FORM 27

[Rule 21(2) and 22 (2)]

APPLICATION FOR REGISTRATION OF CHILD CARE INSTITUTION UNDER THE JUVENILE JUSTICE(CARE AND PROTECTION OF CHILDREN) ACT, 2015

| 1. Det | tail of Applicant/ Institution which proposes to run the Child Care Institution: |
|---------|--|
| (i) | Type of Institution |
| (ii) | Name of the Institution / Organization |
| (iii) | Registration number and date of Registration of the Institution/ |
| | Organization under the relevant Act (Annex- Relevant documents of |
| | registration and bye-laws, memorandum of |
| | association) |
| (iii a) | Darpan ID No |
| (iv) | Period of validity to run the Institution / Organization |
| (v) | Complete address of the Applicant/ Institution/ organization |
| (vi) | STD code/ Telephone No |
| (vii) | STD code/ Fax |
| | No |
| (viii) | E-mail address |
| (ix) | Whether the organization is of all India character, if yes, give address of its |
| | branches, in other states |
| (x) | Whether the Institution/ Organization had been denied registration earlier |
| | Yes/No |
| (xi) | Ref. No. of application which resulted in denial of registration as CCIa) |
| | a. Date of denial |
| | b. Which department has denied the registration |
| (xii) | Reason for denial of registration as CCI |
| 2. Det | tails of the proposed Child Care Institution |
| (i) | Name of the proposed Child Care Institution |
| (ii) | Type/Kind of Child Care Institution |
| (iii) | Complete address/ location of proposed child Care Institution or |
| | organization |
| (iv) | STD code/ Telephone No |

| | (v) | STD c | ode /Fax No |
|----|-------|----------|--|
| | vi) | | address |
| | | | y (Name and Distance from the proposed Child Care Institution): |
| ٠. | (i) | - | Road |
| | (ii) | | stand |
| | iii) | | y Station |
| • | iv) | | ndmark |
| | | ıstructu | |
| | (i) | No. o | f Rooms (Mention with measurement) |
| | (ii) | | f toilets (mention with measurement) |
| | (iii) | | f Kitchen (mention with measurement) |
| | (iv) | | f sick room |
| | (v) | Anne | κ -Copy of blue print of the building (authentic sketch plan of |
| | | buildii | ng) |
| | (vi) | Arran | gement to deal with unforeseen disaster also mention the kind of |
| | | arran | gement made: |
| | | (i) | Fire |
| | | (ii) | Earthquake |
| | | (iii) | Any other arrangement |
| | | (iv) | Arrangement of Drinking water |
| | | (v) | Arrangement to maintain sanitation and hygiene: |
| | | (vi) | Pest Control |
| | | (vii) | Waste disposal |
| | | (viii) | Storage area |
| | | (ix) | Any other arrangement |
| | | (x) | Rent agreement/ building maintenance estimate (whichever is |
| | | | applicable)(Annex- copy ofRent agreement) |
| 5. | Сар | acity of | the Institution/ Organization |
| | (i) | No. o | f children (0-6 years) present in the home , (if any) |
| | (ii) | No. o | f children (6-10 years) present in the home , (if any) |
| | (iii) | No. o | f children (11-15 years) present in the home , (if any) |
| | (iv) | No. o | f children (16-18 years) present in the home , (if any) |
| | (v) | No. o | f persons (18-21 years) present in the home , (if any) |

| 6. | Whet | her the Child Welfare Committee/Juvenile Justice Board has been | | | |
|----|----------|--|--|--|--|
| | inforn | ned about the children being housed in the Institution Yes/ No | | | |
| 7. | Facili | ties Available | | | |
| | (i) | Education facility | | | |
| | (ii) | Health Checkup arrangement, frequency of checkup, type of checkups | | | |
| | | proposed to bedone | | | |
| | (iii) | Any other facility that shall impact on the overall development of the child | | | |
| 8. | Staffing | | | | |
| | (i) | Detailed staff list | | | |
| | (ii) | Education and Experience of the staff | | | |
| | (iii) | Name of partner organizations | | | |
| | (iv) | Name of the chief functionary of the organization | | | |
| 9. | Back | ground of the Applicant (Institution / Organization) | | | |
| | (i) | Major activities of the organization in last two years (Annex copy of Annual | | | |
| | | Report) | | | |
| | (ii) | An updated list of members of the management committee/ governing | | | |
| | | body in the enclosed format (Annex- resolution of the annual meeting) | | | |
| | (iii) | List of assets/ infrastructure of the organization | | | |
| | (iv) | If the organization registered under the Foreign Contribution (Regulation) | | | |
| | | Act, 1976 (Annex –certificate of registration) | | | |
| | (v) | Details of foreign contribution received during the last two years (Annex- | | | |
| | | relevant documents) | | | |
| | (vi) | List of other sources of grant- in – aid funding (if any)with the name of the | | | |
| | | scheme / project ,purpose amount, etc. (separately) | | | |
| | (vii) | Details of existing bank account of the agency indicating branch code | | | |
| | | account no. | | | |
| (| viii) | Whether the agency agree to open a separate bank account for the grant | | | |
| | | proposed | | | |
| | (ix) | Annex -Photocopy of Accounts of last three years: | | | |
| | | i. Auditors report | | | |
| | | ii. Income and expenditureaccount | | | |
| | | iii. Receipt and payment account | | | |

iv. Balance sheet of the organization.

| I have read and understood The Juvenile Justice (Care and Protection of | | | |
|---|--|--|--|
| Children) Act, 2015 and the Juvenile Justice (Care and Protection of Children) | | | |
| Rules, 2016. | | | |
| I declare that no person associated with the organization has been | | | |
| previously convicted or has been involved in any immoral act or in any act of child | | | |
| abuse or employment of child labour and that the organization has not been | | | |
| blacklisted by the Central or the State Government at any point of time. | | | |
| (Name of the Organization / Institution) | | | |
| has complied with all the requirements to be granted registration as a Child Care | | | |
| Institution under the Juvenile Justice (Care and Protection of Children) Act, 2015 | | | |
| and The Juvenile Justice (Care and Protection of Children) Rules, 2016. I undertake | | | |
| to abide by all the conditions laid down by the Central/ State Act, Rules, | | | |
| Guidelines and Notifications in this regard. | | | |
| | | | |
| Signature of the authorized signatory: | | | |
| Name: | | | |
| Designation: | | | |
| Address | | | |

District.....

Witness no.1:

Witness no.2:

Date.....

Office stamp: Signature of: