

APPLICATION CUM MONITORING FORM FOR GRANT-IN-AID
TO VOLUNTARY ORGANISATIONS WORKING FOR
SCHEDULED CASTES DEVELOPMENT
(for 1st instalment and new cases) (Residential/Non Residential/Hostel)

PART-A

1. Financial year for which grant-in-aid is applied : _____
2. Name of the Organization : _____
3. (a) Nature of the Project * : _____
- (b) Date of commencement of School?hostel : _____
- (c) Year of Commencement of Grant-in-aid from G.O.I for the School/Hostel : _____
- (d) Whether the Project is recognized by the State Government : _____
4. Date of Registration of the organization : _____
5. Address of Registered Office : _____
- (Ph. No.) (Fax No.) (E-Mail:)
6. (a) Complete address of location/locations where School/Hostel is being implemented : _____
- (Ph.No.) (Fax No.) (E-Mail)
- (b). Nearest Railway Station/Bus stand : _____
7. Whether building is OWNED/RENTED/ ON LEASE/DONATED : _____
- 8.(a) Is the building being utilized exclusively for this program? : Yes/No.
- (b) If no, provide details of usage : _____
9. (a) Area of building : _____(in sq.meters)
- (b) Number of rooms : _____

1. Whether separate project-wise accounts have been maintained for grants sanctioned earlier?: Yes/No

* Please indicate Res. Schol/Non-Res. School/Hostel

11. Whether principle of joint operation of bank accounts is being followed? : Yes/No

12. Details of bank accounts in which grant-in-aid released during last financial year were deposited

Sl. No	Grant-in-aid for financial year	Sanction letter number	Dated	Amount recurring	Amount Non-recurring	Bank Account No.	Name and address of Bank	Person operating the account.
1.								
2.								
3.								
4.								
5.								
6.								

13. Whether the statements of accounts submitted along with the application is : Audited/Unaudited

14. Grant-in-aid sought from the Ministry :

	Cost Head Group	Rs. in Lakhs
(a)	Recurring	
(b)	Non-recurring	
(c)	Total	

15. Have you enclosed list of beneficiaries as per Form-I : Yes/No.

16. Reasons for admission of Children to the School/Hostel

- (i) Non availability of School near home.
- (ii) Parents cannot support education of child
- (iii) Facilities are better in this school than other local schools
- (iv) Others (to be elaborated)

17. Indicate whether arrangement made by School for admission of children in higher classes after completion of studies in this school.
18. Have you enclosed list of Managing Committee as per Form-II : Yes/No
19. Have you enclosed the list of employees as per Form-III : Yes/No

PART-B

20. Details related to beneficiaries and programmes(separately for each Institution)
- (i) Date of :
- a) Commencing Selection Process : _____
 - b) Inviting applications : _____
 - c) Closure of applications : _____
 - d) Completion of Selection : _____
 - e) Notification of result : _____
- (ii) Whether any government nominee actually participated in the selection process ? If yes, the name and designation of officer : _____
- (iii) Date of :
- a) Commencement of Program : _____
 - b) Completion of Program : _____
- (iv) Details of Beneficiaries :
- a) No. of applicants : _____
 - b) Beneficiaries selected : _____
 - c) No. at beginning of Program : _____
 - d) No, at completion of Program : _____
 - e) No. of those successfully completed : _____
 - f) No. of dropouts during Program : _____
- (v) Details of Sanction :
- a) Letter No. : _____
 - b) Dated : _____
 - c) Amount sanctioned
 - Recurring : _____
 - Non-Recurring : _____
 - d) Amount utilized
 - Recurring : _____
 - Non-Recurring : _____
- (vi) Name of the Head of Institution : _____
- (vii) No. of employees : _____
- (viii) Details of Govt. run Schools within a radius of 2 km from your school

PART-C

20. Details of Income and Expenditure during the year.

FOR THE ORGANISATION AS A WHOLE /FOR THIS PROGRAM

SCHEME

	Year preceding receipt of first grant under the Scherme at S.No.2	Previous Year	Current Year budgeted/ actual?	Year preceding receipt of first grant under the Scheme.	Previous Year	Current Year budgeted/ actual?
<p>a) Financial year</p> <p>b) Total income, of which</p> <p>(i) funded by office-bearers, donations from private sector.</p> <p>(ii) funded by foreign contribution.</p> <p>(iii) funded by local bodies and public sector organization.</p> <p>(iv) funded by State Government.</p> <p>(v) Grant from Central Govt.(Please indicate from each Ministry/ Deptt/ CAPART separately.)</p> <p>(vi) Beneficiaries contribution/user charges/ students fees.</p> <p>(vii) Miscellaneous income</p> <p>c) Total Expenditure, of which</p> <p>(i) <i>Non-recurring</i></p> <p>(ii) <i>Recurring</i></p>						

d) Expenditure on : (i) Salaries and Wages (ii) Travelling, daily, etc. allowances. (iii) Other Administrative Costs (iv) Rental (a) building (b) Furniture & fixture (c) Plant & Machinery (v) Expenditure on beneficiaries: (a) in cash: (b) in kind: (vi) Material costs incurred by the orgn.: a) ----- b) ----- c) ----- (e) Total no. of beneficiaries: (f) Cost per beneficiary:						
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(ix) Class-wise details of number of students admitted.(separately for school and hostel)

CLASS	No. of students admitted				No. of students with disability				No. of students at time of examination				No. of students passed				Drop Outs.			
	SC		OTHERS		SC		OTHERS		SC		OTHERS		SC		OTHERS		SC		OTHERS	
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF	MF
1.																				
2.																				
3.																				
4.																				
5.																				
TOTAL																				

APPLICATION CUM MONITORING FORM FOR GRANT-IN-AID TO VOLUNTARY ORGANISATIONS WORKING FOR SCHEDULED CASTES (for 1st instalment and new cases) (Training Programmes)

PART-A

1. Financial year for which grant-in-aid is applied : _____
2. Name of the Organization : _____
3. (a) Nature of the Project : _____
- (b) Date of commencement of Project : _____
- (c) Year of Commencement of Grant-in-aid from G.O.I for the Project : _____
- (e) Whether the Project is recognized by the State Government : _____
4. Date of Registration of the organization : _____
5. Address of Registered Office : _____
- _____
- (Ph. No.) (Fax No.) (E-Mail:)
6. (a) Complete address of location/locations where programme/project/scheme is being implemented : _____
- _____
- (Ph.No.) (Fax No.) (E-Mail)
- (b). Nearest Railway Station/Bus stand : _____
7. Whether building is OWNED/RENTED/ ON LEASE/DONATED : _____
- 8.(a) Is the building being utilized exclusively for this program? : Yes/No.
- (b) If no, provide details of usage : _____
9. (a) Area of building : _____ (in sq.meters)
- (b) Number of rooms : _____

10. Whether separate project-wise accounts have been maintained for grants sanctioned earlier?: Yes/No

11. Whether principle of joint operation of bank accounts is being followed? : Yes/No

12. Details of bank accounts in which grant-in-aid released during last financial year were deposited

Sl. No	Grant-in-aid for financial year	Sanction letter number	Dated	Amount recurring	Amount Non-recurring	Bank Account No.	Name and address of Bank	Person operating the account.
1.								
2.								
3.								
4.								
5.								
6.								

13. Whether the statements of accounts submitted along with the application is : Audited/Unaudited

14. Grant-in-aid sought from the Ministry :

Cost Head Group	Rs. in Lakhs
(a) Recurring	
(c) Non-recurring	
(c) Total	

15. Have you enclosed list of beneficiaries as per Form-I : Yes/No.

17. Have you enclosed list of Managing Committee Members as per Form-II : Yes/No.

18. Have you enclosed the list of employees as per Form-III. : Yes/No.

PART-B

19. Details related to beneficiaries and programmes(separately for each Institution)

- (i) Date of :
- a) Commencing Selection Process : _____
 - b) Inviting applications : _____
 - c) Closure of applications : _____
 - d) Completion of Selection : _____
 - e) Notification of result : _____
- (ii) Whether any government nominee actually participated in the selection process ? If yes, the name and designation of officer : _____
- (iii) Date of :
- a) Commencement of Program : _____
 - b) Completion of Program : _____
- (iv) Details of Beneficiaries :
- a) No. of applicants : _____
 - b) Beneficiaries selected : _____
 - c) No. at beginning of Program : _____
 - d) No, at completion of Program : _____
 - e) No. of those successfully completed : _____
 - f) No. of dropouts during Program : _____
- (v) Details of Sanction :
- a) Letter No. : _____
 - b) Dated : _____
 - c) Amount sanctioned
 - Recurring : _____
 - Non-Recurring : _____
 - d) Amount utilized
 - Recurring : _____
 - Non-Recurring : _____
- (vi) Name of the Program Coordinator : _____
- (vii) No. of employees involved in the Program : _____
- (viii) Details about beneficiaries
(Please indicate no. of beneficiaries)

against each column)

(a) Residential Status :

Urban : _____
Rural : _____

(b) Educational Level :

Illiterate : _____
Literate : _____
I – Middle : _____
II – 10th : _____
III – 10+2 & above : _____

(c) Family Income :

(i) Less than Rs. 24,000 p.a. : _____
(ii) Rs. 24,000 – Rs. 50,000 p.a. : _____
(iii) Above Rs. 50,000 p.a. : _____

(d) Reasons for joining the courses :-

(i) To become self-employed : _____
(ii) To become qualified for job : _____
(iii) To have additional qualification: _____

(e) Is the Centre assisting the trainees in jobs/
placements : Yes/No.

(f) Is the Centre following up the performance
of the trainees after they successfully completed
the course : Yes/No

20. Have you enclosed the incremental income
of beneficiaries due to program/scheme during
the last 3 years preceding current year as per
Statement-IV. : Yes/No

PART-C

20. Details of Income and Expenditure during the year.

FOR THE ORGANISATION AS A WHOLE /FOR THIS PROGRAM

SCHEME

	Year preceding receipt of first grant under the Scherme at S.No.2	Previous Year	Current Year budgeted/ actual?	Year preceding receipt of first grant under the Scheme.	Previous Year	Current Year budgeted/ actual?
<p>a) Financial year</p> <p>b) Total income, of which</p> <p>(i) funded by office-bearers, donations from private sector.</p> <p>(ii) funded by foreign contribution.</p> <p>(iii) funded by local bodies and public sector organization.</p> <p>(iv) funded by State Government.</p> <p>(v) Grant from Central Govt.(Please indicate from each Ministry/ Deptt/ CAPART separately.)</p> <p>(vi) Beneficiaries contribution/user charges/ students fees.</p> <p>(vii) Miscellaneous income</p> <p>c) Total Expenditure, of which</p> <p>(i) <i>Non-recurring</i></p> <p>(ii) <i>Recurring</i></p>						

<p>d) Expenditure on :</p> <p>(i) Salaries and Wages</p> <p>(ii) Travelling, daily, etc. allowances.</p> <p>(iii) Other Administrative Costs</p> <p>(iv) Rental</p> <p>(a) building</p> <p>(b) Furniture & fixture</p> <p>(c) Plant & Machinery</p> <p>(v) Expenditure on beneficiaries:</p> <p>(a) in cash:</p> <p>(b) in kind:</p> <p>(vi) Material costs incurred by the orgn.:</p> <p>d) -----</p> <p>e) -----</p> <p>f) -----</p> <p>(e) Total no. of beneficiarie s:</p> <p>(f) Cost per beneficiary:</p>						
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