

DRAFT DESK REVIEW FORM

1. Mention whether the VO has submitted the following documents.
2. Please select the appropriate remark whether the documents are Received (✓), b) Not received (×), not applicable to the VO (NA).
3. Please do not keep the field blank.
4. In case there are specific comments write them at the space provided below.

The VO has Applied for: Minimum Norms
 Desirable Norms

Sr No	Updated Documents (updated changed reports wherever applicable)	Please write (✓)/ (×)/ NA
1	Society Registration Certificate	
2	Trust Registration Certificate	
3	Certificate of Incorporation from The Regional Director (E/S/N/W Region), in case of company registration; (if applicable)	
4	Memorandum of Association (as per registration)	
5	Rules and Regulations of VO and Bye-laws (as per registration)	
6	Trust Deed (as per registration)	
7	12A	
8	Income Tax Permanent Account Number (PAN No.) Card/Letter; (mandatory)	
9	Statutory Auditor's Report, Notes on Accounts if any (mandatory)	
10	Balance Sheet & Schedules Income and Expenditure Statement (mandatory)	
11	Annual Report for last three years (mandatory)	
12	A copy of the VO Brochure or pamphlet or hand written information of the VO	
13	Income Tax Deducted at Source Account Number (TDS/TAN No.); if applicable	
14	Minutes of two Board Meetings held in one financial year (2005 – 06) (mandatory)	

Has the VO submitted all the documents mentioned above?

YES No

Remark

Desk Review of Accreditation Form

(I). Observation with respect to Minimum Norms

Q.No.	Comments
1.	
1.1	
1.1.1	
1.1.2	
1.1.3	
1.1.4	
1.1.5	
1.1.6	
1.1.7	
1.1.8	
1.2	
1.2.1	
2	
2.1	
2.1.1	
2.1.2	
2.2	
2.3	
2.4	
2.4.1	
2.5	
3	
3.1	
3.1.1	
3.2	
3.3	
3.3.1	
3.4	
3.4.1	
3.5	
3.6	

3.7	
3.8	
3.9	
4	
4.1	
4.1.1	
4.1.2	
4.1.3	
4.1.4	
4.2	
4.3	
4.4	
4.5	
4.6	
4.7	
4.8	
4.9	
4.10	
4.11	
4.12	
4.13	
4.14	
4.15	
4.16	
4.16.1	
4.16.2	
4.16.3	
4.16.4	
4.16.5	
4.17	
4.17.1	
4.17.2	
5	
5.1	
5.1.1	

5.1.2	
5.1.3	
5.1.4	
5.1.5	
5.1.6	
5.2	
5.2.1	
5.2.2	
5.2.3	

Does the VO comply with the Minimum Norms? Yes No
 Remark (if any)

Name & Signature of the Desk Reviewer: 1

(II). Observation with respect to Desirable Norms (If applicable)

Q.No.	Comments
1	
1.1(a)	
1.1(b)	
1.2	
1.3	
2	
2.1	
2.2	
2.2(a)	
2.3	
2.4	

☑ Does the VO comply with the Desirable Norms? Yes No

Remark (if any)

☑ Name & Signature of the Desk Reviewer: 1

2

☑ Any Points that the Desk Reviewer wants to convey to the facilitators
