**APPENDIX**

**Form – I**

**[See rules 4(4)]**

**Application form for registration**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the institution and addressPhone Number:Fax:Email: |  |
| 2. | Place of the institution1. Registered place:
2. Current place:
 |  |
| 3.  | Nature of the home:[hostel, lodging house, home for women and children] |  |
| 4.  | Name and address of the contact person: |  |
| 5.  | Details of the governing body (managing committee/ executive committee) |  |
| 6. | Under which Act the registration is made:1. Number, date and place of registration
2. If renewed, the renewal details
 |  |
| 7. | Total number of girls or boys or women 1. Girls
2. boys
3. (Women
 |  |
| 8.  | Infrastructure available in the hostel or lodging house or home for women and children. |  |
| 9. | Details of the manager / resident manager/ care taker’s or care giver’s / warden (men or women) appointed in the institution1. Name
2. Age
3. Educational qualification
4. Date of joining
5. Appointed by whom
6. Salary
7. Medical certificate
8. Conduct certificate
 |  |
| 10 | Details of entry and exit points in the institution |  |
| 11 | Details of security person appointed in the institution1. Name
2. Age
3. Educational qualification
4. Date of joining
5. Salary
6. Medical certificate
7. Conduct certificate
 |  |
| 12 | 1. Specify locations where the CCTV cameras have been installed
2. If not installed, action taken to install the same...
 |  |
| 13. | Details of rooms allocated for manager or resident manager or warden or care taker / care giver or security persons |  |
| 14. | Details of registers maintained in the institution. |  |
| 15. | Details of the visitors room and visiting hours. |  |
| 16. | The details and phone number of the institution registered in district website. |  |
| 17. | The details of the inmates registered in track child website. |  |
| 18. | Audit statement details for the past three years done by the chartered accountant. |  |
| 19. | Foreign Contribution Regulation Act details. |  |
| 20. | Bank account number Bank name and branch |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I declare that the facts mentioned above is absolutely true to the best of my knowledge.

|  |  |
| --- | --- |
| Place: | Signature:Date: |

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