

THE NATIONAL TRUST

*For the Welfare of Persons with Autism, Cerebral Palsy,
Mental Retardation and Multiple Disabilities,
Department of Empowerment of Persons with Disabilities
(Ministry of Social Justice & Empowerment, Govt. of India)*

SNAC APPLICATION FORM

| | | | | | |
|-----|--|----------------------------|--|----|--|
| 1. | Registered Name (at the State/ by the competent authority) of Association of Persons with disabilities OR Association of Parents of persons with Disabilities OR Voluntary Organisation | | | | |
| 2. | Date of expiry of registration with The National Trust | DD/MM/YYYY | | | |
| 3. | Date of Expiry of registration under RPwD Act 2016 | DD/MM/YYYY | | | |
| 4. | Registered Address of RO | House No. | | | |
| | | Street Name | | | |
| | | Landmark | | | |
| | | City | | | |
| | | District | | | |
| | | State | | | |
| | | Pin code | | | |
| 5. | Whether RO is blacklisted by National Trust/ any other government (Please tick ✓) | yes | | No | |
| 6. | Whether RO is blacklisted by National Trust/any other government organization as on date of submission of application form (Please tick ✓) | yes | | No | |
| 7. | Whether RO has been working in the disability areas covered by the National Trust Act for at least 7 years (Please tick ✓) | yes | | No | |
| 8. | Bank details | Name of the Account Holder | | | |
| | | Bank account no. | | | |
| | | Bank Name | | | |
| | | Branch and State | | | |
| | | Branch Code | | | |
| | | IFSC code | | | |
| 9. | Contact person | | | | |
| 10. | Phone number | | | | |

| | | | | | | | |
|------------|--|---|-------------------------------|-------------|----------------------|---|--|
| 11. | Email ID | | | | | | |
| 12. | Premise ownership status of the RO (Please tick ✓) | Owned by RO | | Leased | | Rented | |
| 13. | Total number of existing staff/ resources | | | | | | |
| 14. | Details of Existing resources/ Staff of RO | | | | | | |
| | Name | Qualification | Number of years of experience | Designation | Part time/ Full Time | Frequency of visits per week | |
| | | | | | | | |
| | | | | | | | |
| 15. | Existing Infrastructure | | | | | | |
| | Type of infrastructure provisions | Activities carried out in each room | Brief description | | | Number of beneficiaries | |
| | Activity/Vocational Room | | | | | | |
| | Recreational Room | | | | | | |
| | Medical or Assessment Room (with therapeutical aids & appliances) | | | | | | |
| | Lodging | | | | | | |
| | Bathroom | | | | | | |
| | Kitchen | | | | | | |
| | Office | | | | | | |
| | Other | | | | | | |
| 16. | Whether RO is receiving grants from Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice and Empowerment(Please tick ✓) | | | Yes | | No | |
| 17 | Activities and projects done in the past 2 years | | | | | | |
| | Name of activity | Brief description | | | Duration | Number of people reached/covered | |
| | | | | | | | |
| | | | | | | | |
| 18. | Attachments | i). National Trust Registration certificate ii). PwD Act 1995 Registration proof/ certificate iii). Proof that the RO is a legally Constituted Body not running for profit to any individual and body of individuals. | | | | | |