





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" जारे मार)

THE NATIONAL TRUST Empowering Abilities, Creating Trustome 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.

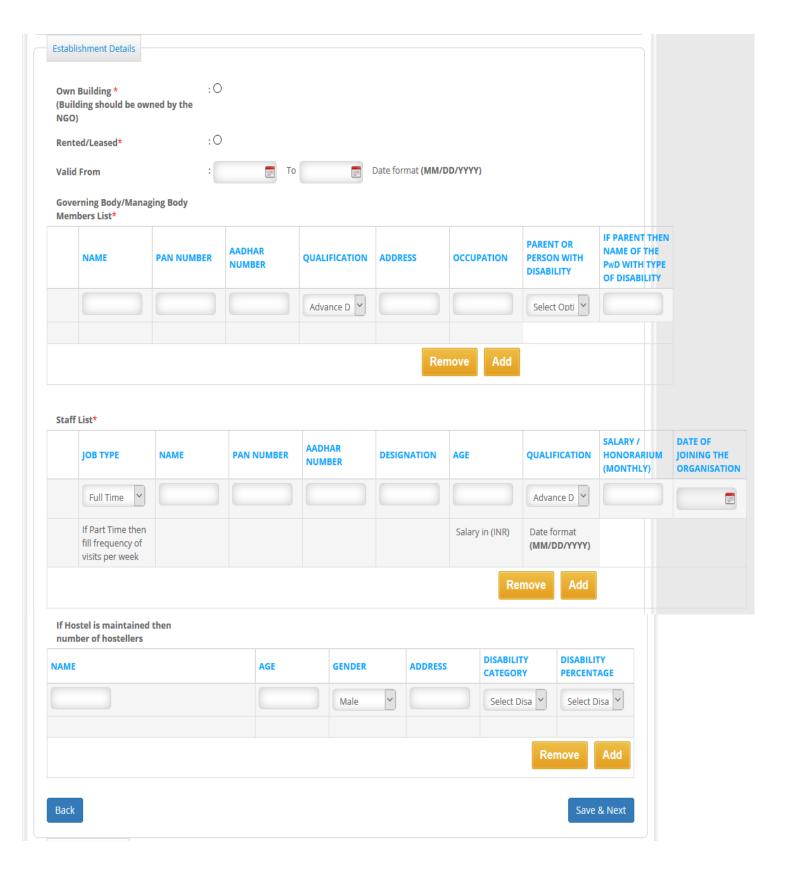
## **NGO Registration**



Name of Applicant Organization *	3	
Name of the Head of the	;	
Organisation *		
PAN Number of Applicant	:	
Organization *		
Gender *	: Select Gender V	
Designation *	:	
Email ID *	3	
Mobile No. *	:	
Website	:	

Address Details	
Category Registration *	: Select Category
Disability Dealt with *	:
Applicant Address Details	
House No. *	
Street Name	
Landmark *	
State/UT *	: Select State
District *	: Select District V
City Name *	
Pin code *	
Land Line Number	
Back	Save & Next
Bank details	
Name of the Account Holder *	
Bank account no. *	
Bank Name *	: Select Bank Name
Branch Name *	
Branch City *	
IFSC code *	
Back	Save & Next

Registration Details					
Registration Number under SR/0	Company Act/ Public Charitable Trust				
NGO Identity Proof *	: Select NGO Identity				
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 Nation	al Trust				
Registration Number:					
Valid From	: 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 o	of Last 2 Years				
Current Activities in brief (200 Characters) *					
Financial Report of Last Year *	: Select Financial Year V				
Activities in brief (200 Characters) *	:				
Expenditure in four disabilities (INR) *	:				
Total Expense of the organisation (INR) *					
Certified by Chartered Accountant *	: Select v				
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 *	: Select v				
Back	Save & Next				



Beneficiary Details			
General			
Name *	:	Email ID	:
Mobile *	:	Gender*	: Male V
DOB *	:	Age(Year) *	:
Date format (MM/DE	O/YYYY)		
Address			
House No. *	:	Street Name	:
Landmark	:	State *	: <u> </u>
		Select State	~
District*	: 🔍	City *	:
Pin Code *	:		
Bank details			
Name of the Account Holder	:	Bank account no.	:
Bank Name	:	Branch Name	:
Select Bank Name	~		
City	:	IFSC code	:
Disability			
Disability Type *	: Select Disability ~	Disability % *	: Select Disability Percentage v
		If you want	Remove Add to add other beneficiary then click to Add button
Back			Save & Next

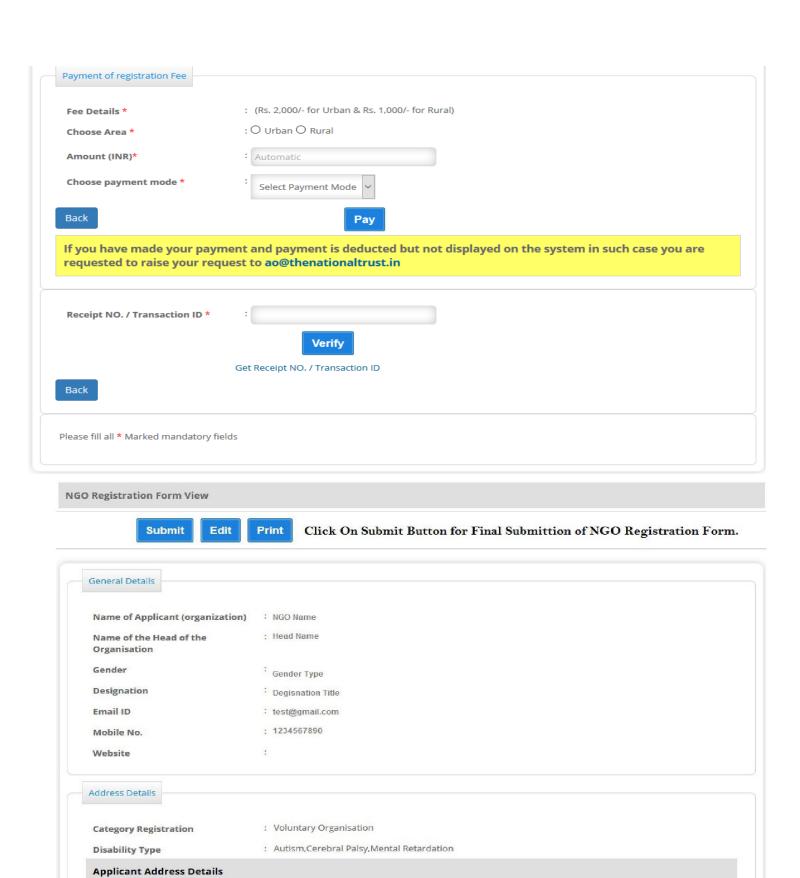
## Attached Proof All the attachment should be PDF format and Size upto 5MB or less Annual Report of the year Last year \* Browse... No file selected. No file selected. One year report before last year Browse... Second year report before last Browse... No file selected. Audited Accounts of the year which should include Receipt and Payment Account, Income and Expenditure Account, Balance Last year \* No file selected. One year audit report before last Browse... No file selected. year \* Save & Next Back 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** Browse... No file selected. (MOA) \* Download Form-E Copy of Form E signed and Browse... No file selected. stamped by Authorised signatory both pages. \* **Copy of Certificate under Persons** Browse... No file selected. with Disabilities Act-1995 \* **Copy of Certificate of Registration** No file selected. Browse... under Societies/Registration **Act/Companies Act/Public** Charitable Trust \* Copy of Certificate of Registration No file selected. Browse... under National Trust Act, if registered earlier. Copy of Building proof or Rent / Browse... No file selected. lease deed.\* **Copy of PAN Number of Applicant** Browse... No file selected. Organization Copy of PAN & Aadhar Number of Browse... No file selected. **Staff Members** Copy of PAN & Aadhar Number of Browse... No file selected. **Governing Body/Managing Body**

Back

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



: 690

: PHG PATH

House No.
Street Name

Landmark



## दिव्योगजन 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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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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