

Annexure - II
Profile of the NGO/Society/Trust, etc.

(To be submitted on letter head and signed by the authorized signatory)

| Particulars | (to be filled up by Applicant) |
|---|---------------------------------------|
| 1. Name of the organisation | |
| 2. Year of establishment/incorporation | |
| 3. Year of registration and registration number (copy to be enclosed) | |
| 4. NGO Darpan Unique ID (copy to be enclosed) | |
| 5. Jurisdiction of organisation as per the MoA (name of districts and States) | |
| 6. Objective of the organisation as per MoA (MoA copy to be enclosed) | |
| 7. Address of the Head Office, Telephone No., E-mail address | |
| 8. Name of Chief Functionary, Office bearer with contract number and email ID a) Chief functionary b) c) | |
| 9. Address of the Branch Office, Telephone No., E-mail address | |
| 10. Organisation PAN Card Number (copy to be enclosed) | |
| 11. Bank Account number and name & designation of the cheque signatory (copy to be enclosed) | |
| 12. Public Financial Management System (PFMS) registration number, if any (Registration copy to be enclosed, if | |

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|---|---|
| available) | |
| 13. Number of manpower currently engaged (person name with age, sex, educational qualifications and experience to be enclosed separately) | |
| 14. Working experiences in community livelihood development (give the activity name with project location i.e. Blocks, Districts and States) (if desire may enclose 1 /2 page write up) | |
| 15. Working experiences in implementing project/schemes (if any list the name of projects/schemes) | |
| 16. Whether affiliated with any political organization or not (if yes) give name of political organization) | |
| 17. Whether blacklisted by the State/Central Government (if yes give reason) | |
| 18. District and activity applied for (may refer Annexure-I) | a. Location/area: b. Name of activity: |

I hereby declare that the above information given in this application is true and correct to the best of my knowledge and belief. In case any information given in this application proves to be false or incorrect, I shall be responsible for the consequences.

Signature with seal

Name :

(In Capital letters)

Designation :

Mobile No. :

Email ID :