

APPLICATION FOR ASSISTANCE UNDER FAMILY COUNSELLING CENTRE

1. Name of the Institution and Full Address:
(in Block letters)
2. Phone No. and FAX No:
3. Geographical Area of Operation:
(Rural/Urban/Tribal)
4. Date of Registration:
5. Is the Institution a branch of Parent Organization?
Is it affiliated to another organization?
(if so, attach affiliation certificate)
6. Present activities and area of operation: Activities Area
7. Details of previous grants received from CSWB/Govt. of India/State Govt./ Other
during the previous 3 years

Source	Year	Amount	Purpose
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8.

Details of staff	Professional	Other	Total
	Full Time		
	Part Time		
	Voluntary		
9. If any Bank Account, state Number of Account, Name of the Bank and Branch and persons authorized to operate:
10. Amount of Grant Applied for
 - (i) Recurring
 - (ii) Non-recurring
 - (iii) Total

Details of recurring and non-recurring requirement should be furnished in separate sheets.
11. Give details of activities taken up during the last three years related to Family Counseling/Empowerment of Women
12. Where is the FCC proposed to be located (mention Panchayat/town/district)?

I have carefully studied the scheme, its guidelines, terms & conditions of the sanction stipulated by Central Social Welfare Board, and I, on behalf of the institution undertake to abide by these conditions.

Signature.....
Name.....
Designation.....
Seal.....

Date
Place

Note: Please ensure that all necessary documents are attached with this application form.