

## HP STATE AIDS CONTROL SOCIETY, SHIMLA-2

### EMPANELMENT DATA FORM FOR NEW NGOs

#### Section A: Basic Information

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

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

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

3. Telephone: Telex \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

4. Legal status: (1) Society (2) Company (3) Others (specify)

5. Registration Details: Registered on \_\_\_\_\_ (Date)

By \_\_\_\_\_

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

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

#### Section B: Organizational Background

7. Assets/Infrastructure of the organization

Category Worth in rupees  
(eg. Land, building)

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

#### Year Source Amount

2009-10

2008-09

2007-08

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 organization:-**

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

**10. Population with which they are presently working:**

- (1) Rural/Urban:
- (2) Socio-economic group:
- (3) Occupational group:
- (4) Sex groups:
- (5) Students/Educational Institution:
- (6) Youth:
- (7) Women groups:
- (8) 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 of the organisation currently runs**

*(no more than three pages)*

## **Section D: Documentation Required**

### **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:

Signature & seal of the Organisation