List of Documents required for the release of 2nd Installment under 'Nai Roshni'.

1. The Inspection Report of the District Minority Welfare Officer of Concerned District.
2. Utilization Certificate for the sanctioned amount (GFR-19 A) duly certified by a Chartered Accountant.
3. Audited Statement of Accounts for the sanctioned amount – Income & Expenditure, Receipt & Payment and Balance Sheet duly certified by a Chartered Accountant.
4. Progress report of the programme
   - I. Training Schedule (form-I)
   - II. List of Women Trainees (Form-II)
   - III. List of Resource Persons (Form-III)
   - IV. Expenditure Statement (Form-IV)
5. A certificate of Satisfactory Completion of the programme duly signed by 100% of women trained and countersigned by Head of Panchayat/Municipal Body/Local Authority.
6. Prior intimation of the venue and dates of commencement and completion of the programme (if not sent earlier).
7. An undertaking to the effect that the institution has not received any other grant for the same project from any other Ministry/Department of the Government of India, State/UT Government and any other Government/Non-Government organization/bilateral/multi-lateral funding agencies or United nations.
8. Photographs of all daily activities of the programme and video clippings as evidence of holding the programme. These shall also be hosted in the website of the organization and should be informed to the Ministry of Minority Affairs, State Government and District Collector concerned (if not sent earlier).
9. Copies of pamphlets, publicity material, etc. of the programme (if not sent earlier).

Note:- The organization shall maintain its website as required under scheme guidelines.

01/4/15

अनुराग बाजपेई/ANURAG BAJPAI
निदेशक/Director
अल्पसंख्यक कार्य मंत्रालय
Ministry of Minority Affairs
भारत सरकार/Govt. of India
नई दिल्ली/New Delhi

Form -I

Progress Report of Trainings conducted under Scheme for Leadership Development of Minority Women during 2012-13

Name of Organization:

S. No.	Name of State	Name of District	Location (Block/ village)	Date of Training (From –To)	Name of Training Module	Number of Minority/Non-Minority Women participated						
						Muslims	Sikhs	Christians	Buddhists	Parsis	Others (Non-minority)	Total

Signature of President/Secretary with Date

Stamp of Organization

FORM-II

List of Women Trainees (2012-13)

Name of Organization:

Location of Trainings (District/ Block/ Village):

Dates of Training:

Type of Trainings (Residential /Non-Residential):

S. No.	Name of Women Trainee	Age (in years)	Father/ Guardian/ Husband's Name	Address of trainee	Educational Qualification	Annual Parental/ Family Income	*Aadhaar Number/ Voter ID Number/ Ration Card Number	Name of Community (Muslim/Christian/ Sikh/Buddhists /Parsis/Non-Minority)

Signature of President/Secretary with Date

Stamp of Organization

Counter Signature of
Pradhan of Gram Panchayat/
Member of Municipal Corporation/
District Minority Welfare Officer
(with date and Stamp)

* Preferably Aadhaar Number (if any)

FORM-III

List of Resource Persons (2012-13)

S.No.	Name of Training Module (s)	Name of Resource person engaged for the Training Module	Qualification of Resource person	Experience of Resource person for conducting such trainings (in years)	Contact of Resource Person	
					Telephone	E-Mail

Signature of President/Secretary with Date

Stamp of Organization

FORM-IV

Expenditure Statement (2012-13)

Name of Organization:

(a) Number of Non-Residential trainings:.....

Non- Residential Trainings					
Grant-in aid received from Ministry (In Rs.)	Items of Expenditure	Number of Persons engaged	Rates (In Rs.)	Duration /Units	Total amount spent (In Rs.)

(b) Number of Residential trainings: .....

Residential Trainings					
Grant-in aid received from Ministry (In Rs.)	Items of Expenditure	Number of Persons engaged	Rates (In Rs.)	Duration /Units	Total amount spent (In Rs.)

Signature of President/Secretary with Date

Stamp of Organization

FORM GFR 19

Deleted

FORM GFR 19- A

[*See* Rule 212 (1)]

Form of Utilization Certificate

Sl. No.	Letter No. and date.	Amount
	Total	

Certified that out of Rs. ..... of grants-in-aid sanctioned during the year ..... in favour of ..... Under this Ministry/Department Letter No. given in the margin and Rs..... on account of unspent balance of the previous year, a sum of Rs. ..... has been utilized for the purpose of ..... For which it was sanctioned and that the balance of Rs..... remaining unitilized at the end of the year has been surrendered to Government (*vide* No....., dated .....)/ will be adjusted towards the grants-in-aid payable during the next year .....

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

1.

2.

3.

4.

5.

Signature .....

Designation .....

Date .....