

APPLICATION FORMAT FOR LOCAL CULTURAL ORGANIZATIONS SEEKING GRANT IN AID FROM THE DEPARTMENT OF ART AND CULTURE, A&N ADMINISTRATION FOR THE FINANCIAL YEAR 2025-26

1	Name of the Cultural organization			
2	Registration No. and date of registration under SR Act 1860(Association applying for the first time should enclose copy of registration)	(Enclose copy)		
3	Unique ID no. of NGO-PS Portal (NGO-DARPAN)	(Enclose copy)		
4	PFMS Unique Agency Code.	(Enclose copy)		
5	Office address of the organization	(Enclose photograph of office with name plate)		
6	Postal address of the organization (in case the office address is different)			
7	Contact numbers			
8	Email ID of the organization			
9	PAN No. of the organization	(Enclose copy)		
10	Bank details of the organization	(Enclose copy of the first page of the bank passbook)		
	i. Account No.			
	ii. Bank & Branch			
	iii. IFSC Code			
	iv. MICR Code			
11	Details of Grants earlier received			
	i. Whether GIA received from this Department in the past. (Yes /No)			
	ii. Last grant received from Department of Art & Culture, A&N Admn.	Financial Year	Order No. & date	Amount received
	iii. Utilization Certificate of the previous Grant along with relevant pages of bank passbook	Yes () No () (Enclose)		
	iv. Audited statement of the last financial year/relevant year.	Yes () No () (Enclose)		
	v. Annual report of activities of the organization for last year	Yes () No () (Enclose date/ month wise activities from April 2024 to March 2025 with supporting documents such as paper clippings, invitation cards, photos banners etc.)		
12	Details of grants, if any received from National level autonomous bodies/ Ministry of Culture, Govt. of India (w.e.f. 01.01.2020 onwards)	Department / Autonomous bodies / Ministry of culture	Financial year	Amount received.
13	Enclose list of at least 07 office bearers with postal address, telephone nos, PAN and Adhaar Numbers	Attach list separately with copies of documents.		

Certified that the details furnished above are true to the best of my knowledge as per records. The department shall be free to take action as deemed fit against our organization, for submission of any false information.

Name and signature of authorized signatory
with seal

Date :

Place

For office use

Application format and enclosures checked and found in order

Diary & Dispatch Section.