

ANIMAL WELFARE BOARD OF INDIA

E-mail : awbi@md3.vsnl.net.in Website : www.awbi.org

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.