

Application Form for Registration of Institutions for Persons with Disabilities under Section 50 and 51 of the Right of Persons with Disabilities Act, 2016

1.	Name of Applicant Organization	
2.	Address	
3.	District	
4.	Email	
5.	Phone number	
6.	Applicant category	<ol style="list-style-type: none"> 1. An organization registered under the Societies Registration Act, 1860 (Act XXI of 1860) 2. A Public Trust registered under any Law for the time being force 3. Indian Red Cross Society or its branches 4. Company registered under Section 25 of the Companies Act, 1956 5. Any other organization 6. If Any Other : (details of registration with name of the Act) which may be recognized by the Ministry for the purpose of this Scheme (Details of registration with the name of Act)_____ (Specify)
7.	Date of establishment of the Organization?	
8.	Nature of Organization (Please indicate precisely whether it is educational or training institution or a workshop for the blind, the deaf and dumb, the orthopedically handicapped or mentally retarded persons, etc.)	
9.	Brief history of the organization and its activities	
10.	Whether recognized by the State Government	<ol style="list-style-type: none"> 1. Yes 2. No
11.	Whether the organization is of an All India Character?	<ol style="list-style-type: none"> 1. Yes 2. No
12.	If yes, describe the nature of its All India activities?	
13.	Whether located in its own/rented building?	<ol style="list-style-type: none"> 1. Yes 2. No
14.	Present number of disabled beneficiaries?	
15.	Whether trained staff and other suitable facilities for undertaking the project are available?	<ol style="list-style-type: none"> 1. Yes 2. No
16.	If yes, please give details?	
17.	In case new staff is to be appointed, give details of the qualifications, academic, professional and experience prescribed for the purpose?	
18.	Number of employees working in the Organization?	