FORM-A

FORM FOR APPLICATION FOR GRANT FROM THE NATIONAL FUND FOR CONTROL OF DRUG ABUSE

- Name of the Applicant
- Name of the Government Organisation which established the Applicant Non-Government
- 3. Address of the Applicant and their branches, including
- Financial status including balance sheet of the Applicant
- 5. Personnel working in the Applicant qualification, (indicate experience, specialised particularly in relation to the proposed work). interest
- Name, address and phone number of the officer incharge of the Applicant
- Objectives of the proposed project for which grant is
- Total expenditure likely to be incurred for the project.
- 9. Amount of expenditure to be met out of the National Fund for Control of Drug Abuse.
- 10. Details of grants obtained earlier from the National Fund for Control of Drug Abuse or any Other Fund or
- 11. Manner in which project is proposed to be
- 12. Duration of the project.
- 13. Name and designation of the officer who is authorised to sign the application.

DATE:

SIGNATURE:

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PLACE:



FORM - B

|See rule - 6(3) (b)|

FORMAT FOR ANNUAL RETURNS TO BE SUBMITTED BY THE APPLICANT RECEIVING PAYMENT OUT OF THE NATIONAL FUND FOR CONTROL OF DRUG

Year in respect of which returns filed

Name of the Applicant

Name of the Government/Non-Government

Organisation who established the Applicant

Address of the Applicant

Amount spent by the Applicant during the year

The amount out of item 5 spent from sources other than the Fund

Results achieved and extent to which targets

have been achieved

Further action to be taken, giving specific recommendations for revision of the proposal in case the targets are not likely to be achieved. Name, designation and telephone number of the

officer who is authorised to sign the return.

DATE:

SIGNATURE:

PLACE: