



**TELANGANA STATE CHRISTIAN (MINORITIES) FINANCE CORPORATION**

[Minorities Welfare Department]

**GOVERNMENT of TELANGANA**

# 6-2-941, Flat No. 104, Moghal Emami Mansion  
Opp. Shadan College, Khairatabad, Hyderabad - 500 004  
Ph. 040 - 23391067, Email: [tscmf@gmail.com](mailto:tscmf@gmail.com)

**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**

a. Designation

b. Full Address/Mobile No.

**3. Details of the activities being taken up at present by the Organization**

*(Please give financial and beneficiary details) & (Please attach extra sheets if needs)*

**4. Details of the Activity (To be taken up with the Financial Assistance of the TSCMFC)**

4.1. Name of the Activity :

4.2. Full Address of the location of the activity:

4.3. Name of the Scheme:

4.4. Budget Estimates:

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

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

4.7. Any grants received in the past from the State/Central Government for the proposed activity in the last 5 years:

**5. List of all movable and immovable assets of the organization / society / trust:**  
*(Please attach relevant documents)*

**6. Enclose photocopies of all Annual physical and financial reports of the organization for the last 3 years.**

**7. Photographs, if any:**

<p><i>Photo - 1</i></p>	<p><i>Photo - 2</i></p>
<p><i>Photo - 3</i></p>	<p><i>Photo - 4</i></p>

## **RESOLUTION**

### **Extract taken from the Minutes of the Governing Body / Managing Committee held**

**on** \_\_\_\_\_ **at** \_\_\_\_\_

It is resolved to apply for the financial Assistance for construction of \_\_\_\_\_ in \_\_\_\_\_ at an estimate of Rs. \_\_\_\_\_/- (Rupees \_\_\_\_\_ only) under the Implementation of Welfare Schemes, Telangana State Christian (Minorities) Finance Corporation, Minorities Welfare Department.

Further resolved to authorize \_\_\_\_\_ to apply for the said financial assistance complying with the guidelines of the Telangana State Christian (Minorities) Finance Corporation, Minorities Welfare Department.

Signature

## **CERTIFICATE**

It is certified that the institution is not receiving any Foreign Aid from any other NGO/GOI for similar nature of activities.

It is also certified that the institution is a non-commercial organization and is delivering free services to the Christian Minorities.

It is also certified that the institution has obtained all necessary approvals from the Government for running the organization and the financial and physical performance report of last 3 years are enclosed.

It is also certified that there are no court cases, litigations and audit objections on this organizations for the past 5 years.

Signature

### Declaration

I hereby solemnly affirm that the information given above is true to the best of my knowledge and belief and I will be personally responsible if at any stage it is detected that the above information is not true or incomplete.

I also promise to deposit 10% of the amount towards Local People's Contribution as per existing norms after the administrative sanction is issued by the Government.

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. All documents to be attested by Head of the institution.*
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.*
4. *All the instructions issued in GO.Ms.No.3 Minorities Welfare (General) Department Dt:08.02.2002, and Memo No.2911/ICM-II/A2/2010-1 Minorities Welfare (ICM-II) Department Dt:21.02.2011 should be scrupulously followed by the applicant and DMWO while forwarding the proposal.*
5. *It is necessary for the organization to deposit Local People's Contribution to the extent of 10% to the Managing Director, Telangana State Christian Minorities Finance Corporation, Hyderabad after the administrative sanction is issued by Government.*
6. *The DWMO would personally inspect the proposals received in full shape along with all mandatory documents and if satisfied would circulate the file to the District Collector and send three copies of the proposal to the Government / MD, TSCMFC only after obtaining District Collector's approval.*

➤ **Documents to be enclosed as per the guidelines issued in Memo No. 2911/ICM II/A2/2010-1 dt: 21.02.2011:**

S.No	Document	Yes / No
1.	Application in Triplicate ( <i>in original</i> )	
2.	Registration Certificate ( <i>photo copy</i> )	
3.	Annual Physical & Financial Reports of the last 3 years ( <i>photo copy/ original</i> )	
4.	List of Managing Committee - Institution / Church ( <i>photo copy</i> )	
5.	Financial / Budget Estimates ( <i>in original</i> )	
6.	Site Plan ( <i>in original</i> )	
7.	Photographs ( <i>in original</i> )	
8.	Resolution of Managing Committee ( <i>in original</i> )	
9.	Certificate of non receipt of funds for the same purpose - District Officer ( <i>in original</i> )	
10.	Certificate of non receipt of foreign funds for the same purpose by the Managing Committee ( <i>in original</i> )	
11.	Inspection Report of DMWO ( <i>photo copy/ original</i> )	
12.	Bishop / President / Head of the Church / Institution letter ( <i>photo copy/ original</i> )	
13.	Other information, in any (specify)	

**\* All photocopies must be attested by the applicant.**

**# The application must be submitted in 3 sets.**