

**APPLICATION FOR AWARD OF SUPPORTIVE MONEY TO PARENT/GUARDIAN OF TRANSGENDER CHILDREN**

1. Name of Transgender Child :
2. Date of Birth (enclose birth certificate) :
3. Caste/ Sub Caste :
4. ADHAAR Number of TG Child if any (enclose copy) :
5. Parent's Name :
6. Address :
7. Applicant's name & address (if applicant is other than parents) (enclose Certificate of guardianship obtained from Competent Authority) :
8. Certificate by parent/ guardian on an affidavit that they have a child showing gender non- conforming behavior :
9. If continuing education mention class and school name & address (enclose studentship certificate from head of the institution) :
10. Family Income per annum (please enclose Income Certificate) :
11. Any other information applicant wishes to provide :

Affix  
Passport size  
photograph

I hereby declare that information provided above is true to the best of my knowledge and I am aware that providing wrong information will make me liable to legal action and recovery of scholarship amount.

<b>Date:</b>	<b>Applicant Name &amp; Signature</b>
<b>Place:</b>	<b>Name &amp; Signature of Parent/ Guardian</b>

**APPLICATION FOR AWARD OF SCHOLARSHIP TO TRANSGENDER CHILDREN**

1. Name of candidate/ Transgender :  
Child
2. Date of Birth (enclose birth certificate) : Affix Passport size photograph
3. Caste/ Sub Caste :
4. ADHAAR Number of TG Child if any (enclose copy) :
5. Parent's Name :
6. Address :
7. Guardian's Name if any (enclose Certificate of guardianship obtained from Competent Authority) :
8. Certificate by parent/ guardian on an affidavit that they have a child showing gender non-conforming behaviour :
9. Family Income per annum (please enclose Income Certificate) :
10. Details of last examination passed (enclose mark sheet and certificate thereof) :
11. Course/ Class of education for which scholarship applied for (academic session, duration, & date of admission) :
12. Name and address of the institution where course is undertaken :
13. Whether hosteller or a day scholar please specify :
14. Details of Scholarship / Stipend / financial assistance being received for the same course (if any) :
15. Any other information applicant wishes to provide :

I hereby declare that information provided above is true to the best of my knowledge and I am aware that providing wrong information will make me liable to legal action and recovery of scholarship amount.

**Date:**

**Applicant Name & Signature**

**Place:**

**Name & Signature of Parent/ Guardian**

**(TO BE FILLED IN BY INSTITUTION)**

**Recommendation of the institution**

(Only one application per student is to be recommended)

1. Certified that Shri/Kum. /Smt. \_\_\_\_\_ is studying course of \_\_\_\_\_ which is (please tick the relevant or specify) School/ College/ Diploma / Degree / PG level study / any other (please specify \_\_\_\_\_) and is presently studying in \_\_\_\_\_ Class/ Year and the duration of the course is \_\_\_\_\_.
2. The information furnished above by the student is in order and correct as per records of the Institution.
3. The student is receiving scholarship / financial aid / stipend from \_\_\_\_\_ / not receiving any scholarship / financial aid / stipend from any other source as per records of the Institute
4. General conduct of the student is satisfactory/ unsatisfactory (please strike out whichever is not applicable)

**Signature & Name of  
Head of Institution /  
Registrar / Dean**

**Date:** \_\_\_\_\_

**Place:** \_\_\_\_\_

**Seal of the  
Institution**

Certified that the applicant is not receiving any financial assistance from state Govt./ central Govt. under any other scheme

**Place:** \_\_\_\_\_

Signature of Block Development  
Officer/

**Date:** \_\_\_\_\_

Executive Officer NAC/ Municipality

**Form of Application for Grant –in-Aid to  
NGOs/ VOs**

1. Financial Year for which Grant –in- :

Aid Requested for

2. Project for which grant –in- aid applied for (enclose detail project proposal & beneficiary list) :

3. Amount of grant-in-aid applied for (enclose detailed estimate) :

4. Name & complete address of managing organization (PIN Code, Phone, Fax, website, Email etc.) :

5. Date of Establishment :

6. Registration Details (Act under which registered with no. & date) (enclose copies of certificates & Byelaws) :

7. If registered under FCR Act, registration number, date & validity period (Enclose copy) :

8. Registration under Income Tax Act 1961 (PAN number, 12 AA, 80G etc.) (Enclose copies) :

9. Registration under PWD Act 1995 and NTMR Act 1999 if any (enclose copies) :

10. Details of Governing Body/Managing Committee of the

Organization (in the format)

S.No.	Name & Address	Occupation	Tel. No.	Educational Qualification

11. Financial status of the organization (enclose auditor's report & balance sheet with IT return certificate for last 3 years.) :

12. Whether separate project -wise accounts have been maintained for :

grants sanctioned earlier?

13. Whether principle of joint operation :

of Bank Accounts is being followed?

14. Details of assets of the organization (In format) :

Sl.	Items	No. of Units	Value

15. List of available staff :

Sl.	Name & Address	Qualification	Experience

16. Activities/ programmes of the organization (please enclose latest annual report) :

17. Projects/ programmes under implementation (in format) :

Sl.	Project Name	Location	Beneficiaries (category & no.)	Project cost

18. Weather the organization is ever black listed or charge sheeted by any authorities? If yes details thereof. :

19. Details of Bank Account (with branch address, account number, IFSC/ RTGS code etc.) :

20. Name and address of contact person with mobile & email address :

21. Utilization Certificate in respect of last year's GIA submitted or not. Enclose a copy of the same.

22. Any other (specify) :

**Date:**

**Signature of Secretary/ President with Seal**

**FORM O.G.F.R. 7 A**

(See Rule 172)

Form of Utilization Certificate for the Year \_\_\_\_\_

I hereby certify that the grant placed at my disposal/at the disposal of..... in the year, ..... and the amount available for expenditure during the said year were as follows: —

- I. (a) Unspent balance at the end of the year : Rs. ....  
 (b) Grant received during the year of ..... : Rs. ....

Quote the number and date of authorization issued by Accountant-General, Odisha. Whenever

it is dependent on such authority and in other cases only the number and date of sanction and designation of sanctioning authority.

(F. D. Memo. No. 30007-(144) F-, dard the 27th July, 1962)

**Total** : Rs. ....

## II. Expenditure during the year

- (i) Out of unspent Balance as in 1 (a) above : Rs. ....  
 (ii) Out of the grant referred to in 1 (b) above : Rs. ....

**Total** : Rs. ....

## III. unspent balance at the end of the year Rs. ....

2. I further certify that the expenditure of Rs..... shown as expenditure in the year ..... has been expended solely on..... under my charge within the Jurisdiction of..... and for no other purpose and

that the sum of Rs. .... (..... )

shown as balance at the end of the year. .... is available for expenditure and no part or it has been diverted to other purposes.

**Cont..... p/2**

**// 2 //**

3. I further certify that a list of works on which the expenditure Rs..... has been incurred and the amount spent on each has been prepared and maintained in my office ..... in the office of the ..... „

Dated, the .....

Chairman/President/Secretary

Dated, the.....

DISTRICT OFFICER

## Annexure- E

## MONTHLY PROGRESS REPORT

1.	Reporting Month	:	
2.	Programme / Component	:	
3.	Programme Location	:	
4.	Implementing Agency	:	

## Part I – Physical Progress

<b>A</b>	<b>Skill Upgradation Training for PwDs</b>	Up to Last Month	Current Month	Total
1	Nos. registered for training			
2	Pre-training Counselling			
3	Skill training			
4	Post training support			
5	Post training employment			
6	Post training Self-employment			
7	Post-employment follow-up			
8	Others (Specify)			
<b>B</b>	<b>SHGs</b>	Up to Last Month	Current Month	Total
1	Nos. registered for SHG			
2	Number of SHGs formed			
3	No. of SHGs Opened Bank Account			
4	No. SHGs provided one time assistance			
5	Nos. covered under Skill upgradation			
6	Nos. of EDP Training Conducted			
7	Others (Specify)			
<b>C</b>	<b>Others</b>	Up to Last Month	Current Month	Total
1	Counseling Services			
2	Personality Development Training			

3	Self-Employment			
4	Self- Employment Kits			
5	Others (Specify)			
<b>D</b>	<b>Community Awareness (IEC)</b>	Up to Last Month	Current Month	Total
1	Meetings Conducted			
2	Street Plays organized			
3	Video Shows organized			
4	Events for TGs			
5	IEC material prepared			
6	Cultural shows/ competitions organized			
7	Publication if any			
8	Others (Specify)			

**Part II – Special Aspects**

1	Details of Notable Events	:	
2	Special Achievements	:	
3	Success Stories	:	Enclose Case History with Photograph/ Video
4	Problems, if any during	:	
5	Others (Specify)	:	

**Part III – Financial Performance**

<b>A</b>	<b>Receipts</b>					
Sl. No.	Approved Budget (Head Wise)	Grants			Other Sources	Grand Total
		Receipts up to Last Month	Receipts during the Month	Total Receipts		
1						
2						
3						
4						
5						

	<b>TOTAL</b>						
<b>B</b>	<b>Expenditure</b>						
Sl. No.	Approved Budget (Head Wise)	Grants available for the Year	Expenditure			Balance Available	Remarks
			Up to Last Month	During the Month	Total Expenditure		
1							
2							
3							
4							
5							
	<b>TOTAL</b>						

**(Signature of Authorized Signatory)**

Name: \_\_\_\_\_

\_\_\_\_\_  
Designation: \_\_\_\_\_

\_\_\_\_\_  
Dated: \_\_\_\_\_

\_\_\_\_\_