



## 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](mailto:animalwelfareboard@gmail.com) : Website: [www.awbi.in](http://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 pin code No.						
(c)	Telephone Nos. with STD Code & Mobile No. (Whatsapp No.)						
(d)	E-mail address						
(e)	PAN No. of the Organization						
(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.	Details of Shelter House / Dispensary						
	S. No.	Address of Shelter / Dispensary	No. of Sheds	Area of Shed	No. of small animals	No. of Large animals	Type (Shelter / Disp.)
	1						
	2						
3.	Details of the Office Bearers/Governing Body/Management Committee						
	Name	Designation	Address	Telephone No. / Mobile No. (whatsapp)	Email address	Aadhar No.	

4.	Registration No. with year under Societies Registration Act/Indian Trust Act, Co- operative Societies Act, Gaushala Act, Gauseva Ayog Act etc. (Attach copy of Registration Certificate with renewal, if any , duly attested by Notary Public)	
5.	Details of Registration on NITI Aayog NGO Portal – Date and Unique ID Number (Attach a photocopy) (Mandatory)	
6.	Memorandum of Association, By Law/Constitution of orgn. (Please attach copy of MOA with amendments , if any, duly attested by Notary Public)	
7.	Details of Registration under Foreign Contribution Regulation Act- Registration No. & Date. (Please attach copy of Registration certificate)	
8.	Details of 80 G exemption under Income Tax Act, if any (Number, Date and Attachment)	
9.	Details of Source of Income (Grant Received with state Govt., Central Govt., Foreign Agencies and other Source)	
	From State Govt.	
	From Central Govt. (other than AWBI)	
	From Donations	
	From Foreign Agencies	
	From other sources	
	<b>Total</b>	
10(i)	Main Objective of the Organization	

10(ii)	Activities of the Organization with Percentage of expenditure incurred during the last three year	<b>Activities</b>	<b>% of expenditure</b>
		Sheltering of Stray Cattle / large animals	
		Sheltering of stray Dogs and other small animals	
		Animal birth Control programme	
		Dispensary / Treatment	
		Ambulance services / Mobile Animal Clinic	
		Rescue / Rehabilitation of animals	
		Awareness / Training for animal welfare	
	Legal Cases booked against cruelty to animals		

10(iii) Other activities as per aims and objectives

S. No.	Activities	% of expenditure
1		
2		

11.	Details of Number of Animals Sheltered/Treated/ Rescued during the year				
(i)	Number of animals rescued from illegal transportation during the year				
(ii)	Number of animals treated by the Organization <b>Note:</b> (As verified from animal treatment register maintained by the Organization)				
	In their in- house dispensary /hospital	Sick and injured animal on the spot	In medical camps	By Mobile Clinics	<b>Total</b>
(iii)	General health condition of the animal sheltered (Attach related document)				
(iv)	Animal Verification Certificate (Attach photo copy of certificate)				

12.	Details of Dispensary / Medical facilities available						
	Address of Dispensary / Medical facility	OT (Available/Not Available)	Medical Equipment	Details to be attached			
13.	Whether Ambulance/ Tractor Trolley is available, if yes						
	<b>S. No.</b>	<b>Model of Vehicle</b>	<b>Date of Purchase</b>	<b>Kms.</b>	<b>Cost of Purchase</b>	<b>Purpose of use</b>	<b>Log Book</b>
	1						
	2						
14.	Whether the Organization is involved in any litigation? If yes, details thereof including latest position and how it has affected the working of the organisation						
15.	Details of Staff in the Organization / Shelter						
	<b>Name of the staff</b>	<b>Age</b>	<b>Aadhar No.</b>	<b>Salary</b>	<b>Education</b>	<b>Designation</b>	<b>Type (Full Time/Part Time)</b>
16.	Number of court cases filed under PCA Act during the last year						
17.	Number of FIR filed under PCA Act during last year						
18.	Periodicity of Management Committee Meetings (Attach copies of Resolution adopted towards Animal Welfare Activities of last 1 year)						
19.	Copy of the Activity Report / Annual Report of the last three year, if any						
20.	Copy of Annual Audited Accounts including Balance sheet and Income & Expenditure statement, if any						

21.	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
22.	Details of the ABC Centre(s)				
	<b>S. No.</b>	<b>Name of the Centre</b>	<b>Address of the Centre</b>		
	1				
	2				
23.	Proposed total number of animals to be sterilized or targeted and immunized in the current year				
(i)	<b>Male Dogs</b>	<b>Female Dogs</b>	<b>Total</b>		
(ii)	Total expenditure to be incurred for the purpose				
24.	Details of Grant-in-aid received from any other Agency/Govt./Dept., if any for the same purpose				
	<b>S. No.</b>	<b>Amount</b>	<b>Received from</b>	<b>Year</b>	
25.	Details of ABC Operations carried out in the last 5 years (year-wise details)				
	<b>S. No.</b>	<b>Male Dogs</b>	<b>Female Dogs</b>	<b>Total</b>	<b>Year</b>
26.	Details of infrastructure/facilities available with the organization to implement the proposed scheme				
	(a)	Whether you have a Dispensary with operation theatre?			<input type="checkbox"/> Yes <input type="checkbox"/> No
(b)	No. of autoclaves available				
(c)	Whether Storage Room for medicines and equipment available?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
(d)	Source of catching and relocation of dogs, if caught and relocated by NGO itself then certificate to be furnished				
(e)	Whether you have your own dog catchers?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
(f)	No. of Trained Animal handlers				
(g)	Monthly capacity for carrying out ABC programme				

(h)	No. of Kennels and details of the measurements/facilities	
	<b>No. of Kennels</b>	
	<b>Area</b>	
(i)	Details of operation theatre and other infrastructure	
	(A) Pre-operation preparation area	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
	(B) Air-conditioning in OT	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
	(C) Method of identifying the sterilized dogs (e.g. Ear Notching)	
	(D) Drainage System	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
	(E) Room/Area for cleaning and sterilizing instruments	<input type="checkbox"/> Available <input type="checkbox"/> Not Available
	(F) No. of sets of surgical instruments available	
	(G) No. of basic instruments	
	Cautery Machine	
	O.T Table	
	Stretchers	
	Autoclave	
	Refrigerator	
27.	Whether entered into MoU with Municipality/Municipal Corporation/AWO? (if Yes, Copy Of MoU to be enclosed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Whether dog population survey conducted in your area during the year If yes, attach report	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.	Details of the other collaborating AWOs in this project?	
	<b>S. No.</b>	<b>Name &amp; Address of the AWO</b>
30.	Details of Monitoring Committee	
	<b>S. No.</b>	<b>Name &amp; Address of the committee members</b>
31.	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 therefrom

Signature & Seal (Authorised 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.