

RAJASTHAN STATE AIDS CONTROL SOCIETY

(Directorate, Medical & Health Services)
(Swasthya Bhawan, Tilak Marg, 'C' Scheme, Jaipur-302015)
(Ph. – 0141-2225532, 2222452 Fax. 2221792)

FORM NO. - -----

EMPANELMENT DATA FORM FOR NEW NGOs/CBOs

Section A- Basic Information

1. Name of the Organization :
2. Postal Address :
Pin: District:
3. Telephone : Telex Fax E-mail
4. Legal Status : () Society () Company () Other (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, Vehicle etc.)
- 8a. Please provide details, regarding the annual budget of your organization

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

- 8b. 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:
(a) Rural/Urban
(b) Socio-economic group

- (c) Occupational group
- (d) Sex group
- (e) Students/Educational Institutions
- (f) Youth
- (g) Women groups
- (h) Others

11. Please provide basic information on the key projects carried out by your Organization 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 organization 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 filed return/trust deed
 - Activity report/Annual report of the organization for the last three years
 - Annual Audit Report of the organization 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:

Note: Each page of the format with attached documents has to be signed with seal by the office – Bearer of the institution who are authorized to operate upon & bind the funds of the institution.

Date of Submission:

Secretary