

**Ministry of Social Justice and Empowerment**

**Department of Empowerment of Persons with Disabilities (Divyangjan)**

Name of the Scheme:

**1. Organisation**

Name :  
Address (Office) :  
(Project)  
Phone (Office) :  
(Project)  
Fax (Office) :  
(Project)  
E-mail (Office) :  
(Project)  
Website :

2. (i) Attested copy of Societies  
Registration under Societies  
Registration Act and PwD Act.  
(ii) Registration No. and date  
of Registration

3. Registration under Foreign : (Yes/No)  
Contribution Act

4. Memorandum of Association :  
and Bye-laws.

5. List of Documents to be attached :

- (a) A copy of the Annual Report for the  
Previous year which should contain  
the balance sheet (including receipt  
and payment accounts), Income and  
Expenditure Account. :

- (b) Name & address of the Members :  
of the Board of Management/  
Governing Body along with PAN & Aadhaar Number  
(As per format at Annexure-IV)

6. Details of the project for which the :  
Grant-in-aid is being applied.

7. Details of beneficiaries from previous year's grant in the following format.

No. of aids and appliances distributed

S. No.	Name of District	No. of beneficiaries	Mobility aids like tricycle, wheelchair, crutches, walkers, etc.	Prosthetic and orthotic devices	Hearing aid and other devices for hearing disabled	Aids and assistive devices for blind, deaf-blind & low vision	MR related assistive devices	Corrective surgeries
<b>Total</b>								

(a) No. of SC/ST/girl child/women (category-wise) out of total beneficiaries.

(b) Proposed number of disabled expected to be covered during current financial year.

8. Details of staff available :

9. Details of GIA received under other Schemes of -  
State Government.....  
Central Government.....  
Other sources.....

10. I have read the scheme and fulfill the requirement and conditions of the Scheme. I undertake to abide by all the conditions of the Scheme. I also undertake that:

(a) The funds will not be utilized for any other purposes.

- (b) A separate account will be maintained for the funds received from the Ministry under the Scheme.
- (c) The organization will provide post-distribution care to the beneficiaries as well as aids/appliances, on demand.

**Signature**.....

**Name**.....

**Address**.....

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**Date**.....

**(Seal)**.....

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**Note: Wherever not applicable, especially in case of New Organization, please write : N.A.**

**Ministry of Social Justice and Empowerment**  
**Department of Empowerment of Persons with Disabilities (Divyangjan)**

**Name of the Scheme:**

**1. APPLICATION FORM FOR THE 2ND INSTALLMENT**

**Organisation**

Name :

Address (Office) :  
(Project)

Phone (Office) :  
(Project)

Fax (Office) :  
(Project)

E-mail (Office) :  
(Project)

**2. Grant-in-aid (in Rs.)**

A. Applied in current year :

B. Received as 1<sup>st</sup> Installment :

C. Applied for 2<sup>nd</sup> Installment :

**3. The applicant organization should enclose the Utilisation Certificate of the 1<sup>st</sup> Installment.**

(i) Utilisation Certificate by C.A. with item-wise expenditure as per the sanction items of grant.

(ii) Details of beneficiaries along with compliance of reservation.

(iii) Assets acquired wholly or substantially out of government grants under GFR-19.

(iv) Any other information considered necessary by the organization or as asked for.

(v) Test check report in the prescribed proforma, duly signed and countersigned by the competent authority.

(vi) Proof of purchase for aids/appliances (copies of bills/voucher to be enclosed duly authenticated by the Implementing Agency).

**Signature.....**

**Name.....**

**Address.....**

.....

**Date.....**

**(Seal).....**