



*The National Trust for the Welfare of
Persons with Autism, Cerebral Palsy,
Mental Retardation and Multiple
Disabilities.*

...to take India's development journey to newer heights we seek your support, blessings and active participation"

जयशंकर प्रसाद

THE NATIONAL TRUST Empowering Abilities, Creating Trust [Home](#) [About Us](#) [Contact Us](#) [Download](#) [Registration](#) [Login](#) [Niramaya Card](#)

Please complete and submit this registration form within 30 days from first save action. In case the form is not completed and submitted within 30 days then data will be deleted permanently from our database and you will have to fill the form afresh.

NGO Registration



General Details

Name of Applicant Organization * :

Name of the Head of the Organisation * :

PAN Number of Applicant Organization * :

Gender * :

Designation * :

Email ID * :

Mobile No. * :

Website :

Save & Next

Address Details

Category Registration * :

Disability Dealt with * : Autism | Cerebral Palsy | Mental Retardation | Multiple Disabilities

Applicant Address Details

House No. * :

Street Name :

Landmark * :

State/UT * :

District * :

City Name * :

Pin code * :

Land Line Number :

Back

Save & Next

Bank details

Name of the Account Holder * :

Bank account no. * :

Bank Name * :

Branch Name * :

Branch City * :

IFSC code * :

Back

Save & Next

Registration Number under SR/Company Act/ Public Charitable Trust

NGO Identity Proof * :

Registration Number * :

Valid From * : To For Life Time Validity Date format (MM/DD/YYYY)

If your organization is registered under Foreign Contribution Regulation Act (FCRA)

Registration Number :

Valid From : To For Life Time Validity Date format (MM/DD/YYYY)

If earlier registered with National Trust

Registration Number: :

Valid From : To Date format (MM/DD/YYYY)

Registration No. under PwD Act, 1995

Registration Number: * :

Valid From * : To For Life Time Validity Date format (MM/DD/YYYY)

Activities and Financial Details of Last 2 Years

Current Activities in brief (200 Characters) * :

Financial Report of Last Year * :

Activities in brief (200 Characters) * :

Expenditure in four disabilities (INR) * :

Total Expense of the organisation (INR) * :

Certified by Chartered Accountant * :

Financial Report Before Last Year * :

Activities in brief (200 Characters) * :

Expenditure in four disabilities (INR) * :

Total Expense of the organisation(INR) * :

Certified by Chartered Accountant * :

Back

Save & Next

Establishment Details

Own Building * :
 (Building should be owned by the NGO)

Rented/Leased* :

Valid From : To Date format (MM/DD/YYYY)

Governing Body/Managing Body Members List*

	NAME	PAN NUMBER	AADHAR NUMBER	QUALIFICATION	ADDRESS	OCCUPATION	PARENT OR PERSON WITH DISABILITY	IF PARENT THEN NAME OF THE PwD WITH TYPE OF DISABILITY
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Advance D <input type="text"/>	<input type="text"/>	<input type="text"/>	Select Opti <input type="text"/>	<input type="text"/>
<input type="button" value="Remove"/> <input type="button" value="Add"/>								

Staff List*

	JOB TYPE	NAME	PAN NUMBER	AADHAR NUMBER	DESIGNATION	AGE	QUALIFICATION	SALARY / HONORARIUM (MONTHLY)	DATE OF JOINING THE ORGANISATION	
	Full Time <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Advance D <input type="text"/>	<input type="text"/>	<input type="text"/>	
	If Part Time then fill frequency of visits per week					Salary in (INR)	Date format (MM/DD/YYYY)			
<input type="button" value="Remove"/> <input type="button" value="Add"/>										

If Hostel is maintained then number of hostellers

NAME	AGE	GENDER	ADDRESS	DISABILITY CATEGORY	DISABILITY PERCENTAGE
<input type="text"/>	<input type="text"/>	Male <input type="text"/>	<input type="text"/>	Select Disa <input type="text"/>	Select Disa <input type="text"/>
<input type="button" value="Remove"/> <input type="button" value="Add"/>					

Beneficiary Details

General

Name *	:	<input type="text"/>	Email ID	:	<input type="text"/>
Mobile *	:	<input type="text"/>	Gender*	:	Male <input type="button" value="v"/>
DOB *	:	<input type="text"/>	Age(Year) *	:	<input type="text"/>

Date format (MM/DD/YYYY)

Address

House No. *	:	<input type="text"/>	Street Name	:	<input type="text"/>
Landmark	:	<input type="text"/>	State *	:	Select State <input type="button" value="v"/>
District*	:	<input type="button" value="v"/>	City *	:	<input type="text"/>
Pin Code *	:	<input type="text"/>			

Bank details

Name of the Account Holder	:	<input type="text"/>	Bank account no.	:	<input type="text"/>
Bank Name	:	Select Bank Name <input type="button" value="v"/>	Branch Name	:	<input type="text"/>
City	:	<input type="text"/>	IFSC code	:	<input type="text"/>

Disability

Disability Type *	:	Select Disability <input type="button" value="v"/>	Disability % *	:	Select Disability Percentage <input type="button" value="v"/>
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If you want to add other beneficiary then click to Add button

Attached Proof

All the attachment should be PDF format and Size upto 5MB or less

Annual Report of the year

Last year * : No file selected.

One year report before last year : No file selected.

Second year report before last year : No file selected.

Audited Accounts of the year which should include Receipt and Payment Account, Income and Expenditure Account, Balance Sheet

Last year * : No file selected.

One year audit report before last year * : No file selected.

Please upload Black and white documents unless you are asked to upload colour documents

Attached Proof

All the attachment should be PDF format and Size upto 5MB or less

Memorandum of Association (MOA) * : No file selected.

Copy of Form E signed and stamped by Authorised signatory both pages. * : No file selected.

[Download Form-E](#)

Copy of Certificate under Persons with Disabilities Act-1995 * : No file selected.

Copy of Certificate of Registration under Societies/Registration Act/Companies Act/Public Charitable Trust * : No file selected.

Copy of Certificate of Registration under National Trust Act, if registered earlier. : No file selected.

Copy of Building proof or Rent / lease deed.* : No file selected.

Copy of PAN Number of Applicant Organization : No file selected.

Copy of PAN & Aadhar Number of Staff Members : No file selected.

Copy of PAN & Aadhar Number of Governing Body/Managing Body : No file selected.

Please upload Black and white documents unless you are asked to upload colour documents

Payment of registration Fee

Fee Details * : (Rs. 2,000/- for Urban & Rs. 1,000/- for Rural)

Choose Area * : Urban Rural

Amount (INR)* :

Choose payment mode * :

[Back](#)

[Pay](#)

If you have made your payment and payment is deducted but not displayed on the system in such case you are requested to raise your request to ao@thenationaltrust.in

Receipt NO. / Transaction ID * :

[Verify](#)

Get Receipt NO. / Transaction ID

[Back](#)

Please fill all * Marked mandatory fields

NGO Registration Form View

[Submit](#)

[Edit](#)

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Click On Submit Button for Final Submission of NGO Registration Form.

General Details

Name of Applicant (organization) : NGO Name
Name of the Head of the Organisation : Head Name
Gender : Gender Type
Designation : Designation Title
Email ID : test@gmail.com
Mobile No. : 1234567890
Website :

Address Details

Category Registration : Voluntary Organisation
Disability Type : Autism,Cerebral Palsy,Mental Retardation
Applicant Address Details
House No. : 690
Street Name :
Landmark : PHG PATH



भारत सरकार
GOVERNMENT OF INDIA

दिव्यांगजन सशक्तिकरण विभाग
Department of Empowerment of Persons with Disabilities (Divyangjan)

सामाजिक न्याय एवं अधिकारिता मंत्रालय
Ministry of Social Justice and Empowerment (MSJE)



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आशीर्वाद मंत्र

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Welcome NGO Name

Your application ID **123456789**

Your application has been accepted for further processing of registration.

Thanks and Regards,

National Trust

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