

Form - ORGANIZATION ANNUAL REPORT

:: Contact Person Details ::

Name *	<input type="text"/>
Address *	<input type="text"/>
Email *	<input type="text"/>
Phone No *	<input type="text"/>

BASIC DETAILS OF ORGANIZATION

Expenses per Year Rs 590/-

Annual Report for which Year *	<input type="text"/>
Organisation Name *	<input type="text"/>
Organization Registration No *	<input type="text"/>
Registration Act. Name	<input type="text"/>
Date of Registration * e.g (dd-mm-yyyy)	<input type="text"/>
Organization PAN Number	<input type="text"/>
Organization NITI Aayog Id	<input type="text"/>
Registrar Office Full Address with Pin No * Please mention - At./Vill + Post + P.S + Dist. + State + Pin Code	<input type="text"/>

<p>Another Office Full Address with Pin No, if Any Please mention - At./Vill + Post + P.S + Dist. + State + Pin Code</p>	<input type="text"/>
<p>Organization Bank Account Details (please mention : Bank Name + Branch Name + IFSC Code + MICR Code + Account No)</p>	<input type="text"/>
<p>President/Chairman Name *</p>	<input type="text"/>
<p>Secretary Name *</p>	<input type="text"/>
<p>Organization Contact No * (you can add more contact no)</p>	<input type="text"/>
<p>Organization e-Mail Id (you can add more contact no)</p>	<input type="text"/>

Annual Activity *	<ul style="list-style-type: none"><input type="checkbox"/> ENVIRONMENT AWARENESS CAMPS & PLANTATION<input type="checkbox"/> GENERAL HEALTH CHECK-UP CAMPS<input type="checkbox"/> Fight Against COVID 19 Pandemic<input type="checkbox"/> SANITATION PROGRAMME<input type="checkbox"/> SWACHHA BHARAT ABHIYAN & MISSION NIRMAL BANGLA<input type="checkbox"/> BLOOD DONATION CAMP<input type="checkbox"/> CHARITABLE EYE CHECK-UP CAMPS<input type="checkbox"/> ENVIRONMENT & POLLUTION CONTROL AWARENESS PROG<input type="checkbox"/> YOGA AWARENESS PROGRAMME<input type="checkbox"/> SAFE DRIVE & SAVE LIFE<input type="checkbox"/> BETI BANCHAO BETI PADAO<input type="checkbox"/> RTI HUMAN RIGHTS AND CONSTITUTIONAL RIGHTS AWARENESS<input type="checkbox"/> DRUG ABUSE PREVENTION<input type="checkbox"/> Consumer Awareness Camp<input type="checkbox"/> Solid & Liquid Waste Management Programme<input type="checkbox"/> THALASAMIA TESTING CAMP<input type="checkbox"/> AIDS Awareness Camps<input type="checkbox"/> Child Labour Programme<input type="checkbox"/> SHG Formation<input type="checkbox"/> Fare<input type="checkbox"/> LIBRARY<input type="checkbox"/> CULTARUL ACTIVITIES<input type="checkbox"/> MARRIAGE HELP<input type="checkbox"/> FREE TEXT BOOK & DICTIONARY DISTRIBUTION CAMP<input type="checkbox"/> Sports & Tournament<input type="checkbox"/> Annual Sports & Cultural programme<input type="checkbox"/> BLANKET / CLOTH DISTRIBUTION PROGRAMME<input type="checkbox"/> FOOD DISTRIBUTION PROGRAMME<input type="checkbox"/> Days Observation<input type="checkbox"/> Animal vaccination and treatment and free medicine camp<input type="checkbox"/> Skill Development Training Program<input type="checkbox"/> Youth development & awareness camps<input type="checkbox"/> Other
Other Activity (you can give details of activity)	<div style="border: 1px solid black; height: 100px;"></div>

DOCUMENTS UPLOAD

Registration Certificate *	<input type="button" value="Browse..."/> No file selected.
Previous Year Activity Report	<input type="button" value="Browse..."/> No file selected.
AR Year Audit Report *	<input type="button" value="Browse..."/> No file selected.
Activity Picture	<input type="button" value="Browse..."/> No file selected.
Other	<input type="button" value="Browse..."/> No file selected.

SPONSORED INFORMATION AND FINAL SUBMISSION

Sponsored Name *	<input type="radio"/> Yes <input type="radio"/> No
If Yes, Give the Sponsored Username	<input type="text"/>