

Bihar Dalit Vikas Samiti (BDVS)
Application Form for Partnership / Collaboration

1. Organization Details

- Name of Organization: _____
- Year of Establishment: _____
- Legal Status: ☐ Trust ☐ Society ☐ Section-8 Company ☐ Other: _____
- Registration No. & Date: _____
- PAN / 12A / 80G / FCRA (if applicable): _____
- Registered Address: _____
- Correspondence Address: _____
- Contact Person: _____
- Designation: _____
- Mobile: _____ Email: _____
- Website / Social- Media: _____

2. Organizational Profile

- Vision & Mission: _____

- Major Focus Areas (check one or more):
 - ☐ Dalit Rights & Social Justice
 - ☐ Education & Child Rights
 - ☐ Women Empowerment
 - ☐ Tribal Development
 - ☐ Livelihood & Skill Training
 - ☐ Health & Nutrition
 - ☐ Advocacy, Research & Documentation
 - ☐ Others (please specify): _____
- Current Operational Area (Districts/Blocks/States): _____

3. Organizational Capacity

- No. of Full-Time Staff: _____
- No. of Part-Time Staff: _____
- No. of Volunteers: _____

- Key Projects Implemented (last 3 years):

- Major Donors/Partners (if any): _____

4. Area of Proposed Partnership with BDVS

(Select & briefly explain):

- ☐ Joint Program Implementation
- ☐ Capacity Building / Training
- ☐ Research & Advocacy
- ☐ Resource Sharing (Human/Technical/Knowledge)
- ☐ Networking & Campaigns
- ☐ Others: _____

Details of proposed collaboration:

5. Supporting Documents to Attach

- ☐ Registration Certificate copy
- ☐ PAN / 12A / 80G / FCRA (if applicable)
- ☐ Latest Annual Report
- ☐ Audited Financial Statement (last 2 years)
- ☐ Profile of Key Staff

6. Declaration

We hereby declare that the information provided above is true and correct to the best of our knowledge. We express our interest in partnering with Bihar Dalit Vikas Samiti and agree to share relevant documents and details for further due diligence.

Authorized Signatory: _____

Name: _____

Designation: _____

Seal/Stamp of Organization: _____

Date: ____ / ____ / ____