

Application Form for Registration as Service Providers under Section 10(1) of the Protection of Women from Domestic Violence Act, 2005

1.	Name of Applicant	
2.	Address	
3.	Email	
4.	Phone number	
5.	Services being rendered?	<ol style="list-style-type: none"> 1. Shelter 2. Psychiatric Counselling 3. Family Counselling 4. Vocational Training Center 5. Medical Assistance 6. Awareness Programme 7. Counselling for a group of people who are victims of domestic violence and family disputes 8. Any other, if any
6.	Number of persons employed for providing such services?	
7.	Whether providing the required services in your institution requires certain statutory minimum professional qualification?	
8.	If yes, the specify?	Hide if No for Point.7
9.	Whether list of names of the persons and capacity in which they are working and their professional qualification is attached?	<ol style="list-style-type: none"> 1. Yes<If Yes Enclosure to be mandatory> 2. No
10.		<ol style="list-style-type: none"> 1. 3 years 2. 4 years 3. 5 years 4. 6 years 5. More than 6 years
11.	Whether registered under any law/regulation?	<ol style="list-style-type: none"> 1. Yes 2. No
12.	If yes, give the registration number	Hide if No for Point.11
13.	Whether requirements prescribed by any regulatory body or law fulfilled?	<ol style="list-style-type: none"> 1. Yes 2. No
14.	If yes, the name and address of the regulatory body	Hide if No for Point.13
15.	Whether there is adequate space in the shelter home?	<ol style="list-style-type: none"> 1. Yes 2. No
16.	Measured area of the entire premise	<Alphanumeric>
17.	Number of rooms	
18.	Area of rooms	
19.	Details of security arrangements available	
20.	Whether a record available for maintaining a functional telephone connection for the use of inmates for the last 3 years	
21.	Distance of the nearest dispensary/ clinic/medical facility	
22.	Whether any arrangement for regular visits by a medical professional has been made	<ol style="list-style-type: none"> 1. Yes 2. No
23.	Name of the medical professional	Hide if No for Point.22
24.	Address of the medical professional	Hide if No for Point.22
25.	Contact number of the medical professional	Hide if No for Point.22
26.	Qualification of the medical professional	Hide if No for Point.22
27.	Specialization of the medical professional	Hide if No for Point.22
28.	Any other facilities available	
29.	Number of counsellors in the center	Numeric
30.	Minimum qualification of the counselors	<ol style="list-style-type: none"> 1. Under-graduate<Radio Button> 2. Graduate 3. Post graduate 4. Diploma holder 5. Professional degree 6. Any other, specify<Text Box>
31.	Experience of the counselors	<ol style="list-style-type: none"> 1. Less than a year<Radio Button> 2. 1 year 3. 2 years 4. 3 years 5. More than 3 years
32.	Professional qualification/experience of counselors	<ol style="list-style-type: none"> 1. Professional degree<Text Box> 2. Experience in family counselling as a <Text Box>

		(designation) in __ Text Box __ (name of organization) 3. Experience in psychiatric counselling as a __ Text Box __ (designation) in __ Text Box __ (name of organization) 4. Any other relevant experience, if any
33.	Whether a list of names of counselors along with their qualification has been annexed	1. Yes<If Yes Enclosure to be mandatory> 2. No
34.	Type of counseling provided < Check Box >	1. Supportive one-to-one< Check Box > 2. Cognitive behaviour therapy (CBT) – Mental process that people use to remember, reason, understand, solve problems and judge things 3. Providing counseling to a group of people suffering 4. Family counselling
35.	Facilities provided< Check Box >	1. Offering personal professional and confidential counselling sessions 2. A safe environment to discuss problems and express emotions 3. Information on counseling services, support groups and mental health care resources 4. One to one counselling and group work 5. Therapies, ongoing counselling and health related support 6. Any other, please specify< Text Box >
36.	Other services being provided	
37.	Personnel appointed	
38.	Statutory minimum qualifications required for providing such service	
39.	Whether a list of names of Personnel engaged for providing service along with their professional qualification is annexed	1. Yes<If Yes Enclosure to be mandatory> 2. No
40.	Any other details which the service provider desirous of registration may provide	