

## **FORM- A 1**

(See rule 8 of Consumer Welfare Fund Rules, 1992)

**Important:** Please fill up this form, furnishing correct details sought for based on verifiable true state of affairs without causing suppression of any material information which, if resorted to, shall entail prosecution under the Act.

1. Name and Full Postal Address of the applicant:
2. Status of the applicant under:  
clause (b) of rule 2
3. Date of establishment:
4. Whether registered under the:  
Societies Registration Act, 1860  
(21 of 1860) or any other relevant Act
5. If Yes, number and year of:  
registration (Attested copy of  
registration certificate to be enclosed)
6. Whether the organisation is of:  
national/ state level •
7. Number of Managing Committee:  
members together with list of names,  
addresses and occupation of the  
office bearers
8. Brief details of the organizations:  
objectives and activities during the  
last three years
9. Purpose for which the amount:  
is required (Please state the  
details of the project and its  
proposed implementation)
10. Amount of grant required - item:  
wise details under non - recurring  
recurring to be enclosed

11. Time schedule of the activities:  
arranged
12. The total amount incurred/:  
invested by the applicant, or  
likely to be incurred by the  
applicant
- 13 Sources of funding of balance:  
amount whether the organisation  
is getting financial assistance  
from any other official/ non-official  
source. If yes, give details
14. Details of prosecution, if any in:  
a court of law launched against the  
applicant, during the last five years
15. Copies of the following documents:  
to be attached:
- (i) Constitution of the organisation and articles of the Association
  - (ii) Last Annual Report of the organizations for last three years (Please furnish separate Annual Reports for each year)
  - (iii) Annual Audit statement of accounts for each of the last 3 years duly signed by Chartered Accountant. These Statements must bear the registration number and official seal or stamp of the Chartered Accountant.
16. Details of previous grants, if any,  
taken from this Department

## DECLARATION

(To be signed by the applicant or its authorized agent)

The particulars heretofore given are true and correct. Nothing material has been suppressed. It is certified that **If** we have read the guidelines, terms and conditions governing the scheme and undertake to abide by them on behalf Of our organisation/ institution. The financial assistance, if provided, shall be put to the declared use, for promotion and protection of rights of consumers or for standard marks. (Strike out whichever is inapplicable).

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APPLICANT

Dated:

Station:

To

Member Secretary

Committee (Consumer Welfare Fund)

Krishi Bhawan

New Delhi

**Note :- Please note that an Affidavit prescribed below is also be to enclosed with the Application in Form A-1 for financial assistance from Consumer Welfare Fund.**

## **AFFIDAVIT**

1, S/o, D/o, W/o \_\_\_\_\_  
resident of \_\_\_\_\_  
and presently working as President/Secretary of M/s \_\_\_\_\_  
do hereby solemnly declare and affirm as under:-

that M/s (name and full address of the organization) have received the following grants-in-aid from Ministries/Departments/ organizations during the last three years:-

Year					Name of the funding Ministry/organization	Amount of grant received	Purpose of grant	Sanction letter No. and date

**Deponent**

### **Verification:**

Verified that the above information is complete and true to the best of my knowledge and belief and nothing has been concealed there from. I also accept that if the information furnished hereby is found to be incomplete or incorrect, the grant from Consumer Welfare Fund may be cancelled.

Verified this the day of \_\_\_\_\_ in the year Two Thousand and \_\_\_\_\_

**Witnesses:**

**Deponent**

1.

2.

**FOR CENTRAL/STATE GOVERNMENT! DEPARTMENTS! BODIES**  
**FORM A-1**

1. Name, description and full postal address of the Applicant:

2. Purpose for which the amount is required:

3. Amount of grant required

4. Time Schedule of the activities arranged:

5. Details of previous grants, if any

taken from the Consumer Welfare Fund/

Deptt. of Consumer Affairs

Signature of Applicant

Dated: \_\_\_\_\_

Station: \_\_\_\_\_

To,

Member Secretary,

Committee (Consumer Welfare Fund)

Krishi Bhawan, New Delhi.