

**APPLICATION FORM FOR EMPALLENMENT OF AGENCY /
RESOURCE CENTRE OF TRIFED**

1. Name of the individual/ Organization: _____

2. Postal Address: _____

District: _____ State: _____ Pin Code: _____

3. a) Telephone: Telex Fax: _____ E-mail : _____

b) Name and contact number of Chief Functionary _____

4. Category: Government/ Semi Govt./Non Govt. Organization / Cooperative/
Company/Others (Please specify) _____

5. Registration Details:

(i) Act under which registered

(ii) Date of Registration

(iii) Registering Authority

6. Organizational Background:

7. Details of grant-in-aid and funds received & utilized thereof in the last three years
in the format given below:

Year	Source (Disbursing Agency)	Grant received (Amount)	Grant utilized (Amount)	Purpose for which grant was received

8. Information on projects carried out/ programmes organized in the last three years.
Detailed sheet for each Project may be attached giving information on the
following apart from any other information which may be considered essential:

Undertaking from the implementing agency

(on Non-Judicial stamp paper of Rs 10/-)

I _____S/o _____ *(Designation) and authorized signatory of M/s_____ (Name of the Society & address) do here by certify that the details provided to M/s Tribal Cooperative Marketing Development Federation of India (TRIFED), Regional Office_____ for empanelment as implementing agency for training programme are true and correct to the best of my knowledge and belief and nothing has been concealed therein. In case any information is found to be wrong at any stage the registration for empanelment may be cancelled.

Signature of the authorized person along with the seal