



## **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, Ballabgarh, Haryana-121004

Email: [animalwelfareboard@gmail.com](mailto:animalwelfareboard@gmail.com) : Website: [www.awbi.in](http://www.awbi.in)

### **Name of the Scheme : Scheme for Animal Birth Control & Immunization of Stray Dogs**

#### **Application form for new proposal for the year**

1. Organisation Name :

Full postal address with pincode :

Tel/Mobile No. :

(Including STD Code Number)

Fax No. :

E.Mail/ Grams :

Nearest State Bank of India :

Branch and its Code No.

(i) Name of the Act under :

which Registered

(ii) Registration No. and :

date of Registration

(Please attach a photocopy)

- (iii) AWBI Recognition Code No. :
2. Whether Govt. body/Municipality/ :  
Local body/NGO give details
3. Registration under Foreign : Contribution Act
4. Memorandum of Association :  
and Bye-Laws  
(Please attach a photocopy)
5. Name and address with phone :  
Nos. of the Members of  
Managing Committee/Executive  
Committee/Governing body  
(Please attach separate sheet)
6. Details of previous grants for the :  
last 3 years received from the Board
7. Details of accounts/UC pending :  
with you, if any, yearwise.

8. Details of last inspection done :  
(Date & inspection details)
  
9. Details of ABC indicating the :  
number of animals to be sterilized  
and immunized in the current  
year and total expenditure  
to be incurred for the purpose
  
10. Grant in aid applied for the year :
  
11. Details of Grant-in-aid :  
received from any other  
Agency/Govt./Dept, if any  
for the same purpose
  
12. Details of ABC operations :  
carried out in the last 2 years
  
13. Details of infrastructure/facilities :  
available with the organization to  
implement the proposed scheme

- (a) Whether you have grazing land :  
and Animal Shelter
- (b) Whether you have a Dispensary :  
with operation theatre
- (c) Whether Veterinary Surgeon :  
is available  
If yes, full time/part time/  
Weekly etc.
- (d) Whether you have para veterinary :  
staff, animal handlers, medical  
equipment
- (e) Whether you have autoclave :
- (f) What is the source of supply :  
of dogs, if caught and relocated  
by NGO itself then certificate  
as given in Sl.(m) of Annexure  
to be furnished.
- (g) Whether you have your own :  
dog catchers

- (h) What is your capacity to do ABC :
14. Whether adequate water supply is available and existing system of drainage. :
15. Does the Organisation have an Ambulance? :
- a) If yes its make and size  
How the recurring expenditure is met?
- b) Is the driver employed permanent/ temporary/as required basis.
16. Whether entered into MoU with Municipality/Corporation. (Copy Of MoU to be enclosed) :
17. Whether you have undertaken a dog population survey in your area :
18. Who are the other collaborating AWOs in this project? :
19. How the recurring expenditure is met? :
20. What are your animal welfare activities :
21. List of additional supporting papers, :

I/We have read the scheme and fulfill the requirements and conditions of the scheme.  
I/We undertake to abide by all terms and conditions of the scheme.

Signature :

Name :

Address/Seal :

Dated :

Note: Wherever not applicable, especially in case of new Organisations, please write N.A.