

Application Form for Registration/Recognition for Organization/NGOs under the Juvenile Justice Act 2006

(Separate application needs to be submitted for Boys and Girls Homes)

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| 1. | Name of Home or Institution | |
| 1.1 | Name of representative applying | |
| 1.2 | Mobile number of representative | |
| 1.3 | Email id of representative | |
| 2. | Postal Address | |
| 3. | Date of establishment | |
| 4. | Name of Superintendent/in-charge of the Home/Institution | |
| 5. | Address of Superintendent/in-charge of the Home/Institution | |
| 6. | Number of inmates as on date of application | |
| 7. | Educational facilities provided to inmates | |
| 8. | Whether registered under the Meghalaya Registration of Society Act 1983 or any other Act | Yes No |
| 9. | If yes, number of registration | |
| 10. | If yes, year of registration | |
| 11. | Whether the organization is of National Level or State Level | NA National Level State Level |
| 12. | Brief details of the Organization, its objectives and activities during the last three years | |
| 13. | Details of activities undertaken for development of children during the last three years. | |
| 14. | Financial Position of the Home/Institution | |
| 15. | Number of Managing committee members | |
| 16. | Name of Managing Committee member 1 | 16,17 & 18 make a table |
| 17. | Address of Managing Committee member 1 | |
| 18. | Occupation of Managing Committee member 1 | |
| 19. | Whether the application is getting with the concurrence of the Managing Committee/General Body of the Organization as required in the bye laws of the Organization? | Yes No |
| 20. | Whether organization is receiving financial assistance from any Central/State Government/Semi Government/any other sources? | Yes No |
| 21. | If yes, specify? | |
| 22. | Number of persons employed? | |
| 23.- | Whether the list of names of the person and the capacity in which they are working and their professional qualification is attached? | Yes No |
| 24. | Whether there is adequate space for the institution? | Yes No |
| 25. | Whether Boarding facilities are available? | Yes No |
| 26. | Whether Lodging facilities are available? | Yes No |
| 27. | Whether any arrangement for regular visits by medical professional has been made? | Yes No |
| 28. | Any other facilities available? | |