**Application Form for Jana Shakti CSR Initiative**

**Details of JanaNayak**

|  |  |  |
| --- | --- | --- |
| Name |  | Paste photo of beneficiary here |
| JanaNayak Code |  |
| Date of Joining |  |
| Mobile No. |  |  |  |  |  |  |  |  |  |  |
| Location |  |
| Designation |  |
| Department |  |
| Residential Address |  |
| Email id |  | Line Manager’s Email id |  |

**Details of the individual beneficiary for whom CSR funding is requested**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | M/F |  |
| Specific need *(Reason)—provide details; attach a separate sheet if needed* |  |
| Is the beneficiary related to you by blood or marriage? *(Yes/No)* |  |
| Is the beneficiary related to any other JanaNayak? *(Yes/No)* |  |
| Have you met the beneficiary in person? *(Yes/No)* |  |
| ***If no,*** then whom have you connected with for the sponsorship? |  |
| Please mention exact amount of funds being requested by you | Rs.  |
| **Purpose** (*Please tick mark*) |
|  | School/College fees |  | Eradication of extreme hunger and malnourishment |
|  | Hostel fees |  | Elderly care |
|  | Medical Treatment |  | Maternal and child health |
|  | Better housing |  | Gender based violence |
|  | Others (Please specify):  |

**Details of the Organization to whom CSR funds are to be provided**

|  |  |
| --- | --- |
| Name |  |
| Correspondence Address |  |
| Contact Person |  |
| Designation |  |
| Phone number of the contact person |  |  |  |  |  |  |  |  |  |  |
| Email of the contact person |  |
| Cheque to be drawn in favour of |  |
| ITR / 80 G Registration Number of Organization. Please mention "Not Applicable" if the organization does not have it. |  |
| Signature of the JanaNayak to ensure authenticity of the case |  |

**Documents required for purpose of verification (compulsory)**

1. 1 scanned recent photograph of the beneficiary (*Please paste on top right side of the form)*
2. Scanned copy of ITR/ 80 G Certificate, if applicable
3. Supporting documents (signed and stamped letter from school/hospital, other certificates of beneficiary, PAN) *(Yes /No)*

**To be filled in by the Zonal HC team**

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Comments, if any |
| Verified the details of our JanaNayak |  |  |
| Verified if JanaNayak is eligible to participate in Jana Shakti |  |  |
| Spoken to the contact person in the organization and verified the need of the beneficiary |  |  |
| Verified the details of the organization and its stature |  |  |
| Verified all the supporting documents and photo provided |  |  |
| Name and signature of Zonal HC |  | Mobile No. |  |  |  |  |  |  |  |  |  |  |

**To be filled in by the JUF CSR team**

|  |  |  |
| --- | --- | --- |
|  | Yes/No | Comments, if any |
| Verified that the specific need of the individual beneficiary falls within JFS's CSR guidelines (Activities involving areas of woman and child development) *(Yes/No)*  |  |  |
| Total amount of funds disbursed for the individual beneficiary | Rs. |
| E-mail confirmation of receipt of cheque by the JanaNayak *(Yes/No)* |  |
| Application receipt date |  | Date the application is closed |  |
| Name and signature of CSR coordinator |  |