	Online A	Applicatio	m		
	Organizat	tional Pro	file		
Registered Name of Organization:*	t				
The ID of Organization on NGO Da	rpan:*				
Registered Address of Organiza	ation:*				
Address:*		Name of Contact Person:'			
		Email Id	.*		
State:*	*	Mobile N	lo:*		
District:*	*	Website			
Detail of Branch office (if any)					
Detail of Registration (Please a	attach copy	of Registra	ation & MO	DA)*	
Registration No:*			/MM/YYYY	(Valid till):*	DD/MM/YYYY
Act under which organization at reg	jistration.				
FCRA No. (If applicable):					
Income Tax exemption certificate:	e File No file	e chosen	Upload	Enter o	ertificate number
Self Attested Copy of & MOA:*	Choose File	No file chos	sen	Upload	
Detail of Members of Executive Co	ommittee: *				

S.No.	Name	Father/Husband's Name	10000000	nent Address with le/Telephone No.	Relation with other Members		Mobile No.
1							
							Add More Field
Resolutio	on of EC for	the project in GS	SDS*	Choose File	No file chosen	Upload	1

(Please attach self attested copy)

Past Experience with GSDS in brief:

Whether new for collaboration with GSDS: \* O Yes O No

(if you are an old partner, please state briefly of past project with file No.)

Enter the file Number (if any past project): Enter the file number



Name of Bank:	List of Banks	]
Branch Code:		
Account No:		
IFSC Code:		
Account Beneficiary Name:		
Attach photocopy of Cancelled Cheque:	Choose File No file chosen	Upload

Whether the organization is placed under funding restriction or blacklisted by any national/international organization: \* O Yes O No

Attach self declaration on offical letter head (if Yes): \*



(Please attach self declaration on official letter head jointly signed by authorized signatory)

Project Profile								
Title of the Project/Programme:*								
Tentative Dates of the Programme:* From DD/MM/YYYY To DD/MM/YYYY Total Days: Auto								
Location of Programme: State: District: Block: Village: Village: Need/Relevance of the Project (Concept Paper in brief) *								
Objective of Programme:   S.No. Objective								

#### Expected beneficiaries of project along with tentative list:

Enter the objective of project

1

			Benef	iciary List				
Number of Beneficiaries	Male	Female	SC	ST	OBC	PWD	General	Total
Total Number	s of Reco	rds:						
							Add M	fore Field

#### Methodology adopted for Identification of beneficiaries:

# Action Plan of Project: \*

S.No.	Activities		Time Line		
1		DD/MM/YYYY	From Time	To Time	

Add More Field

Add More Field

#### Name Address and Consent of other Collaborating partner's (If any)

Upload Consent Letter (if Yes):

Choose File

No file chosen

Upload

## Budget:

S.No.	Activity	Total Participates	Unit Cost	Total No of Days	Total Cost	Cost required from GSDS	Contribution from from other sources	Contribute of Organization
1								
lote: (#	) Sub Tot	al			#	#	#	#

## Expected outcome:

Add More Field

# Other information relevant to Project:

# Certificate

All the above information is true to best of our knowledge and belief. At any stage if any information in found to be incorrect, our application may be rejected.

I agree terms and condition.

