



## Registration Form for NGOs



### I. BASIC CONTACT INFORMATION

Organization's Name:			
Key Person:			
Full Address:			
Phone No:		Fax No:	
E-mail:		Website:	

### II. BUSINESS DETAILS

1. Is your firm registered with the government?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
2. Constitution of organization:	Societies Registration Act, 1860/ Trust/Other			
3. Registration details:				
4. Annual Turnover (Rs.); as per the last audited Annual Report				
5. Staff Details	Permanent	Full-time	Part-time	Professionals
6. Areas in which your staff's capacity needs to be developed				
7. Indicate how long have you been in this field				
8. Indicate your Specialisation area in which you provide services				
9. Have you ever done business with other development sector organizations? If so, provide the names of clients below	Yes/No			

### III. CUSTOMER REFERENCES

Provide 3 client references below (*listing client name, phone number, contact person, contact's e-mail*):

<b>1</b>	Name of Organization			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Contract Period		Contract Value	
<b>2</b>	Name of Organization			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Contract Period		Contract Value	
<b>3</b>	Name of Organization			
	Name of Contact Person		Title	
	E-mail:		Phone:	
	Contract Period		Contract Value	

**IV. CHECKLIST**

List of documents to be enclosed along with the application form:

Sr#	Documents	√ or X
1	<b>Covering Letter (limit the words to 200):</b> Include your expertise/ capability	
2	<b>Organization's Profile (limit the words to 200) :</b> Your track Record, Experience in the Region/State	
3	<b>Last Audited Annual Return of your organization.</b>	
4	<b>Attach the copy of service engagement with other clients</b> (with reference to point# III)	
5	<b>CVs of your Core team</b>	
6	<b>Awards &amp; Recognitions, if any</b>	

**VI. CERTIFICATION**

I certify that the above mentioned particulars are true and complete to the best of my knowledge and belief and that no material changes have occurred to the business which would affect any of the above representations.		
<b>Name of Person Completing Form</b>		
<b>Designation:</b>	<b>Signature:</b>	<b>Date:</b>