

APPLICATION FORM FOR GRANTS-IN-AID TO VOLUNTARY ORGANISATIONS WORKING IN THE FIELD OF
INTEGRATED PROGRAMME FOR SENIOR CITIZENS (Ongoing Cases) Form

Component - Senior Citizens

(i) Type of the Project: Ongoing

(ii) The organization has been receiving financial assistance continuously for last three years :No

(iii) No Utilization is pending in terms of para of 212(1) GFR: :No UC Pending

NGO Details			
NGO ID	TN/00007639	City / Town / Village:	TIRUNELVLI
NGO Name as recorded in	Arasan Rural Development Society	State:	TAMIL NADU
Address:	129-D, ANNA SALAI KALAKAD - 627501 TIRUNELVELI DISTRICT	District:	TIRUNELVELI
		(STD Code)Tel. No:	9443150426
Email:			
(STD Code)Fax No:	260966		

Component - Senior Citizens	
Acknowledgment No.	TN/TN/00007639/IPOP/06-21/51833
1. Financial year for which grants-in-aid is applied:	2021-22

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Project Address		249/79, Ground Floor, Panchayat Union Office, Tisayanvilai Road, Village	
		Village 627108	
(STD Code)Tel. No:			
Landmark		Panchayat Union Office	
Location Type:	Block:	District:	State:
Village		TIRUNELVELI	
2. Name of the organization:		ARASAN RURAL DEVELOPMENT SOCIETY	
3. (a).Nature of the Project:		Maintenance of Senior Citizens Home for 25 beneficiaries	
(b). Date of commencement of the Project:		01/02/2002	
(c). Year of Commencement of Grants-In-Aid from G.O.I. for the Project:		01/02/2002	
(d). Whether the Project is recognized by the State Government		Yes	
4. Date of Registration:		22/11/1988	
5. (a) Complete address of location(s) location wherever programmed project/scheme is being implemented		ARASAN OLDAGE HOME SARVODHAYA BUILDING INS KATTABOMMAN ROAD NANGUNERI 627108 TIRUNELVELI DISTRICT, TAMIL NADU	
(STD Code)Tel. No:		04635260966	
(STD Code)Fax No:		04635260966	
Email:		arasankalakad@yahoo.com	
(b) Nearest Railway Station / Bus Stand:		NANGUNERI	

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6. Whether building is:	Rented
Rent Agreement	
(a) Name of Owner	Nallaiah E
(b) Name of the Tenant	Arasan Rural Development Society
(c) Rent for Month(in Rs.)	16500.0
(d) Mobile no of Owner	9345621957
(e) (STD Code)Tel. No:	
(f) Aadhar no of Owner	*****1457
(g) Bank Account no. of owner	3295101008081
(h) IFSC code of the Bank	CNRB000329
(i) Address of owner	NALLAIAH E NO.44, 2ND CROSS STREET PERUMPATHU, NANGUNERI 627 108
(j) City / Town / Village	Village
(k) Landmark	Nanguneri
(l) PIN Code	627108

7.(a). Is the building utilized exclusively for this program:	Yes
(b). If no, Provide details of usage:	

8. Building Details:	
(a). Area Of Building:	434.0
(b). Total Number of Rooms:	32

9. Whether separate project-wise accounts have been maintained for grants Sanctioned earlier:	Yes
10. Whether principle of joint operation of Bank Accounts is being followed:	Yes
11. Whether the Statement of accounts submitted along with the application:	Audited

12: Details of bank accounts in which grants-in-aid released, during last three financial years, were deposited

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Grants-in-Aid for Financia	Sanction Letter no.	Date	Recurring Amount	(b) Non-recurring	Bank Account no.	Name & Address of Bank	Persons Operating The joint Account
2018-19	No.15-22-31-2015-	30/10/2018	1890338.0	0.0	57056001892	SBI Kalakad	T. KINGSLY MOSES SECRETARY &
2019-20	No. 15-22(31)/2015-	11/01/2020	945169.0	0.0	57056001892	SBI Kalakad	T. KINGSLY MOSES SECRETARY &
2019-20	No. 15-22(31)/2015-	11/01/2020	945169.0	0.0	57056001892	SBI Kalakad	T. KINGSLY MOSES SECRETARY &
2020-21	No.15-22(31) / 2015-16/	29/06/2020	945169.0	0.0	57056001892	SBI KALAKAD	T. KINGSLY MOSES SECRETARY &

13.The amount of support sought from the Ministry for recurring grants-in-aid

Cost Head Group	Rs. in Lakhs
(a) Recurring	2438181.0
(b) Non-recurring	309000.0
Total	2747181.0
14. Whether List of Beneficiaries added as per Form - I	Yes
15. Whether List of Managing Committee added as per Form - II	Yes
16. Whether the List of Employees added as per Form - III	Yes

17. No. of Senior Citizens served

Between 60-70 years	Between 70-80 years	Above 80 years	Total
10	10	5	25

18: Availability of the following at centre

Lighting	Yes
Potable Water	Yes

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Toilet Facility:	Yes
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19: Details of Medical checkup and treatment of the Aged

i: Annual expenditure on medicines

Current year	Previous year
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100000.0	RS.	61470.0	RS.
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ii) Whether there is a full time doctor or a part time doctor:	part time
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iii)if the doctor is part time,the number of visit per month:	4
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iv) the fee paid to the part time doctor per month:	17000
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v) Whether any nursing service is provided:	Yes
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vi) the number of beneficiaries served for the whole year(in case of MMU):	
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vii) the average number of visit by the mobile van per month(in case of MMU):	
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viii) the number of visits the social worker paid to reach out to senior citizens for the whole year(in case of Non-Institutional Service):	
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20: Nutrition Support(in case of SrCH including for elderly women/ RCH & Home for Dementia)

No.of meals per day/per person	Breakfast/evening tea/per person	Average Daily exp/per person
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3	2	77.28
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21. Productive Activities:

a). Whether there are any facilities for productive activity for the beneficiaries	No
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b)If the answer to the above is yes give details of such activities:

i)No. of persons involved in such activity	
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ii) Income per year from such activities for:

Beneficiaries		RS
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Centre		RS
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22. Other Activities(other than productive activities):	
Whether any social service is undertaken by the centre:	No
a) By adopting specific area:	No
b)By linking with established institutions such as Orphanages,J.J.Institute etc:	No

23. Are there any linkages with any other organization/institution if so,please specify the name of the organisation for each service	
i) Nutrition:	No
Name of the Organisation:	
ii) Recreation:	No
Name of the Organisation:	
iii) Health:	No
Name of the Organisation:	
iv) Vocational Training:	No
Name of the Organisation:	
v) Any other sector:	No
Name of the Organisation:	
24. Whether Fund flow statement enclosed as per form-IV .	Yes

VERIFICATION

Certified that above information is in accordance with the records and accounts audited/ to be audited and is correct to the best of knowledge and belief of the office-bearers of the organization, and after its perusal and satisfaction, they have authorized the undersigned by a resolution dated 17.04.2021 to verify and submit the statement of information for purposes of monitoring the scheme for which grants-in-aid was received from the Ministry of Social Justice & empowerment, Govt. of India.

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2. I also hereby certify that I have read the rules and regulations of the scheme and I undertake to abide by them. On behalf of the Management. I further agree to the following condition :

- a. All moneys given as Grants in Aid and all assets acquired wholly or substantially out of the central grant shall not be encumbered or disposed of or utilised for purposes other than those for which the grant is given. Should the organisation cease to exist or violate the above condition at any time, such properties shall revert to the Government of India.
- b. The accounts of the project shall be properly and separately maintained. They shall always be open to check by an officer deputed by the Government of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
- c. If the State or the Central Government have reasons to believe that the grant is not being utilised for approved purposes; the Government of India may stop payment of further installments and recover earlier grant in such manner as they may decide.
- d. The institution shall exercise reasonable economy in its working and particularly in respect of expenditure on building.
- e. Progress reports on the project will be furnished at regular intervals as may be specified by the Government.
- f. The organisation agrees to make reservation for the Scheduled Castes/Schedule Tribe candidate/Disabled persons for appointment against the posts required for the working of the organisation in accordance with instructions issued by the Government of India from time to time.
- g. It is hereby certified that no grant is being received for the same project from any other (Govt, Private or foreign) source.
- h. The organisation will bear 10% of the estimated expenditure or the balance of the estimated expenditure on the project as per the guidelines

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Signature					
Name of Authorised Person:				T. Kingsly Moses	
Office Seal					
Contact Number:				9944000787	
Date:	13/06/2021	Time:	8:06 PM	Place:	kalakad

S.No	Document Uploaded By Now
1	Annual Report for previous year
2	Balance Sheet(including receipt and payment account) and Income and Expenditure Account of the previous year
3	List of Staff/Employees
4	List of Staff engaged in the project showing their name, designation and category of staff (SC/ST/OBC) engaged by the organisation
5	Budget Estimate
6	Rent agreement with details of accommodation, address signature of witness etc

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7	Certified copy of the Registration Certificate under Societies Registration Act,1860 or Charitable Trust Act etc.
8	Copy of PAN of the organization
9	List of Managing Committee Members
10	Bank Authorisation Letter indicating Bank Name,A/c No., complete address,IFSC/MICR code etc.
11	Agreement Bond/PSR in a non-judicial stamp paper Rs. 20(original to be sent to Ministry separately) (organization to incorporated in the bond that they are not charging money from the beneficiaries for the services being provided)
12	Audited Accounts comprising Balance Sheet, Income & Expenditure Statement and Receipt & Payment account for previous year
13	List of beneficiaries for previous year
14	Audited UC , in the prescribed format for grant sanctioned last year showing correct sanction No., account and date of sanction , duly signed by the Chartered accountant and countersigned by the authorised signatory of the organisation
15	Statement of accounts of previous year
16	UC, in the prescribed GFR-12A format for grant sanctioned during 2018-19 , duly signed by the Chartered accountant and countersigned by the authorised signatory of the organization.

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17	Provisional UCs for the grants released previous year (In the prescribed GFR-12A format and duly signed by the authorised signatory of the organization)
18	Status of Compliance with the directions of proactive disclosures and installation of CCTVs; and if not complied so far , attach declaration that this will be complied by 30th September of current year
19	Status of EAT Module implementation by the organization; if not done so far; attach declaration that this will be complied by 30th September of current year.
20	Memorandum of Association and copies of rules, aims and objectives of the organization