ANNEXURE-I

**Composition of Managing Committee/Governing Body**

**Year:**

1. **Name and Postal Address of the organization:**
2. **Details of Managing Committee/Governing Body**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name of the Members | Sex (M/F) | Father’s Name | Spouse’s Name | Complete Residential Address | Whether SC/ST/ OBC/GEN | Self Occupation | Occupation of the Spouse | Position held in the Managing Committee/GoverningBody |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. **Declaration:**
2. Certified that the composition of the above Managing Committee/Governing Body is in accordance with the approved Bye laws and Memorandum of Association of the Organisation.
3. Certified that the above Managing Committee was elected by the General Body in its meeting held on . The life of the Committee is from

 to .

1. Certified that the instant proposal has the consent of all the aforesaid members including the members belonging to Scheduled Tribes.

Place: Signature of President/Secretary

Date: Full Name of the signatory

Designation

Seal of the Organisation

##  **ANNEXURE-II**

**DETAILS OF ST BENEFICIARIES**

**Year :**

* 1. Name of the Organization:
	2. Name and address of the Project:
	3. Details of beneficiaries:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Total No. of Beneficiaries | Male | Female | Beneficiaries’Age |
| Below 18years | 18 yearand above |
| 1 | 2 | 3 | 4 | 5 | 6 |
| PreviousYear |  |  |  |  |  |
| CurrentYear |  |  |  |  |  |

Date: Signature of the Secretary/president

Place (Office stamp of the Organization)

**Note: It is mandatory to attach a separate list of all trainees (trade-wise)**

**indicating their name, father’s name, address, date of birth, and name**

 **of ST community to which they belong (as per Govt. notification) as per**

**Annexure-III.**

 **ANNEXURE-IV**

**DETAILS OF THE STAFF EMPLOYED**

**Year:**

* 1. Name and address of the Organisation
	2. Name and address of the Project:
	3. Details of Staff employed in previous year:
1. Total no. of Staff employed:
2. No. of ST staff:
3. No. of Males and females staff:
4. Details as follows:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S.No. | Name & Address | Sex (M/F) | Educational Qualification | Date of Appoint-ment | Appointed as | Period for which Employedduring the year | Honorarium Per Month | Total Honorarium | Remarks, if any |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

1. Whether there is any change in staff members from the previous

 year, if so, give details:

Date: Signature of the Secretary/president

Place (Office stamp of the Organization)

**ANNEXURE-VI**

**CERTIFICATE**

Authorised Signatories Operating Bank A/C No. In Respect of Organization

1. Signature:

Name:

Address:

Designation in organization

1. Signature:

Name:

Address:

Designation in organization:

Signature of Bank Authority with stamp

 Name & Designation:

Name and address of Bank:

Date:

………….

##

##  **ANNEXURE-VIII**

##

I/We (Organisation Name) would like to receive the sums disbursed by the Ministry of Tribal Affairs electronically to our bank account detailed below. The account number duly verified by the bank on their letter & seal is enclosed:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the payee as in bank account | Address | District | Pin code | State | Tele No. with STDcode | Fax No. | E-mail Address | Name of the Bank | Bank Branch (full address with tele. no) | Bank Account No. | Account Type | Modes of Electronic transfer available in bank branch (RTGS/ NEFT/ECS/ CBS) | IFSCCode | MICRCode |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Signature (Name)

Organisation