

Application for Central Scheme of Assistance to Disabled Persons for Purchase/Fitting of  
Aids/Appliances

From

Date:

To The Secretary to the Government of India,  
Ministry of Social Justice & Empowerment,  
Shastri Bhawan, New Delhi

Subject: Assistance under the Central Scheme of Assistance to Disabled Persons for  
purchase/fitting of aids/appliances.

I submit herewith an application for a grant for the year under the Scheme of Assistance to Disabled persons for purchase/fitting of aids/appliances. I certify that I have read the rules and regulations of the Scheme and I undertake to abide by them, on behalf of the Management. I further agree to the following conditions:

- (a) All assets acquired wholly or substantially out of the Central grant shall not be encumbered or disposed off or utilized for purpose other than those for which the grant is given. Should the Institution/Organisation cease to exist at any time, such properties shall revert to the Government of India.
- (b) The accounts of the project shall be properly and separately maintained. They shall always be open to check by an officer deputed by the Govt. of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
- (c) If the State or the Central Govt. have reasons to believe that the grant is not being utilized for approved purpose, the Govt. of India may stop payment of further Installments and recover earlier grants in such a manner as they may decide.
- (d) The Institution shall exercise reasonable economy in the implementation of the scheme.
- (e) The Organisation will obtain an undertaking from the beneficiaries as required under the scheme, before fitting/giving of aids/appliances.

Yours faithfully,

(Signature)

(Designation)  
(Office Stamp)  
Annexure-II

## Ministry of Social Justice & Empowerment

Name of the Scheme:

### 1. Organisation

- Name :  
Address (Office) :  
(Project) :  
Phone (Office) :  
(Project) :  
Fax (Office) :  
(Project) :  
Telex (Office) :  
(Project) :  
E-mail (Office) :  
(Project) :  
Grams (Office) :  
(Project ) :
2. (i) Name of the Act :  
under which registered :  
(ii) Registration No. and :  
date of Registration :  
Any other Organisation/Institute/ :  
Body, if applicable, give details :
3. Registration under Foreign : (Yes/No)  
Contribution Act
4. Memorandum of Association :  
and Bye-Laws. :  
(Please attach a photocopy)
5. Name & Address of the :  
Members of the Board of :  
Management/Governing body
6. List of Documents to be attached. :  
(a) A copy of the Annual Report :  
for the previous year which

should contain the balance sheet (including receipt and payment account), Income and Expenditure Account.

7. Details of the project for which the grant-in-aid is being applied. :
8. Grant-in-aid applied for in the current year. :
9. Details of beneficiaries.
  - (a) Number of disabled benefited from previous year's grant. :
  - (b) Proposed number of disabled expected to be covered during current financial year. :
10. Details of the staff available :
11. Details of GIA received under other Schemes of
  - State Govt.....
  - Central Govt.....
  - Other sources.....

Programme/Project run by the NGO (other than the one applied for)	Grant-in-aid received Amount	Service Agency	Total Expenditure on the projects	Location of the Projects
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12. List of Additional papers (if any given)

I have read the scheme and fulfill the requirement and conditions of the Scheme. I undertake to abide by all the conditions of the Scheme.

Signature.....  
 Name.....  
 Address.....  
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 Date.....  
 (Seal)

Note: Wherever not applicable, specially in case of new Organisation, please write-N.A.