

**APPLICATION FOR ASSISTANCE UNDER AWARENESS GENERATION PROGRAMME**

1. Name of the Institution and Full Address:  
(in Block letters)
2. Phone No. and FAX No:
3. Geographical Area of Operation:  
(Rural/Urban/Tribal)
4. Date of Registration:
5. Is the Institution a branch of Parent Organization?  
Is it affiliated to another organization?  
(if so, attach affiliation certificate)

6. Present activities and area of operation:

|            |                                       |
|------------|---------------------------------------|
| Activities | Area                                  |
|            | (Name of Panchayats/Blocks/Districts) |

7. Details of previous grants received from CSWB/Govt. of India/State Govt./ Other during the previous 3 years

| Source | Year | Amount | Purpose |
|--------|------|--------|---------|
|--------|------|--------|---------|

8. 

|                         |                     |              |              |
|-------------------------|---------------------|--------------|--------------|
| <b>Details of staff</b> | <b>Professional</b> | <b>Other</b> | <b>Total</b> |
| Full Time               |                     |              |              |
| Part Time               |                     |              |              |
| Voluntary               |                     |              |              |

9. If any Bank Account, state Number of Account, Name of the Bank and Branch and persons authorized to operate:

10. a) Details of Camps for which grant is applied:

| S.No. | Proposed location village, taluk/block District | Expected No. of Candidates | Probable period of Camp (No. of days) | Proposed dates |
|-------|---|----------------------------|---------------------------------------|----------------|
|       |   |                            |                                       |                |

- 10. b) Total Grant requested:
- 10. c) Objectives of Camps: (Mention local problems and issues which will be taken up in camps):

I have carefully studied the scheme, its guidelines, terms & conditions of the sanction stipulated by Central Social Welfare Board, and I, on behalf of the institution undertake to abide by these conditions.

Signature.....  
Name.....  
Designation.....  
Seal.....

Date  
Place

Note: Please ensure that all necessary documents are attached with this application form.