

Application form for grant-in-aid for setting up of District Disability Rehabilitation Centre

1. Name of the State and District where DDRC is to be set up: _____
2. Whether District Management Team formed : Yes/No
3. If yes, please attach orders constituting DMT : Yes/No
4. Whether suitable Implementing Agency Identified: Yes/No
5. Details of the Implementing agency :
 - (a) Name of the Agency
 - (b) Address
 - (c) Telephone/Fax No.
 - (d) E-mail ID
 - (e) PAN/TIN/TAN No. (any one) of IA
6. Whether the agency is registered : Yes/No
 - (a) If yes, the Name of the Act under which registered:
 - (b) Registration No. and date of registration
 - (c) Whether the agency has a valid PWD Certificate:
(Attested Copy enclosed)
7. Memorandum of Association and Bye Laws of the Agency (Please attach copy):
8. Details of accommodation for the DDRC:
 - (a) Proposed location of the DDRC building:
 - (b) Whether building is owned by State Government or rented:
 - (c) Built up Area:
 - (d) No. of rooms:
 - (e) Will the accommodation be used exclusively for this programme:
 - (f) Whether the building is barrier free:
 - (g) Whether easily approachable for the persons with disabilities:
 - (h) Whether adequate water and electricity facilities are available:
9. Whether steps for manpower deployment initiated:
10. If so, details:
11. Whether Joint Savings Bank Account opened: Yes/No
12. If so the authorization letter of the concerned bank, giving details of bank branch, IFSC code, MICR Code as also other details of Payee' particular like address, e-mail address, etc.
13. Whether Indemnity Bond submitted:
14. List of additional papers, if any, given

(_____)

Principal Secretary, Government of _____

Department of _____

Government of _____