



**ANDHRA PRADESH STATE CHRISTIAN (MINORITIES)
FINANCE CORPORATION
Minorities Welfare Department
Government of Andhra Pradesh
Application for Financial Assistance under the Grant-in-Aid**

(for Office Use Only)

Date of receipt of the application:
File No.:

Application for *(Please tick)*

1. **Financial Assistance to Christian Hospitals** ()
(not exceeding Rs.10.00 Lakhs)
2. **Financial Assistance to Christian School Buildings** ()
(not exceeding Rs.5.00 Lakhs)
3. **Financial Assistance to Church run Orphanage** ()
(not exceeding Rs.5.00 Lakhs)
4. **Financial Assistance to Old Age Homes** ()
(not exceeding Rs.5.00 Lakhs)
5. **Financial Assistance for Construction of Community Halls
cum Youth Resource Center** *(not exceeding Rs.5.00 Lakhs)* ()

1. Details of the Institution applying for the Financial Assistance

- a. Name of the Institution :
- b. Full Address:

c. Phone/ Fax Numbers/ Email ID/ Web site:

1.1. Name & Designation, complete address with Mobile No. of Contact Person

1.2. Institutional Details:

- a. Year of Establishment
- b. Legal Status (Name of the Act under which the Institution is registered)
(Enclose as Annexure 1)

1.3 Details of Board of Management /Governing Body
(Enclose as Annexure 2)

2. Details of the Church to which the Institution is affiliated

- a. Name of the Church:
- b. Full Address
- c. Phone/Fax Numbers/ Email ID/ Website

2.1. Name of the Recommending Authority

- 1. Designation
- 2. Full Address/Mobile No.

3. 1. Details of the Activity (To be taken up with the Financial Assistance of the APSCMFC)

- 3.2. Name of the Activity :
- 3.3. Full Address of the location of the activity:

3.4. Name of the Scheme:

3.5. Budget Estimates:

3.6. Benefits envisaged from the completion of the proposed Project:

3.7. Details of funds available from other sources for the proposed project, if any:

3.8 Any grants received in the past from the State/Central Government for the proposed activity:

Declaration

I hereby solemnly affirm that the information given above is true to the best of my knowledge and belief.

Date
Place

Signature
Designation

Note:

1. *It is mandatory for the applicant to fill all the columns. Incomplete application forms will be summarily rejected without any notice.*
2. *Application should be enclosed with all required documents.*
3. *The application form and all required documents should be properly indexed with page numbers and index should be placed on the top of the application form.*

**CHECK LIST FOR FINANCIAL ASSISTANCE FOR WELFARE
INSTITUTIONS AS PER THE GUIDELINES ISSUED IN Memo
No.2911/ICM II/A2/2010-1 dt. 21.02.2011**

**Name of the Institution
with full address:**

Contact Person:

Mobile:

Tel:

Email:

S.No	Document	Compliance Reporting
1.	Application in 3 sets (in original)	
2.	Registration Certificate (photo copy)	
3..	Annual Reports (photo copy/ original)	
4.	List of Managing Committee - Institution/ Church (photo copy)	
5.	Financial / Budget Estimates (in original)	
6.	Site Plan (in original)	
7.	Photographs (in original)	
8.	Resolution of Managing Committee (in original)	
9.	Certificate of non receipt of funds for the same purpose -District Officer (in original)	
10.	Joint Inspection Report (photo copy/ original)	
11.	Bishop / President / Head of the Church / Institution (photo copy/ original)	
12.	Other information, in any (specify)	

** all photocopies must be attested by the applicant.*

#The application must be submitted in 3 sets.