

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.....

 Date.....
 (Seal)

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

MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT

Name of the Scheme:

1. APPLICATION FORM FOR THE IIND INSTALLMENT

1. Organization :

Name :

Address (Office) :
(Project)

Phone (Office) :
(Project) :

Fax (Office) :
(Project) :

Telex (Office) :
(Project) :

E-mail (Office) :
(Project) :

Grams (Office) :
(Project) :

2. Grant-in-aid (in Rs.)

Total

A. Applied in the current year :

B. Received as Ist Installment :

C. Applied for IInd Instalment :

3. The applicant organisation should enclose following papers:

i) Annual Report of the previous year.

ii) Audited statement of accounts of previous year (Receipts and Payments statement, Income & Expenditure Statement) and Balance sheet.

iii) Audited utilization certificate with itemwise expenditure as per the sanctioned items of grant.

iv) Details of staff available.

- v) Details of beneficiaries as per Annexure IV
- vi) Assets acquired wholly or substantially out of government grants under GFR 19.
- vii) Any other information considered necessary by the organisation or as asked for:

Signature.....

Name

Address.....

.....

Date.....

(Seal)

Annexure-III

Register to be maintained by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of Aids/Appliances.

Sl. No.	Name of beneficiary	Address	Male/ Female	Age	Income	Type of aid (given)	Date on which given	Cost of Aid	Fabrication/ Fitment charges	Total cost of Aid	Subsidy provided
1	2	3	4	5	6	7	8	9	10	11	12

Travel cost paid to outstation beneficiary	Board and expenses paid	Whether any surgical correction undertaken	Total of 12+13+ 14+15	No. of days for which stayed	Signature of Beneficiary	Whether Accompanied by escort
13	14	15	16	17	18	19

Annexure-IV

List of beneficiaries assisted by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of Aids/Appliances to be furnished to Ministry of Social Justice & Empowerment.

Sl. No.	Name of beneficiary	Address	Male/ Female	Age	Income	Type of aid (given)	Date on which given	Cost of Aid	Fabrication/ Fitment charges	Total cost of Aid	Subsidy provided
1	2	3	4	5	6	7	8	9	10	11	12

Travel cost paid to outstation beneficiary	Board and expenses paid	Whether any surgical correction undertaken	Total of 12+13+14+15	No. of days for which stayed	Whether Accompanied by escort
13	14	15	16	17	18

* To be accompanied by certificate from Rehabilitation Professional/Physician for every case.

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

UTILISATION CERTIFICATE

(See Government of India's Decision (1) below Rule 150)

S.No.	Letter number and date	Amount

Certificated that out of Rs...../- of grant-in-aid sanctioned during the year.....in favour ofunder this Ministry/Department letter No. given in the margin and Rs...../ on account of unspent balance of the previous year, a sum of Rs...../ has been utilized for the purpose offor which it was sanctioned and that the balance of Rs...../ remaining unutilized at the end of the year has been surrendered to Government (vide No..... dated will be adjusted towards the grant-in-aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:

- 1.
- 2.
- 3.
- 4.
- 5.

Duly certified by a
Chartered Accountant/ Auditor

Signature.....

Designation.....

Date.....

**SCHEME OF ASSISTANCE TO DISABLED PERSONS FOR
PURCHASE/FITTING OF AIDS/APPLIANCES
(ADIP SCHEME)
STATEMENT SHOWING COMPOSITION OF THE MANAGING
COMMITTEE**

NAME AND POSTAL ADDRESS OF THE ORGANIZATION _____

S.No.	Name of the Member of the Managing Committee	S/o W/o	D/o	Complete residential address	Nature of occupation	Status in the Managing Committee
(1)	(2)	(3)	(4)	(5)	(6)	(6)

NOTE: (i) Certified that the composition of the above Managing Committee is in accordance with the approved Bye Laws and Memorandum of Association of the organization.

(ii) 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.....

Signature
Name of President/Secretary (in capital letters)
Office Stamp of the Organisation