

## FORM A

(Scheme to provide financial assistance to organize programmes by Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal)

Date:

To,  
The Director,  
Directorate of Tribal Welfare,  
Shram Shakti Bhavan, Patto, Panaji-Goa.

### Sub:-Financial Assistance under Sahayata Scheme.

Sir,

We propose to organize \_\_\_\_\_  
under the Sahayata Scheme for which details are given as under:

1. Name of the Voluntary Organization/NGO/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal:- \_\_\_\_\_
2. Postal Address of the Voluntary Organization/ NGO/ Self Help Group/ Mahila Mandal/Youth Club/ Sports Club/ Sanskritik Mandal:-- \_\_\_\_\_
3. Contact No.:-- \_\_\_\_\_
4. No. and date of registration with the competent authority (**attach copy**):- \_\_\_\_\_
5. Brief History of the Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal:- **To be attached.**
6. Details of proposed activity:- \_\_\_\_\_
7. Details of financial implication giving item wise breakup:- **To be attached.**
8. Duration & tentative schedule of the activity:- \_\_\_\_\_
9. Venue/Geographical area identified of the proposed activity:- \_\_\_\_\_
10. Number of participants:- \_\_\_\_\_
11. Level of participant:- \_\_\_\_\_
12. Resource persons available / to be arranged with their names & addresses:- **To be attached.**
13. Bank details of the Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal:-
  - a) Name of the Bank:- \_\_\_\_\_
  - b) Branch Name:- \_\_\_\_\_
  - c) Account No.:-- \_\_\_\_\_
  - d) Account Type:- Saving/Current
  - e) IFSC Code:- \_\_\_\_\_
  - f) MICR Code:- \_\_\_\_\_
  - g) Aadhar Card No. :- \_\_\_\_\_

### Seal & Signature

**Chairman / Secretary of the Voluntary Organizations/NGO's/Self Help Group/  
Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal**

### Official Stamp of the Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal

Document to be attached:-

1. Brief history of the Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal.
2. A copy of Registration Certificate issued by competent authority.
3. A copy of Bank Pass Book of the Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal.
4. Resolusion of the Voluntary Organizations/NGO's/Self Help Group/Mahila Mandal/Youth Club/Sports Club/Sanskritik Mandal to conduct programme.
5. Memorandum of Association & Article of Association
6. Details of proposed activity.
7. Details of financial implication.
8. Copy of Aadhar Card.
9. List of Resource persons available / to be arranged with their names & addresses.
10. Scheduled Tribes Certificates of 10% ST members of Voluntary Organization/NGO.

## FORM B

(Scheme to provide financial assistance to organize programme by Committee constituted under Forest Rights Act)

Date:

To,  
The Director,  
Directorate of Tribal Welfare,  
Shram Shakti Bhavan, Patto, Panaji-Goa.

Sub:-Financial Assistance under Sahayata Scheme.

Sir,

We propose to organize \_\_\_\_\_  
under the Sahayata Scheme for which details are given as under:

1. Name, Designation & Address of the Applicant:- \_\_\_\_\_
2. Name of the Committee constituted under Forest Rights Act, 2006:- \_\_\_\_\_
3. Details of the members of Committee:- \_\_\_\_\_
4. Resolution details of the Committee to conduct programme under Sahayata:- \_\_\_\_\_
5. Nature of the programme proposed:- \_\_\_\_\_
6. Reasons for conducting programme & expected outcome of the programme:- \_\_\_\_\_
7. Details of proposed activity:- To be attached
8. Details of financial implication giving item wise breakup:- To be attached
9. Duration & tentative schedule of the activity:- \_\_\_\_\_
10. Venue/Geographical area identified of the proposed activity:- \_\_\_\_\_
11. Number of participants/target group expected:- \_\_\_\_\_
12. Level of participant:- \_\_\_\_\_
13. Resource persons available / to be arranged with their names & addresses:- To be attached
14. Bank details for ECS of the benefit amount:-
  - a) Name of the Bank:- \_\_\_\_\_
  - b) Branch Name:- \_\_\_\_\_
  - c) Account No.:- \_\_\_\_\_
  - d) Account Type:- Saving/Current
  - e) IFSC Code:- \_\_\_\_\_
  - f) MICR Code:- \_\_\_\_\_
  - g) Aadhar Card No. :- \_\_\_\_\_

**Seal & Signature**  
**Chairman / Secretary of the Committee**  
**Constituted under Forest Rights Act**

**Seal & Signature**  
**Recommended by the BDO/Deputy Director of**  
**Panchayat/Deputy Collector/Collector**

Document to be attached:-

1. Brief history of the constitution of the Committee under Forest Rights Act.
2. Details & Date of constitution of Committees/Forest Rights Committee & the composition of members of the committee should be provided in the amended Rules 2012.
3. Resolution of the Committee.
4. Details of proposed activity.
5. Details of financial implication.
6. Bank Account details for ECS transfer.
7. Copy of Aadhar Card

### FORM C

(Scheme to provide financial assistance to organize programmes by Village panchayats)

**Date:**

To,  
The Director,  
Directorate of Tribal Welfare,  
Shram Shakti Bhavan, Patto, Panaji-Goa.

Sub:-Financial Assistance under Sahayata Scheme.

Sir,

We propose to organize \_\_\_\_\_  
under the Sahayata Scheme for which details are given as under:

1. Name, Designation & Address of the Applicant:- \_\_\_\_\_
2. Name of the Village Panchayat:- \_\_\_\_\_
3. Details of the members of the Village Panchayat:- \_\_\_\_\_
4. Resolution details of the Village Panchayat to conduct programme under Sahayata:- \_\_\_\_\_
5. Nature of the programme proposed:- \_\_\_\_\_
6. Reasons for conducting programme & expected outcome of the programme:- \_\_\_\_\_
7. Details of proposed activity:- To be attached
8. Details of financial implication giving item wise breakup:- To be attached
9. Duration & tentative schedule of the activity:- \_\_\_\_\_
10. Venue/Geographical area identified of the proposed activity:- \_\_\_\_\_
11. Number of participants/target group expected:- \_\_\_\_\_
12. Level of participant:- \_\_\_\_\_
13. Resource persons available / to be arranged with their names & addresses:- To be attached
14. Bank details for ECS of the benefit amount:-
  - a) Name of the Bank:- \_\_\_\_\_
  - b) Branch Name:- \_\_\_\_\_
  - c) Account No.:- \_\_\_\_\_
  - d) Account Type:- Saving/Current
  - e) ISFC Code:- \_\_\_\_\_
  - f) MICR Code:- \_\_\_\_\_
  - g) Aadhar Card No.:- \_\_\_\_\_

**Seal & Signature**  
**Sarpanch of Village Panchayat**

**Seal & Signature**  
**Secretary of Village Panchayat**

**Recommended by the BDO of** \_\_\_\_\_

**Seal & Signature**  
**BDO**

Document 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.
5. Copy of Aadhar Card.

### FORM D

(Scheme to provide financial assistance for creating awareness of the various schemes implemented by the Directorate of Tribal Welfare for Tribal Communities in the State of Goa & also for the purpose of awareness programmes under Forest Rights Act, 2006 by the Deputy Collector & SDO and Block Development Officer (Tribal Welfare Officer))

**Date:**

To,  
The Director,  
Directorate of Tribal Welfare,  
Shram Shakti Bhavan, Patto, Panaji-Goa.

Sub:-Financial Assistance under Sahayata Scheme.

Sir,

We propose to organize \_\_\_\_\_  
under the Sahayata Scheme for which details are given as under:

1. Name, Designation & Address of the Applicant:- \_\_\_\_\_
2. Name of the Taluka:- \_\_\_\_\_
3. Nature of the programme proposed:- \_\_\_\_\_
4. Reasons for conducting programme & expected outcome of the programme:- \_\_\_\_\_
5. Details of proposed activity:- To be attached
6. Details of financial implication giving item wise breakup:- To be attached
7. Duration & tentative schedule of the activity:- \_\_\_\_\_
8. Venue/Geographical area identified of the proposed activity:- \_\_\_\_\_
9. Number of participants/target group expected:- \_\_\_\_\_
10. Level of participant:- \_\_\_\_\_
11. Resource persons available / to be arranged with their names & addresses:- To be attached
12. Bank details for ECS of the benefit amount:-
13. Name of the Bank:- \_\_\_\_\_
  - a) Branch Name:- \_\_\_\_\_
  - b) Account No.:- \_\_\_\_\_
  - c) Account Type:- Saving/Current
  - d) ISFC Code:- \_\_\_\_\_
  - e) MICR Code:- \_\_\_\_\_
  - f) Aadhar Card No. :- \_\_\_\_\_

**Seal & Signature**  
**Deputy Collector & SDO / BDO**

**Seal & Signature**  
**Recommended by the Collector /**  
**Deputy Director of Panchayat**

Document to be attached:-

1. Details of proposed activity.
2. Details of financial implication.
3. Bank Account details for ECS transfer.
4. Copy of Aadhar Card