

FORM- A 1

(See rule 8 of Consumer Welfare Fund Rules, 1992)

Important: Please fill up this form, furnishing correct details sought for based on verifiable true state of affairs without causing suppression of any material information which, if resorted to, shall entail prosecution under the Act.

1. Name and Full Postal Address of the applicant:
2. Status of the applicant under:
clause (b) of rule 2
3. Date of establishment:
4. Whether registered under the:
Societies Registration Act, 1860
(21 of 1860) or any other relevant Act
5. If Yes, number and year of:
registration (Attested copy of
registration certificate to be enclosed)
6. Whether the organisation is of:
national/ state level •
7. Number of Managing Committee:
members together with list of names,
addresses and occupation of the
office bearers
8. Brief details of the organizations:
objectives and activities during the
last three years
9. Purpose for which the amount:
is required (Please state the
details of the project and its
proposed implementation)
10. Amount of grant required - item:
wise details under non - recurring
recurring to be enclosed

11. Time schedule of the activities:
arranged
12. The total amount incurred/:
invested by the applicant, or
likely to be incurred by the
applicant
- 13 Sources of funding of balance:
amount whether the organisation
is getting financial assistance
from any other official/ non-official
source. If yes, give details
14. Details of prosecution, if any in:
a court of law launched against the
applicant, during the last five years
15. Copies of the following documents:
to be attached:
 - (i) Constitution of the organisation and articles of the
Association
 - (ii) Last Annual Report of the organizations
for last three years (Please furnish separate
Annual Reports for each year)
 - (iii) Annual Audit statement of accounts for each
of the last 3 years duly signed by Chartered
Accountant. These Statements must bear the
registration number and official seal or stamp
of the Chartered Accountant.
16. Details of previous grants, if any,
taken from this Department

DECLARATION

(To be signed by the applicant or its authorized agent)

The particulars heretofore given are true and correct. Nothing material has been suppressed. It is certified that **If** we have read the guidelines, terms and conditions governing the scheme and undertake to abide by them on behalf Of our organisation/ institution. The financial assistance, if provided, shall be put to the declared use, for promotion and protection of rights of consumers or for standard marks. (Strike out whichever is inapplicable).

APPLICANT

Dated:

Station:

To

Member Secretary

Committee (Consumer Welfare Fund)

Krishi Bhawan

New Delhi

Note :- Please note that an Affidavit prescribed below is also be to enclosed with the Application in Form A-1 for financial assistance from Consumer Welfare Fund.

AFFIDAVIT

1, S/o, D/o, W/o _____

resident of _____

and presently working as President/Secretary of M/s _____

do hereby solemnly declare and affirm as under:-

that M/s (name and full address of the organization) have received the following grants-in-aid from Ministries/Departments/ organizations during the last three years:-

Year	Name of the funding Ministry/organization	Amount of grant received	Purpose of grant	Sanction letter No. and date

Deponent

Verification:

Verified that the above information is complete and true to the best of my knowledge and belief and nothing has been concealed there from. I also accept that if the information furnished hereby is found to be incomplete or incorrect, the grant from Consumer Welfare Fund may be cancelled.

Verified this the day of _____ in the year Two Thousand and _____

Witnesses:

Deponent

1.

2.

FOR CENTRAL/STATE GOVERNMENT! DEPARTMENTS! BODIES
FORM A-1

1. Name, description and full postal address of the Applicant:

2. Purpose for which the amount is required:

3. Amount of grant required

4. Time Schedule of the activities arranged:

5. Details of previous grants, if any

taken from the Consumer Welfare Fund/

Deptt. of Consumer Affairs

Signature of Applicant

Dated: _____

Station: _____

To,

Member Secretary,

Committee (Consumer Welfare Fund)

Krishi Bhawan, New Delhi.