

**Application for Certificate of Registration**

[See rule 22(1) of Delhi Rights of Persons with Disabilities rules, 2018]

(1) Name of the Organization : \_\_\_\_\_

(2)

Institution/ Project in respect of which application is made : \_\_\_\_\_

a. Address & Ph. No. (Registered Office): \_\_\_\_\_

\_\_\_\_\_

b. Name of Project Office: \_\_\_\_\_

c. Address (Project Office): \_\_\_\_\_

d. Phone/Fax/Telex/(Office)/email id (Project): \_\_\_\_\_

(3) (i) Name of the Act under which the organization is registered: \_\_\_\_\_

(ii) Registration No. and date of registration: \_\_\_\_\_  
(Please attach a photocopy)

(4) Memorandum of Association and Bye-laws of the organization: (Please attach a photocopy)

(5) Name, address, occupation and other particulars of the members of the Board of Management/Governing Body of the organization: \_\_\_\_\_

(6) Present Activities of the Organization: \_\_\_\_\_

(7). List of documents to be attached:

(a) A copy of the annual reports for the last three years,

(b) Audited Statement of accounts (receipt and payment, income and expenditure)

and Balance sheet) for the last three financial years duly certified by Chartered Accountant with membership no. and seal.

(8) Nature of the organisation (Please indicate precisely :  
whether it is educational or training or residential institution or a workshop  
for visually/ hearing impaired/physically challenged /  
mentally Challenged persons, etc.)

(9) Whether the institution is located in its own building /Rented building/ building  
allotted by any agency) (Necessary evidence to be attached): \_\_\_\_\_

(10) If hostel is maintained, then number of hostellers : \_\_\_\_\_

(11) Details of barrier free environment for persons with disabilities :

(a) Area of the Building \_\_\_\_\_

(b) Rooms available for activities/residential use \_\_\_\_\_

(c) Rooms for administrative use: \_\_\_\_\_

(a) No. of accessible toilets \_\_\_\_\_

(b) Other accessible features available (lift/ramp/tactile path/railing) \_\_\_\_\_

(c) Whether accessible transport facility available: \_\_\_\_\_

If yes, give details : \_\_\_\_\_

(12) Details of staff employed by the institution in following format;

| Name | M/F | Age | Educational Qualification | Address | Contact Details | Responsibility | Salary | Aadhaar No. | RCI registration no. (enclosed copy of RCI registration certificate) |
|------|-----|-----|---------------------------|---------|-----------------|----------------|--------|-------------|----------------------------------------------------------------------|
|      |     |     |                           |         |                 |                |        |             |                                                                      |

Note: In case of foreign volunteers, verification of credentials and criminal record from country of origin or birth through the police is mandatory.

(13) Details of covered /proposed beneficiaries to be covered by the institution and nature of disability in following format;

| Sl.No. | Name | Father's name | M/F | Age | Address | Contact Details | Type of Disability | Aadhaar No. |
|--------|------|---------------|-----|-----|---------|-----------------|--------------------|-------------|
|        |      |               |     |     |         |                 |                    |             |

\_\_\_\_\_  
\_\_\_\_\_

(Name, Designation and signature of the authorized signatory with seal )