



ANIMAL WELFARE BOARD OF INDIA

Ministry of Fisheries, Animal Husbandry and Dairying, Govt. of India
(Department of Animal Husbandry and Dairying)
NIAW Campus, 42 Mile Stone, Delhi-Agra Highway
NH-2, Ballabhgarh, Haryana-121004

Email: animalwelfareboard@gmail.com : Website: www.awbi.in

Application Form for Permission of Animal Birth Control Program

1.	Organization Details	
(a)	Name of the Organization	
(b)	Address of the Organization with pincode No.	
(c)	Telephone Nos. with STD Code & Mobile No. (Whatsapp No.)	
(d)	E-mail address	
(e)	PAN No. of the Organization (Attach the copy of PAN card)	
(f)	Whether AWO/Gaushala/SPCA	<input type="checkbox"/> AWO <input type="checkbox"/> Gaushala <input type="checkbox"/> SPCA <input type="checkbox"/> Other(Please mention)
(g)	Year of Establishment	
2.	Registration No. with year under Societies Registration Act/Indian Trust Act, Co-operative Societies Act, Gaushala Act, Gauseva Aayog Act etc. (Attach copy of Registration Certificate with renewal, if any, duly attested by Notary Public)	
3.	Details of Registration on NITI Aayog NGO Portal - Date and Unique ID Number (Attach a photocopy) (Mandatory)	
4.	Details of Registration under Foreign Contribution Regulation Act- Registration No. & Date. (Please attach copy of Registration certificate)	
5.	Details of 80 G exemption under Income Tax Act, if any (Number, Date and Attachment)	
6.	Memorandum of Association, By Law/Constitution of orgn. (Please attach copy of MOA with amendments, if any, duly attested by Notary Public)	

10.	Details of Dispensary/ Medical Facilities available within the shelter						
	S. No.	Address	OT <i>(Available/Not Available)</i>	Medical Equipment Details to be attached			
11.	Whether Ambulance/ Tractor Trolley is available, if yes						
	S. No.	Model of Vehicle	Date of Purchase	Kms.	Cost of Purchase	Purpose of use	Log Book <i>(to be attached)</i>
12.	Details of Number of Animals Sheltered/Treated/ Rescued during the year						
(i)	Details of Animals Sheltered <i>(Note: Dogs sheltered for ABC programme not to be included)</i>						
	S. No.	Species	Gender/ Category		No. of animals		
	1	Cow	Milking Cows				
			Dry Cows				
			Male Calves				
			Female Calves				
	2	Buffalo	Milking Buffaloes				
			Dry Buffaloes				
			Male Calves				
			Female Calves				
	3	Ox/Bullock					
	4	Horse					
	5	Donkey					
	6	Sheep/Goat					
	7	Cat/Kitten					
	8	Dog/Puppy					
	9	Other Animal (specify)					
		Total					
(ii)	General health condition of the animal sheltered <i>(Attach related document)</i>						
(iii)	Animal Verification Certificate <i>(Attach photo copy of certificate)</i>						
(iv)	Number of animals rescued from illegal transportation during the year						

(v)	Number of animals treated by the Organization Note: <i>(As verified from animal treatment register maintained by the Organization)</i>						
	In their in- house dispensary /hospital	Sick and injured animal on the spot	In medical camps	By Mobile Clinics	Total		
13.	Copy of the Activity Report / Annual Report of the last three years, if any						
14.	Copy of Annual Audited Accounts Attachment including Balance sheet and Income & Expenditure statement <i>(Duly certified by Chartered Accountant)</i>						
15.	Details of the Office Bearers/Governing Body/Management Committee						
	Name	Designation	Address	Telephone No. / Mobile No. (whatsapp)	Email address	Aadhaar No. (copy to be attached)	
16.	Details of Staff in the Organization / Shelter						
	Name	Designation	Education (Attach related document)	Age	Aadhaar No. (copy to be attached)	Salary	Type (Full Time/Part Time)
17.	Periodicity of Management Committee Meetings <i>(Attach copies of Resolution adopted towards Animal Welfare Activities of last 1 year)</i>						

18.	Details of Source of Income (<i>Grant Received with state Govt., Central Govt., Foreign Agencies and other Source</i>) of last 3 years					
	Source	Amount	Financial Year			
	From State Govt.					
	From Central Govt. (<i>other than AWBI</i>)					
	From Donations					
	From Foreign Agencies					
	From other sources					
	Total					
19.	Details of Bank Account in the name of the Organization					
	Name of the Bank	Branch Address	IFSC Code	Account No.	Name of the Account Holder	
20.	Details of court cases filed under PCA Act					
	S. No.	Financial Year	Court Case No.	Subject	Status	Resolving Date (<i>in case of resolved case</i>)
21.	Details of FIRs filed under PCA Act					
	S. No.	Financial Year	FIR No.	Subject	Status	Resolving Date (<i>in case of resolved</i>)
22.	Whether the Organization is involved in any litigation? If yes, details thereof including latest position and how it has affected the working of the organization					
23.	Whether the cow dung and urine is collected and utilized for any purpose, if yes					
(i)	Whether organic manure, pesticide gas, electricity, medicines, or any one of them is prepared by using/processing cow dung and urine? (<i>Attach related document, if any</i>)					

(ii)	Whether any trained person for the above preparation is available and if so specify the no. of the persons (<i>Attach related document, if any</i>)	
(iii)	Whether training camps are being held for organic manure etc. as mentioned above and if so how many camps and trainees have been trained in the last year and present year?	
	No. of camps held last year	No. of camps held current year
		Total
(iv)	Whether any plan has been received to start converting cow dung and urine into organic manure, pesticide, gas, electricity, medicines or any one of them?	
(v)	Details of education, training and research programmes conducted (<i>like research about cow dung, cow urine etc.</i>) Also specify the results of such training/research Programmes	
	S. No.	Programme details
		Result
		Financial Year
24.	Details of the ABC Project(s) (*Note: separate application is required for each ABC center/project)	
	Name of the Project	Address of the ABC Facility
25.	Details of infrastructure/facilities available with the organization to implement the proposed scheme	
(a)	Whether Dispensary with operation theatre is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	Does the agency have vehicle(s) for transport of the dogs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c)	Does the agency employ a GPS-based tracking system to monitor the daily capture and return of the dogs and the overall geographic coverage of the ABC programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d)	Whether Storage Room for medicines and equipment available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e)	Whether kitchen and washroom area available for preparation of dog food and cleaning of kitchen utensil and dog bowls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(f)	Whether suitable staff accommodation facility available for 24hr supervision by veterinary/ Para-veterinary staff of ABC programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(g)	Pre-operation preparation area	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(h)	Air-conditioning in OT	<input type="checkbox"/> Available <input type="checkbox"/> Not Available

(i)	Drainage System	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(j)	Room/Area for cleaning and Sterilizing instruments	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(k)	Cautery Machine	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(l)	Steel Surgical operating table	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(m)	Shadow less lights for each operating table	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(n)	Instrument Trays	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(o)	Kidney Trays	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(p)	Trolleys for instruments	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(q)	Cupboards to stock essential medicines	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(r)	I/V stands	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(s)	UV lamps	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(t)	Emergency medicine kits	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(u)	Surgical scrub sinks, wash taps and waste bins	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(v)	24 hr water and electricity supply	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(w)	Stretchers	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(x)	Refrigerator	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(y)	Autoclave	<input type="checkbox"/> Available <input type="checkbox"/> Not Available If available, Number:
(z)	No. of sets of surgical instruments available	
26.	Details of Kennel area and facilities available	
(a)	No. of Kennels	
(b)	Total Kennel Area (in sq. feet)	
(c)	Capacity of each Kennel	
(d)	Availability of adequate ventilation, temperature control, lighting and water source points?	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
(e)	Method of identifying the sterilized Dogs (<i>e.g. Ear Notching</i>)	

27(a).	Source of catching and releasing of dogs									
(b)	If caught and released by NGO itself then certificate to be enclosed									
(c)	If MoU signed with Municipality/ Municipal corporation /AWO, if Yes, Copy of MoU to be enclosed or expected date of signing of MoU									
28.	Details of ABC Operations carried out									
(a)	ABC operations in last 5 years (<i>year-wise details</i>)									
	S. No.	Financial Year	Male Dogs	Female Dogs	Total					
(b)	Monthly capacity for carrying out ABC programme									
(c)	Since how many years, ABC operations are being carried out									
29.	Details of Staff for implementing ABC programme									
	Veterinarians:									
	Name	Designation	Age	Address	Email	Contact No.	State Registration No.	VCI Registration certificate	Training/ Experience Certificate for ABC surgery	Type (Full Time/Part Time)
	Other Staff including paravets:									
	Name	Designation	Age	Qualification	Proof of Qualification	Training/ Experience Certificate	Type (Full Time/Part Time)			

30.	Proposed total number of animals to be sterilized or targeted and immunized in the current year													
(i)	<table border="1"> <thead> <tr> <th>Male Dogs</th> <th>Female Dogs</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Male Dogs	Female Dogs	Total						
Male Dogs	Female Dogs	Total												
(ii)	Total expenditure to be incurred for the purpose													
(iii)	Grant-in-aid received from any other Agency/Govt./Dept., if any for the same purpose													
	<table border="1"> <thead> <tr> <th>S. No.</th> <th>Amount</th> <th>Received from</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					S. No.	Amount	Received from						
S. No.	Amount	Received from												
(iv)	Whether entered into MoU with Municipality/Municipal corporation/AWO for conducting sterilization or proposed date of signing MoU? <i>(if Yes, Copy of MoU to be enclosed)</i>													
(v)	Whether dog population survey conducted in the area where ABC is proposed to be conducted by the Municipality / Animal Husbandry Department. If yes, please mention number of animals and year of survey. If not, then how the number of dogs have been determined.													
(vi)	Details of the other collaborating AWOs in this project													
	S. No.	Name of the AWO	Address	Mobile No.	Email									
31.	Details of Monitoring Committee													
	S. No.	Name of the committee member	Address	Mobile No.	Email									

32.	Maintenance of Records as per ABC Module	
(a)	Dog pickup and release record	
(b)	OT record duly signed by qualified and trained Veterinarian	
(c)	Post operative Care record	
(d)	Quarantine facility record	
(e)	Post mortem report	
(f)	Dog death in the campus signed by jurisdiction veterinary officer	
(g)	Medicine Inventory	
(h)	Attendance Record	
(i)	Surgical stock records	
(j)	Anesthesia stock records	
(k)	Accounting records	
(l)	Organ Counting Record	
(m)	Feeding Record	
(n)	Disinfection records of the premises	
(o)	Log book of catching Van	
(p)	Entry Exit of Vehicle or personal in the Centre	
33.	Additional information, if any	

DECLARATION

I solemnly affirm and declare that the above said information and documents provide by me are true and correct to the best of my knowledge and belief and nothing material is concealed there from

Signature & Seal (Authorized signatory)
For and on behalf of the Governing Body of the Organization

Name:

Designation:

Note:

If any of the above documents are in Regional language, translation of the same in Hindi/ English language needs to be sent.