

ALL DISCRETIONARY

**Grants made from Discretionary Grant are governed by the  
following conditions :-**

- a) No expenditure is incurred from this appropriation which is beyond the powers of the State Government.
- b) No grant is made in the nature of purely personal or charitable payments to individuals as distinct from grants to charitable societies or organisations.
- c) No grant is made for purposes of a religious nature exclusively for the benefit of any particular religion or sect.
- d) No grant is expressed in the form of a recurring commitment.
- e) No grant is made to supplement the appropriation for contract contingencies or for the employment of temporary staff.
- f) All expenditure from this appropriation is subject to audit.

The condition laid down in sub-para (b) above may be relaxed by the Governor in his or her discretion in special circumstances.

**APPLICATION FORM FOR THE GOVERNOR OF WEST BENGAL'S DISCRETIONARY GRANT**

1. Name of the organisation (In block letters) :
  
2. Address of the organisation in full (i.e. Village :  
Post, Panchayat Samity, Police Station and  
District)(In block letters)
  
3. (a) Is the organisation registered ? :  
(Write 'Yes' or 'No')
- (b) If the answer to 3(a) above is 'Yes', :  
state year of registration and the  
registration number
  
4. (a) Is the organisation affiliated :  
(Write 'Yes' or 'No')
- (b) If the answer to 4 (a) above is 'Yes', :  
state the names of bodies to which affiliated
  
5. Year of establishment :
  
6. Number of members :
  
7. Mode of management :
  
8. Name(s) of the Head and Other Office :  
Bearers of the organisation
  
9. Last year's activities in short :
  
10. Current year's programme of activities in short:
  
11. Financial position (Please attach a copy of :  
current year's budget estimate)
  
12. (a) Has the last year's annual accounts of :  
Receipts & Expenditures been audited  
(Write 'Yes' or 'No')
- (b) If the answer to 12(a) is 'Yes', state if the :  
said audited accounts have been accepted  
in the annual general meeting of the members

13. Write in short specific scheme/purpose for :  
which the grant is sought indicating the  
amount of grant prayed for  
(Please enclose the scheme)

I hereby declare that all the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Signature of the Secretary/General Secretary

Place :  
Date :

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**(Space for use in the office of the District Magistrate)**

Amount of grant recommended :

(District Magistrate)

Place :  
Date :

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N.B. No grant is sanctioned towards employment of temporary staff towards office expenses.