

**APPLICATION FOR ASSISTANCE UNDER CONDENSED COURSE OF
EDUCATION FOR ADULT WOMEN PROGRAMME**

1. Name of the Institution and Full Address:
(in Block letters)
2. Phone No. and FAX No:
3. Geographical Area of Operation:
(Rural/Urban/Tribal)
4. Date of Registration:
5. Is the Institution a branch of Parent Organization?
Is it affiliated to another organization?
(if so, attach affiliation certificate)
6. Present activities and area of operation: Activities Area
7. Details of previous grants received from CSWB/Govt. of India/State Govt./ Other
during the previous 3 years

Source	Year	Amount	Purpose
8.

Details of staff	Professional	Other	Total
Full Time			
Part Time			
Voluntary			
9. If any Bank Account, state Name of the Bank and Branch and persons authorized to operate:
10. a) Has the institution conducted any similar activities under Board's Condensed Course Programme?
 b) Date of the conclusion of the previous batch
 c) Result of the previous courses

Year	No. of Candidates appeared	No. of Candidates passed	Whether Accounts Settled up to date

11. a) Name of Examination for the proposed course along with the name of the authority conducting examination.
- b) Whether recognized by the State/Central Govt.
12. Likely date of commencement of the course
13. Likely date of the final examination
14. Number of candidates proposed to be admitted:
15. Has the institution surveyed the target group, If so, give details:
 - a) Habitation/Villages which will be covered, mention names of Panchayats also
 - b) Exact location of the course
 Village _____ Panchayat _____
 Block _____ Distt. _____
 - c) Population of women/girls targeted in the scheme
 - iii) No. of women
 - iv) Educational level of target population

LEVEL OF EDUCATION	NO. OF WOMEN/GIRLS
vii) 10+2 above	
viii) High School Passed	
ix) Middle Passed	
x) Primary Passed	
xi) Below Primary	
xii) Illiterate	

LEVEL OF EDUCATION	NO. OF CANDIDATES
a) High School Level	
b) Middle Level	
c) Primary Level	

16. a) Has the institution conducted any activity (educational, general welfare or other) in the target area? If so, give details with dates.
- b) Details of grant received from any Govt. agencies during the past 5 years
17. Has the institution adequate accommodation of its own for conducting the course? Give details. If not give details of proposed arrangements.

18. Examination fees @ per candidate
19. Amount of grant required from CSWB
20.
 - a) List of equipments, infrastructure available with the institution.
 - b) A list of educational equipment (alongwith cost of each article proposed to be purchased)
 - c) Results and placement position of candidates of earlier courses, conducted by the institution.
21. Additional information, if any

I have carefully studied the scheme, its guidelines, terms & conditions of the sanction stipulated by Central Social Welfare Board, and I, on behalf of the institution undertake to abide by these conditions.

Signature.....
Name.....
Designation.....
Seal.....

Date
Place

Note: Please ensure that all necessary documents are attached with this application form.