**Project Proposal Submission Form**

**Organization Information:**

Name of the Organization :

Nature of Organization : *Trust/Society/Section 25 Company/Others*

Website :

Postal Address :

*Date & Place of Registration :*

*Registration No (80G/FCRA) :*

Authorized Signatory

*Name :*

*Contact Number :*

*Email Address :*

Area of Operations :

Head Quartered at :

Districts of Operations :

Your Core Area of Work :

(Healthcare/Livelihoods/Education

/Others, please specify)

Nature of Projects/Services :

(Please describe in 50 words)

Beneficiary Type/Age group :

(Children, Women, Youth, Disabled etc.)

Number of Schools you would like to reach out to for Digital Classrooms (1 to 5):

Recommended/Potential District/Taluk/Villages, where eVidyaloka Digital Classroom can be setup:

(Please refer to the Digital Classroom Playbook for criteria of recommendation. These can change at subsequently, before finalization.)

What purpose/objective would you desire to achieve in your community/schools, through eVidyaloka program? (In 100 words)

What is the impact you would like to see at the end of 1 year, 3 year and 5 years, out of this program? (In 100 words)



Please write to [venkat.sriraman@evidyaloka.org](mailto:venkat.sriraman@evidyaloka.org) or call us at 080 40903939 for further information