

Form - Ministry Of Tribal Affairs (Registration)

:: Contact Person Details ::

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

ORGANIZATION DETAILS

Unique ID of NGO DARPAN of Niti Ayog *	<input type="text"/>
Name of VO/NGO *	<input type="text"/>
Name of Chairman/President/Director/Equivalent *	<input type="text"/>
Name of Secretary *	<input type="text"/>
Name of Treasurer *	<input type="text"/>
Name of Authorized Signatory Person & Designation *	<input type="text"/>
Do you want to add members *	<input type="text" value="- select -"/>
IF Yes, fill up the following coloum and Mention the No of Member	<input type="text"/>
Member1Name	<input type="text"/>
Member2Name	<input type="text"/>
Member3Name	<input type="text"/>
Member4Name	<input type="text"/>
Name Parent/Principal Organization	<input type="text"/>

ORGANIZATION REGISTRATION DETAILS

Registered with *	<input type="text" value="- select -"/>
Registration Number *	<input type="text"/>
Date of registration *	<input type="text"/>
Registration Number under Persons with Disability Act, 1995 with the concerned State/UT authority	<input type="text"/>
Date of registration (Under Persons with Disability Act, 1995 with the concerned State/UT authority)	<input type="text"/>
Type of VO/NGO *	<input type="text" value="- select -"/>
City of registration *	<input type="text"/>
State/UT of registration *	<input type="text"/>
FCRA Registration Number, if any	<input type="text"/>
Deatils of financial assistance from Foriegn Agency, if any	<input type="text"/>

DETAILS OF ACHIEVEMENTS

Major Activities/Achievements * (Maximum 5000 characters)	<input type="text"/>
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CONTACT DETAILS

Registered office Address with Pin code *	<input type="text"/>
City *	<input type="text"/>
State/UT *	<input type="text"/>
District *	<input type="text"/>
Authorised Signatory Email Address *	<input type="text"/>
Telephone	<input type="text"/>
Fax	<input type="text"/>
Website URL of NGO	<input type="text"/>

DOCUMENTS

(scan all original documents in 300 dpi color, jpg/pdf format)

Registration Certificate/Certificate if Incorporation *	<input type="button" value="Browse..."/> No file selected.
Memorandum and articles of Association	<input type="button" value="Browse..."/> No file selected.
List of activities undertaken and substantive achievements	<input type="button" value="Browse..."/> No file selected.
PAN of Chairman/President/Equivalent *	<input type="button" value="Browse..."/> No file selected.
PAN of Secretary *	<input type="button" value="Browse..."/> No file selected.
PAN of Treasurer *	<input type="button" value="Browse..."/> No file selected.
PAN of Authorized Signatory *	<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"/>