

Form - Ministry Of Women And Child Development- Registration

:: Contact Person Details ::

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

ORGANIZATION DETAILS

Name *	<input type="text"/>
NITI Aayog id *	<input type="text"/>
Address *	<input type="text"/>
State *	<input type="text"/>
District *	<input type="text"/>
Pin Number *	<input type="text"/>
PAN Number *	<input type="text"/>
Email Id. *	<input type="text"/>
STD code + Landline No *	<input type="text"/>

ORGANIZATION REGISTRATION DETAILS

Brief History of the Organization (Max 250 character) *	<input type="text"/>
Whether registered under Indian Societies Registration Act(Act XXI of 1860)/ Trust Act ? *	<input type="radio"/> Yes <input type="radio"/> No
Registration Number *	<input type="text"/>
Date of Registration *	<input type="text"/>
Does the institution/organization work for profit to any individual or body of individuals? *	<input type="radio"/> Yes <input type="radio"/> No

ORGANIZATION BANK DETAILS

Name of Account Holder *	<input type="text"/>
Account Number *	<input type="text"/>
Bank Name *	<input type="text"/>
IFSC Code *	<input type="text"/>
MICR Code *	<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/Deed *	<input type="button" value="Browse..."/> No file selected.
List of activities undertaken and substantive achievements	<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"/>