

EMPANELMENT DATA FORM FOR NEW PLHA Networks

Section A: Basic Information

1. Name of the Organisation : _____
2. Postal Address : _____
- PIN: _____ District: _____
3. Telephone : Telex _____ Fax _____ E-mail _____
4. Legal status : () Society () Company () Others (specify) _____
5. Registration Details : Registered on _____ (Date) _____
- By _____
6. Contact person : _____
- Designation : _____

Section B: Organisational Background

7. Assets/Infrastructure of the organisation

Category	Worth in rupees
(eg. Land, building)	

8 a. Please provide details, regarding the annual budget of your organisation.

Year	Source	Amount
2008-09		
2007-08		
2006-07		

8.b.: 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:

- Rural/Urban :
- Socio-economic group :
- Occupational group :
- Sex groups :
- Students/Educational Institution :
- Youth :
- Women groups :
- Others :

11. Please provide basic information on the key projects carried out by your organisation 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 organisation 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 filled return./Trust Deed
- Activity Report/Annual report of the organisation for the last three years
- Annual Audit Report of the organisation 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 :