APPLICATION FOR THE REGISTRATION OF .....

Under the Voluntary Social Services Organizations

(REGISTRATION & SUPERVISION) ACT No 31 of 1980 as amended by Act No 8 of 1998.

For Office use only
Reg. No. :
Date :

Details of Organization

01. Name of Organization : .....

02. Address : .....

.....

03. Telephone No/s :..... Fax No : ..... E-Mail:.....

04. Key contact persons :

Name	Designation	Tel . No

05. Year in which the organization was established: .....

06. If registered with any other institutions; (a) Name of Institution.....

(b) Registration No. ..... (c) Date of Registration .....

07. Objectives of the organization .....

(i) .....

(ii) .....

(iii) .....

08. Geographical Coverage in Divisional Secretariat (GN Division Name / No) .....

A} District ..... B) Divisional Sec..... C) GN Division.....

09. Main Project / Activities: (On going / future)

	Project / Activity	Period	Budget	Sponsorship	Beneficiaries

10. Expected Annual Budget for the Current Year Rs :

	Self funds	Local Funds	Foreign Funds	Total
Capital				
Recurrent				

11. Membership : No of Life Members ..... No of Active members .....

(Please attached a list)

12. Funding Agency / Person, if any:

Funding Agency / Persons	Address	Contact No.	E-mail

13. Staff details : (If any)

Name	Position	Full / Part time	NIC No	Contract No	E-mail

If space is not sufficient please attaché a separate list

14. Particulars of Assets:

Name of the Assets (Land, Building, Vehicle, other equipments etc.).	Quantity	Value (Rs.)

(Attach separate list)

15. Bank account details:

Name of Bank and Branch	Account Type	Account No	* Balance (Rs.)

* (As at the date of application submitted) please submit a copy of 1st page of the pass book

DECLARATION

I .....(name of Secretary) on behalf of the .....
(Name of the organization) hereby undertake to abide by the provisions of the Voluntary Social Services Organizations (registration and supervision) Act, no . 31 of 1980 and regulations made there under and I certified that this application is duly perfected and submitted in terms of the provisions of the said Act and the regulations made there under and abide to comply with the provisions of the act and instructions and directions issued by the Registrar of the Voluntary Social Services Organization from time to time. I also certify that all the information given in this application is true and correct to the best of my knowledge

.....
Date

.....
Signature of Secretary
Name / Designation (Official Seal)

Recommendation of Grama Niladari

Name of GN:-.....Name of the G/N Div. and No:-.....

.....

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Date

Signature and Official Seal

(For office use only)

Recommendation of Authorized officer of the District /Divisional Secretariat\

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Approval of the District /Divisional Secretary: Approved / Not Approved

Date

Signature / Official Seal