

**APPLICATION FORMAT FOR PROPOSAL
PART-I (For all)**

1. Name of the organization : _____
2. Address of the organization : _____
- i. Address : _____
- ii. Area STD Code : _____
- iii. Phone No. : _____
- iv. Fax No. : _____
- v. Extension No. : _____
- vi. E-mail address : _____

3. Status :

Central Govt.	State Govt.	State Agril. Univ.	ICAR	KVK	Cooperative
NGO	Self Hold Group	Agri Clinic	Other		

4. Date of establishment : _____

Month	Year

5. Whether registered under societies Act. 1860 of State Govt. : _____

i. If yes, details thereof : _____

Yes	No			

6. Whether registered under other act : _____

i. If yes, details, thereof : _____

Yes	No			

7. Financial Category of the organization

Govt. funded	Grant – in – aid	Self- financed

8 Objectives of the organization

9. Staff position (Nos.)

	Technical	Non-technical	
10. Vehicle facilities	Car	Yes	No
			Number
	Jeep	Yes	No
			Number
	Scooter	Yes	No
			Number
	Cycle	Yes	No
			Number
11. Documentation facility	Computer PC	Yes	No
			Number
	Institute facility eg. Photocopier	Yes	No
			Number

12. Copy of the audited statement duly signed

13. Copy of the annual report

CERTIFICATE

The information as furnished above is true.

(Name & Signature of Applicant)