

**FORM-IV**  
**Name of the Scheme/Project**

**Details of Office-bearers/Managing Committee of the Organization**

- i. Name of the Organization:
- ii. Name and address of the Project:
- iii. Year of Grant:

Sl.	Name and Post	Occupation	Address	Tel. No.	Edu. Qualification	Experience	Remarks
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Note: (i) The tenure upto which the above management committee will be valid is to be indicated and that it has been constituted legally after following the prescribed procedure may be confirmed. In case if any of the above members is an office bearer in any other organisation receiving assistance from the Ministry, this may be suitably indicated.

Sd/  
Secretary/General Secretary  
NGO NAME

**(REFER TO FORM I)**

**Proforma for submission of audited item wise/post wise break up of expenditure made by the organization during the year in respect of for the Project of .....at.....**

<b>S.No.</b>	<b>Post/item</b>	<b>Total admissible amount (100%) (Rs.) as shown in Ministry's sanction order</b>	<b>Amount Sanctioned (Rs.) [upto 75-90% ] of the admissible amount shown in column 3</b>	<b>Amount (Rs.) spent by organization out of amount sanctioned as shown in column 4</b>	<b>Amount(Rs.) spent by the organization out of its own resources</b>	<b>Total amount (Rs.) spent by the organization (Col. 5 + 6)</b>	<b>Remarks if any (excess amount/less spending - in Rs.)</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>

Name, Signature, with Date  
of the President/Secretary  
Seal of the Organisation

Name, Signature, with Date and  
Seal of the Chartered Accountant (Reg. number also)

**Note:**

1. At the time of 1st installment unaudited item wise/post wise break up of expenditure statement can be submitted.
2. At the time of second installment audited item wise/post wise break up of expenditure statement is to be submitted.

**FORM-III**  
**Name of the Scheme/Project**

**LIST OF BENEFICIARIES**

- i. Name of the Organisation:
- ii. Name and address of the Project:
- iii. Year:

S. No	Name of the beneficiary	Father's/ Mother's Name	Date of Birth/ Approx. Age	Sex	Category (Gen/SC/ ST)	Type and % severity of Disability	Address	Date of entry in instn.	No. of completed years with the institution	Remarks about Outcome/ Results
						Only severity in case of Mental Retardation				
1.										
2.										

Note:

- a. The list should include all the beneficiaries who were with the institution for any part of the previous financial year. The total number should tally with the total of row (i) plus row (ii) of para 19 of part B of the application.
- b. As far as possible the list should be separate for each identified activity or facilitate identification of beneficiary with an activity/component of the project.
- c. The list should preferably in alphabetical order or some other well-defined order and followed from year to year.
- d. The fact whether the beneficiary is residential /non-residential may be brought out in remarks column or in a separate column.
- e. Wherever date of birth is not available approximate age of beneficiary(ies) may be indicated alongwith sufficient reasons

Sd/  
Secretary/General Secretary  
NGO NAME



**FORM-II**

Name of the Scheme/Project:

**DETAILS OF STAFF EMPLOYED**

- i. Name of the Organization
- ii. Name and address of the Project
- iii. Project Year of Grant

SI. No.	Name, Designation and address	Educational/Technical qualification and experience	Date of appointment	Honorarium per month (Rs.)	Total Honorarium paid during the previous year (Rs.)	Total Honorarium proposed to be paid during the current year(the grant year)	Remarks

Note:

- 1. If services of personnel are used for more than one project this may suitably be brought out.
- 2. It may be confirmed that the provisions of scheme/cost norms relating to honorarium have been made known to the Human Resource personnel engaged by way of a note.

Sd/  
Secretary/General Secretary  
NGO NAME



GFR 19-A  
[See Rule 212(1)]  
**Form of Utilization Certificate**

S. No.	Letter no. and Date	Amount (Rs.)
<b>Total</b>		

Certified that out of Rs. \_\_\_\_\_ of grant-in-aid sanctioned during the year \_\_\_\_\_ in favour of \_\_\_\_\_ under this Ministry/Department Letter No. given in the margin and Rs. \_\_\_\_\_ on account of unspent balance of the previous year, a sum of Rs. \_\_\_\_\_ has been utilized for the purpose of \_\_\_\_\_ for which it was sanctioned and that the balance of Rs. \_\_\_\_\_ remaining unutilized at the end of the year has been surrendered to Government (vide No. \_\_\_\_\_ dated \_\_\_\_\_)/will be adjusted towards the grant-in-aid payable during the next year \_\_\_\_\_.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

**Kinds of checks exercised.**

1. Registers and records maintained for recording receipt of grant
2. Bank Statements/Cash Book/Ledgers
3. All Vouchers/Bills maintained
4. Others to be specified.

Signature \_\_\_\_\_  
Designation \_\_\_\_\_  
Date \_\_\_\_\_

**Chartered Accountant (Regd. No.)**

(----- Name and Address of the NGO ---)

**RESOLUTION**

No.: .....

Date of the Resolution: .....

Shri/Smt..... (name of the authorised signatory), .....(designation of the authorised signatory) and/or "Shri/Smt.....(name of the alternative authorised signatory, if any), .....(designation of the alternative authorised signatory) is/are hereby authorised to make all correspondence including, signing on the utilisation certificate and the Bond on behalf of this NGO, with the Ministry of Social Justice & Empowerment, Government of India, New Delhi.

Sl.No.	Name	Designation of the Management/Executive Committee	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



**BUDGET ESTIMATE/STANDARDISED CALCULATION SHEET FOR NEW PROJECTS AND CONTINUING PROJECTS**

**Ministry of Social Justice & Empowerment**

**Department of Disability Affairs**

**Name of the Organisation:** .....

**Purpose for which grant requested:** .....

No. of Beneficiaries		Last Year		Current year			Recurring/ Non-recurring	
1	2	3	4	5	6	7	8	9
S. No.	Name of Post/item of cost	Honorarium Amount Last year (Total)	Grants Allowable per month	No. of Posts/ items/ Beneficiaries (Current year)	Whether rates as per norms	Whether staff qualified or not	Grant proposed/ recommended by N.G.O. /State Govt. (Current year)	To be sanctioned during current year (p.a.)
1								
2								

Total .....  
 90/85/80/75 Percent .....  
 1<sup>st</sup> Instalment .....  
 Unspent Balance .....  
 2<sup>nd</sup> & Final Instalment.....

**Signature of the Authorised Signatory**

**Name:**

**Designation:**

**Address:**

**Date:**

**Office Stamp:**

- i. Separate Sheet may be used for Recurring & Non-recurring Grants.
- ii. Separate Sheets may be used for each project.
- iii. New posts/items may be indicated in a separate block.

