FORM-E

(see rule 27 (3)

Form of application for registration of a Voluntary Organisation/Association of Parents/Association of Persons with Disability

| 1. | Organisation | | | |
|----------|--|--|--|--|
| | Name: | | | |
| | Address (Office/Project) | | | |
| | Phone/Fax/Telex (Office) (Project) | | | |
| 2. | (i) | Name of the Act under which registered : | | |
| | (ii) | Registration No. and date of registration (Please attach a photocopy) | | |
| 3. | Memora | randum of Association and Bye-laws (Please attach a photocopy) | | |
| 4. | | address, occupation and Other particulars of the members of the Board of ement/Governing Body: | | |
| 5. | Present | nt Activities of the organisation | | |
| 6. | Present membership strength and categorisation List of documents to be attached- | | | |
| | (a) | A copy of the annual report for the previous year, | | |
| | (b) | Audited Statement of account duly certified by Chartered Accountant for the last two years | | |
| | | (i) | Receipt and Payment Account (by | |
| | | | Chartered Accountant) for the last two years, | |
| | | (ii) | Income and Expenditure Account | |
| | | | (by Chartered Accountant) for the last two years, | |
| | | (iii) | Balance Sheet for the last two years (by Chartered Accountant) | |
| | (c) | Details of Staff employed | | |
| | (d) | Details of beneficiaries to be covered | | |
| | (e) | If hostel is maintained, then number of hostelers, | | |
| | (f) | Other terms, if any, | | |
| | (g) | Whether located on its own/Rented building (Necessary evidence to be attached). | | |
| | | | Signature of the Authorised Signatory | |
| Name : | | | | |
| Designa | ition : | | | |
| Address | 3 : | | | |
| Date : | | | | |
| Office S | tamp: | | | |