APPLICATION FOR CRECHE UNITS CONTINUATION

1. (A) Name (B) Full A	e of Organisation ddress	:	
2. (A) Regist (B) Valid		: :	
3. Date of ap	oplication	:	
Units app	ntinuation Creche lied for & period ned Annexure-A)	:	
5.Grant amo i. Recurrir ii. Non- rec	•	:	
jointly by i. Name Designa ii. Name Designa	count of the Organisation	; ; ; ;	
7. behalf of the sanction stipu	lated by the	on, undertake by ial Welfare, Che	y the terms and conditions of the nnai 5.
			SIGNATURE
			NAME
			DESIGNATION
			SEAL
Notes:	Application for New / A prescribed application		

FORM - A

(See Rule 13 (b))

FROM OF APPLICATION FOR CERTIFICATE OF PS CONDITION

1)	Full Name of the applicant	:
2)	Religion	:
3)	Residence (Town or Village) (In case of application particulars regarding items 2 & 3 mentioned in respect of each numbers)	:
4)	Name of Institution	:
5)	Aims and Objectives	:
6)	Details about the financial condition of the Institution funds, property and source of income	:
7)	Arrangements made or proposed to to be made for boarding and lodging and also details of the building whether owned by the institution or rented	:
8)	Arrangements in respect of general health of inmates and facilities for their medical treatment and arrangements proposed to be made for the educational, vocational and normal training	:
9)	Full Address of the institution	:
10)	Has any such application made previously if so, its results together with its date, month and year.	:
11)	If the institution exists at present the date of its commencement.	: