## **FORM C**

(Scheme to provide financial assistance to Organize Programmes by Village Panchayats)

To,	Date:-		
The Director,			
Directorate of Tribal Welfare, Shrama Shakti Bhavan, Patto, Panaji-Goa.			
Silialila Silakti Bilavali, Fatto, Faliaji-Goa.			
Sub.:- Financial Assistance under Sahayata Scheme.			
Sir, We propose to organize			
under the <b>Sahayata</b> Scheme for which details are			
Name & Address of the Applicant:      Name of the Village Panchayat :      Details of the members of the Village Panchayat:      Resolution details of the Village Panchayat to conduct programme under Sahayata			
		:	
		5. Nature of the Programme Proposed:	
		6. Reasons for conducting programme & expected outcome for the programme to be	
		conducted:	
7. Details of proposed activity: To be attached			
8. Details of financial implication giving itemwise breakup: To be attached  9. Duration and Tentative schedule of the activity:			
		12. Level of participant :	
		13. Resource persons available/to be arranged with	
		14. Bank Details for ECS of the benefit amount:-	it then names and addresses. To be encrosed
f) Name of the Bank:-			
g) Branch Name:			
h) Account No:-			
i) Account type:- Savings/ Current.			
j) MICR Code:			
(Signature) Sarpanch of Village Panchayat.	Signature (Secretary) of Village Panchayat		
Recommended by the BDO of			

(Signature) BDO

## **Documents to be attached:**

- 1. Resolution of the Gram Sabha.
- 2. Details of proposed activity.
- 3. Details of financial implication.
- 4. Bank Account Details for ECS Transfer

N. B.: The amount of financial assistance under this scheme will be provided to the tune of Rs. 50,000/- or Actual cost whichever is less and the same cannot be claimed as a matter of right. The amount sanctioned under this scheme shall be utilized for the purpose for which it has been sanctioned and the Utilization Certificate as per GFR-19 shall be submitted to the Directorate of Tribal Welfare within a period of 15 days after the completion of the proposed activity.