

## EMPANELMENT DATA FORM FOR NEW NGOs

### Section A: Basic Information

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1. Name of the Organisation : \_\_\_\_\_

2. Postal Address : \_\_\_\_\_

PIN: \_\_\_\_\_

District: \_\_\_\_\_

3. Telephone : Telex Fax E-mail

4. Legal status : ( ) Society ( ) Company ( ) Others (specify)

5. Registration Details : Registered on (Date)

By \_\_\_\_\_

6. Contact person : \_\_\_\_\_

Designation: \_\_\_\_\_

### Section B: Organisational Background

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7. Assets/Infrastructure of the organisation

Category Worth in rupees  
(eg. Land, building)

8 a. Please provide details, regarding the annual budget of your organisation.

Year	Source	Amount
2006-07		
2005-06		
2004-05		

8.b.: Whether blacklisted by CAPART or any other government organization in the past? If yes, provide details:

**Section C: Current Programmes being run by the organisation**

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9. Geographical location of Work - List Village, Panchayat, Block, Taluk/Sub-Division, District (Each location should be separately specified)

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10. Population with which they are presently working:

( ) Rural/Urban :

( ) Socio-economic group :

( ) Occupational group :

( ) Sex groups :

( ) Students/Educational  
Institution :

( ) Youth :

( ) Women groups :

( ) Others :

11. Please provide basic information on the key projects carried out by your organisation since the last three years (5 lines for each subject – attach separately).

- Community served
- Objective
- Strategies
- Main outcomes
- Evaluation methods employed
- Evaluation results

12. A brief write up on the programmes the organisation currently runs (**no more than three pages**)

**Section D: Documentation Required**

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13. Copies of the following documents need to be provided

- Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./Trust Deed
- Activity Report/Annual report of the organisation for the last three years
- Annual Audit Report of the organisation for the last three years
- Income Tax Registration and Exemption Certificate if any
- FCRA Registration Certificate if any
- List of Board/Governing Body members with Contact details and occupation

14. Name of the person who filled this form:

Qualification and experience :

Designation :

Address :



