

Signature (Name)	
Organisation	

# CERTIFICATE

inis	s is to certify that al	Il the terms and cond	itions incorporat	ed in the sanctior
letter No		dated		issued by the
Ministry of	Tribal Affairs, Gov	ernment of India, Ne		
Rs.		to (	Name of the or	ganization/project)
		,	_ for the year _	under
the Scheme	Grant-in-Aid to V	oluntary Organizations	s working for the	Welfare of STs"
have been c	omplied with by the	organization (Name of	f the organization	n/project)
It is a	lso agreed that, if a	at any point of time, a	any violation of	above terms &
conditions as	s stipulated by the	Ministry of Tribal Affa	irs, comes to	the notice of the
Ministry, our	organization shall	be liable to be black	listed and/or for	any other legal
action as dee				any other legal
•	•	•	* .	•
		•		
Place: Pate:		(signatui Name	re)	
			nt/Secretary ation	
		Stamp		

# (To be furnished on Rs.20/- Stamp Paper)

#### BOND

KNOW ALL MEN BY THESE PRESENTS THAT we the
(name of the organization as in Registration Certificates) an association registered under the Societies Registration Act, 1860 having been registered by
the office of (Name and full address of
Registering Authority), vide Registration Numberdated
office at in the State of
(herein after called the obligor/ obligors) are held
and firmly bound to the President of India (hereinafter called the Government )in
sum of Rs. /- (in words
Rs.
only) well and truly to be paid to the President on demand and without demur, for which payment we bind ourselves and our successors and assigns by these
presents of programs made to considerable, so is the described sometimes of a two well-
2. SIGNED thisday of in the year Two thousand
and <u>Auditorial and the society of the constitution of the form of the constitution of</u>
and the transfer of the registering property and by Alask region and above with a con-
3. WHEREAS the obligors has sent a request proposal to government
through the union Ministry of for Grants of
Rsvide
number; the
obligors has agreed to execute this bond in advance in favor of Union Ministry
of for entire amount of Rs. /- as
"requested in the proposal sent to the Government. The obligor is willing to
accept the proposed amount or any other amount approved/sanctioned by the
Government The obligor is willingly executing this bond of higher proposed

amount to accept the actual amount approved/sanctioned by the Government. The obligor is also willing to accept all terms and condition mentioned in the "Letter of Section "to be issued by the Government.

- 4. Now the condition of the above written obligation is such that if the obligors duly fulfill and comply with all the conditions mentioned in the letter of sanction, than above written bond or obligation shall be void and of no effect. But otherwise it shall remain in full force and virtue. If a part of the grant is left unspent after the expiry of the period within which it is required to be spent, the obligors agree to refund the unspent balance along with interest at the rate of 14%(fourteen percent) per annum unless it is agreed by the sanctioning authority to be carried over to the next financial year. The amount of grant shall be refunded along with interest earned thereon.

value mentioned above to be surrendered/paid to the Government.

- 6. The members of the executive committee of the grantee will
  - (a) abide by the conditions of the grants in aid by the target dates, specified in the letter of sanction and
  - (b) not divert the grants or entrust execution of the scheme or work concerned to other institution (s) or organisation(s); and
  - (c) abide by any other conditions specified in the agreement governing the grants in aid.

In the events of grantee failing to comply with the conditions or committing breach of the conditions of the bonds, the signatories to the bonds shall be jointly and severally liable to refund to the President of India, the whole or a part amount of the grant with interest @14% per annum thereon. The stamp duty this bond shall be borne by the Government.

7.	AND THESE PRESENTS ALSO WITNESS THAT  (i) The decision of the Secretary to the Government of India in the							
	on the question whether there has been breach or violation of any of							
	the terms and conditions mentioned in the sanction letter shall be final							
	and binding on the obligors; and							
	(ii) The Government shall bear the stamp duty payable on these presents.							
	In witness whereof these presents have been executed as under on behalf							
	of the obligors and day herein above written in pursuance of the							
	Resolution No Datedpassed by the							
11	Governing Body of the obligors, a copy whereof is annexed hereto as							

Annexure-B.

Signed for an on behalf of Signature of the grantee.

(Name of the Obligor A	Association, as registered)
Full Mailing Address_	
Telephone Number/M	obile No. 2500 mg r. 1500 mg r. 1
Fax Number	able):
	The control of the co
(In the presence of) Wit	ness name and address
(i)	
(ii)	
	Accepted for and on behalf of the President of India
and a make the control of a section of	Date
(Name and address)	Designation