



ANIMAL WELFARE BOARD OF INDIA
Ministry of Fisheries, Animal Husbandry and Dairying Govt. of India
(Department of Animal Husbandry and Dairying)
NIAW Campus, 42 KM Mile Stone, Delhi-Agra Highway
NH-2, Ballabgarh, Haryana-121004
Email: animalwelfareboard@gmail.com : Website: www.awbi.in

Name of the Scheme : Provision of Ambulance Services for Animals in Distress

Application form for new proposal

1. Organisation Name :

- Address :

- Tel. No. :

- Fax. No. :

- Telax No./E-Mail No./Grams :

- (i) Name of the Act under which registered :

- (ii) Registration No. and date of Registration :

- (Please attach a photocopy)

2. Any other Organisation/Instt./Body if applicable, :
give details

3. Registration under Foreign Contribution Act :

4. Memorandum of Association and Bye-Laws :
(Please attach a photocopy)

5. Name and Address of the Members of the :
Board of Management/Governing Body

6. (i) Type of Ambulance, such as Heavy/Middle/ :
Light carrier, opted for:-
(ii) Cost of Ambulance (attach proforma :
voucher from the supplier) (maximum
permissible amount is Rs.3.50 lakhs)
(iii) Cost of equipments/modifications (attach :
challan form/estimate from a dealer in
support of the cost) (maximum
permissible amount is Rs.1.00 lakhs)

7. The organisation is required to contribute :
minimum 10% of total cost of the project

8. A copy of the Annual cum Progress Report :
and Audited Annual Accounts for the
previous year (s) which should contain the
Balance Sheet, Income & Expenditure A/c.
and Receipt and Payment A/c.

9. Details of Beneficiaries/facilities available with :
the Organisation as per Annexure-I

10. Details of Staff Employed as per :

Annexure II

11. List of Documents to be attached as per :

Annexure - III

12. List of additional papers, if any given :

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

Signature :

Name :

Address/Seal :

Dated :

Note : Wherever not applicable, specially in case of new organisation, please write N.A.

Name of the Scheme :

ANNEXURE- I

Details of Beneficiaries/Facilities available with the Organisation

- (i) Name of the Organisation :
- (ii) Name and address of the Project :
- (iii) Year/Previous Year :

Details of Beneficiaries

Type of animal	No. of animals	Male	Female
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Details of Facilities available

- Whether the Organisation has in-house dispensary? Yes/No
- Whether the Services of the Veterinary Surgeon available? Yes/No
If yes, full time/part time/weekly etc.
- Whether First-aid facility to animals available? Yes/No
- Whether the Organisation have any Bio-gas plant? Yes/No
- Whether facility for adequate water supply exists? Yes/No
If yes, indicate the source thereof
- Whether necessary drainage system exists? Yes/No
- Whether the organisation has got necessary resources to
maintain the animal shelter. If yes, give details Yes/No

Annexure II

Name of the Scheme :

Details of the Staff Employed

Part I (Previous Year)

(i) Name of the organisation :

(ii) Name and address of the Project :

(iii) Year

Sl. No.	Name and Address	Educational Qualification	Date of Appointment	Period for which employed during the year	Salary per month	Total salary paid during the year	Remarks

Part II (Current Year)

(i) Only notify change from the previous year

(ii) In case there is no change in the part I in the previous year please clarify as follows:

“No change in staff particulars from the previous years.

The list of documents required to be submitted for the Scheme for Ambulance Services for Animals in Distress

1. An application in the prescribed format with a fee of Rs. 2000/- in the form of Cheque / Pay Order / Demand Draft in favour of “Animal Welfare Board of India” payable at Ballabgarh.
2. Details of Beneficiaries – Facilities available with the AWO – Annexure I.
3. Detailed proposal and its justifications along with gist of activities undertaken and assets required.
4. Photocopy of Registration.
5. Memorandum of Association showing ‘animal welfare’ one of its objectives duly certified by the Gazetted Officer (or) Notary Public, if the organization is not recognized by the Board.
6. Type and estimate of proposed ambulance.
7. Proforma voucher from the supplier of the ambulance vehicle mentioning the cost of the vehicle.
8. Challan form / estimate from a dealer in support of the cost of the equipments/modifications in the vehicle.
9. List of Governing Body.
10. Audited Accounts of last three years duly certified by a Chartered Account i.e., 1. Audit Report, (b) Balance Sheet, (c) Receipt & Payment Account and (d) Income & Expenditure Account.
11. Details of financial assistance, if any, received from any other agency for this purpose.
12. Details of Veterinary Doctor/Para Vety. name, full address, Veterinary Council Registration number and full time or part time & assistance staff with AWO
13. Details record for last three years i.e. how many treated and rescued animals and certified by the Veterinarians. (As per enclosed proforma)
14. How many emergency calls were attended last three years?
15. Details record of the rescued of illegal slaughter house animals in last 3 years.
16. If the organization does not own the vehicle/ambulance, how does it pick up/rescue the animals.
17. If the AWO already have Ambulance, the details of the vehicle whether purchased from MEF/AWBI grants, when purchased, Number of Kms. the ambulance has completed.
18. Furnish the details if any dispensary exist, what are the veterinary facilities and first aid box or medicines and medical equipment available, give details.
19. To submit the undertaking for the Ambulance grant