$\frac{FORM\ FOR\ APPLYING\ FOR\ FINANCIAL\ ASSISTANCE\ UNDER\ THE}{MUSEUM\ GRANT\ SCHEME}$

Component B: Development of Museums in State Capitals

DETAILS OF THE PROJECT

| Sl | Item | Details | |
|----|--|---------|--|
| 1 | Name and complete postal address of the Museum / | | |
| | Institution / Society / Trust along with Telephone Nos. | | |
| | and E mail of officer in-charge of the project. | | |
| 2 | Details of existing Land and Buildings of the Museum. | | |
| | Please furnish the following particulars: | | |
| | a) Area of land | | |
| | b) Geographical location | | |
| | c) No. of Galleries | | |
| | d) Area of buildings. | | |
| 3 | Details of Artifacts available for the Museum: | | |
| | Please enclose lists giving the following details: | | |
| | a) Number and Details of artifacts (sculptures, | | |
| | paintings, coins, manuscripts, etc.) | | |
| | b) Sources from where obtained (in each case) | | |
| 4 | Details of Building plans* alongwith a Detailed Project | | |
| | Report (DPR). If the Museum has an existing building, | | |
| | please give details thereof: | | |
| | -Total built-up area | | |
| | -Number of galleries and their names | | |
| 5 | Item-wise details of components for which financial assistance sought (admissible components as provided | | |
| | in the Scheme). | | |
| 6 | Total Project Cost | | |
| | Time period for Project completion | | |
| 8 | Rates of Admission Fee of the Museum, if any and | | |
| 0 | Visiting Hours. | | |
| 9 | Number of visitors who visited per annum during the | | |
| | last 3 years. | | |
| 10 | Details of Staff employed | | |
| 11 | Item-wise Annual Budget and | | |
| | Expenditure during the last 3 years and Current year: | | |
| 12 | Details of Grants given by the Ministry of Culture on | | |
| | any previous occasion.** | | |
| 13 | List of Documents attached with the proposal. | | |

| Signature of | 'Aut | horized | Signatory | with | Seal | of t | he (| Orgai | nizati | ior |
|--------------|------|---------|-----------|------|------|------|------|-------|--------|-----|
| - 6 | | | - 0 1 | | | | _ | - 0 | | _ |

Date : Place:

___* Total area of the building to be constructed or renovated. Please enclose plans and drawings of

^{**} Please give scheme-wise details of any previous grant availed by the Organization from the Ministry of Culture.

LIST OF DOCUMENTS TO BE ATTACHED WITH THE PROJECT PROPOSAL

The following documents are required to be attached alongwith application, failing which the proposal will not be considered for the grant:

- i) Detailed Project Report containing detailed estimates and drawings of each item. This DPR and estimates should be prepared by a reputed agency in the field and the Estimates should be duly authenticated by a Govt / CPWD /PWD Engineer. The project proposal should also contain the existing visitors profile of the Museum and the projected changes in such profiles after implementation of the project. Photos of artifacts and collections of the Museum must also be enclosed with the DPR.
- ii) Latest Annual Report/Activity Report.
- iii) Approved Plan & Estimates from PWD.
- iv) Details of other sources of funding for the project and future sustainability plan for the Museum.
- v) Certificate as per rule 209(1) GFR 2005 (In the proforma enclosed).
- vi) Authorization letter for sending grant directly into Bank (In the proforma enclosed).
- vii) Registration of Agency under Central Plan Monitoring Scheme of Ministry of Culture (in the prescribed proforma).

CERTIFICATE AS PER RULE 209 (1) OF GFR 2005

| It | is | certified | that | |
|---------|--------------|--------------------|--|-------------|
| | | | (name of organization) has not obtained or applied | for grants |
| for the | same purpose | or activity from a | y other Ministry or Department of the Government | of India or |
| State G | overnment. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | Signature | |
| | | | Name | |
| | | | Designation | |
| | | | Rubber Stamp | |
| | | | | |
| Place: | | | | |
| Date | | | | |

AUTHORIZATION LETTER

| |) Organization/Society/NGOs name) would like to receive the |
|---------------|---|
| um dis | bursed by the Ministry of to me/us electronically to our blank account; |
| etailed | below:- |
| <u>'ayee'</u> | <u>Particulars</u> |
| 1. | Name of payee as in bank account |
| 2. | Address |
| 3. | District |
| 4. | Pin Code |
| 5. | State |
| 6. | Telephone Number with STD code |
| 7. | Fax No |
| 8. | E-mail Address (if any) |
| Bank D | <u>Petails</u> |
| 1. | Name of the Bank |
| 2. | Bank Branch (Full address & Telephone Number) |
| 3. | Bank Account number |
| 4. | Account type |
| 5. | Mode of Electronic Transfer available (RTGS/NIFD/Any other |
| 6. | IFSC code |
| 7. | MICR code |
| | Signature (Name) |
| | Name of Organization |
| | Registration Number |
| | Authority & Place of registration Date of Registration |

Manager (Bank branch maintaining the Account) (seal)

Government of India Ministry of Culture

Form for Registration of Agency under Central Plan Scheme Monitoring System of Ministry of Finance.

| 1. | Type of Registration | (Central Government/Central Government PSUs/State |
|-----|------------------------------------|---|
| | | Government institutions/State Govt. PSUs/ Register Societies/ |
| | | NGO/ Trusts etc.) |
| | | (Please strike out which is not applicable) |
| 2. | Agency Name | |
| | | |
| 3. | Act/Registration No: | |
| | | |
| 4. | Date of Registration | |
| | (DD/MM/YYYY): | |
| | | |
| 5. | Registering Authority: | |
| | | |
| 6. | State of Registration: | |
| | | |
| 7. | TIN Number: | |
| | | |
| 8. | TAN Number: | |
| | | |
| 9. | Block No/Building/Village/ Name of | |
| | Premises | |
| | | |
| 10. | Road/Street/Post Office | |
| | | |
| 11. | Area/Locality | |
| | | |
| 12. | City: | |
| | | |
| | | |
| 13. | State: | |
| | | |
| 14. | District: | |
| | | |
| 15. | Pin Code: | |
| | | |
| 16. | Contact Person: | |
| | | |
| 17. | Phone No: | |
| | | |
| 18. | Alternate Phone/Mobile No: | |
| | | |

| | Б 1 | |
|-----|--|--|
| 19. | Email: | |
| 20. | Unique Agency Code | (to be filled by Ministry) |
| 21. | Name of the Bank: | |
| 22. | Branch: | |
| 23. | Account Number: | |
| 24. | Agency Name as per Bank Account: | |
| | e: Sl. No. 21 to 24 has to be the san the Bank) | me information as provided in the Authorization letter |
| | | Signature |
| | | Name |

Place: Date: Designation