

***Endowment Award Appl. Form No.7 (individual / institution – medical treatment physical / mental – physically / mentally challenged child with distinction)***

## **ROTARY CLUB OF CALCUTTA**

### **“PRIYADARSHI CHATTERJEE MEMORIAL AWARD”**

#### **NATURE OF GRANT**

*For any individual or registered organization who/which provide medical treatment and take care of or is engaged in providing medical treatment and in taking care of mentally and/or physically challenged child/children and/or helping such child/children in acquiring some skills or to a mentally or physically challenged child who has acquired distinction in any field like education, sports, performing arts etc.*

#### **PROFORMA FOR APPLICATION**

Applications are to be submitted in 3 complete sets along with enclosures highlighting the following:-

Name of Applicant –

Whether Applicant is an Individual / Institution taking care of Physically or mentally challenged child / children OR Applicant himself is physically or mentally challenged.....

**A. If Applicant is an individual taking care of mentally/ physically challenged children**

- 1. Address, Tel. Number / E. Mail ID**
- 2. Brief bio data of individual**
- 3. Any organization / institution through which he is providing the service or is he working independently. If through any organization, give name, address, brief particulars of such organization**
- 4. What is his source of funding**
- 5. Type of outstanding contribution made by him in providing service to the mentally / physically challenged in any field of:**
  - medical treatment
  - providing shelter & care
  - helping them in acquiring some skill
  - providing literacy and /o r vocational training

( 2 )

6. Number of years for which such services are being provided
  7. A comprehensive note furnishing gist of achievements for which award is recommended including the distinctive features in your case
  8. Xerox copies of papers published or articles written on the services provided by you, if any
- B. If Applicant is an Organisation taking care of physically / mentally challenged child / children**
9. Name, address, telephone , E Mail ID
  10. Registration number
  11. If recognized by Govt. as a non profit organization, such detail
  12. Funding resources . Is there financial support from the Govt/ or any other organization. To what extent ?
  13. Type of outstanding contribution made by him in providing service to the mentally / physically challenged in any field of :
    - medical treatment
    - providing shelter & care
    - helping them in acquiring some skill
    - providing literacy and /o r vocational training
  14. Number of years for which such services are being provided  
Number of years for which such services are being provided
  15. A comprehensive note furnishing gist of achievements for which award is recommended including the distinctive features in your case
  16. Your target group of beneficiaries
  17. Geographical area of work
  18. Classification of Beneficiaries
    - by human class group
    - by age group
    - by reliogion / caste
    - by sex
    - by any other

Contd...3/-

( 3 )

19. Since when has the outstanding work been carried out by you & what has been the response from

- the beneficiaries
- other authorities
- others

20 Xerox copies of papers published or articles written on the services provided by your organisation, if any

**C. If Applicant himself is a physically / mentally challenged child**

21. Name ,Address. Telephone number, E Mail ID

22. What is the nature of physical / mental impairment

23 Since when has the deficiency started

24. In which field has the mentally/ physically challenged child acquired distinction :

- Education
- sports
- -performing arts
- -fine arts
- creative writing
- science &environment
- any other

25. Give a comprehensive note on his / her achievements in any of the above fields with certificates, progress cards, class results etc.

26. Any distinction and recognition that he / she has received

27. Xerox copies of papers published or articles written on the physically/mentally challenged applicant and about his / her attainments , if any.

28. Assistance / financial support received by him/ her from the Govt. or any other source

29. Certificates of bonfires in all above cases that is in A, B and C whichever category applicant belongs to

Contd....4/-

Signature of Applicant \_\_\_\_\_ date \_\_\_\_\_

Referral recommendations: ( Please attach certificates.)

Delete / Add wherever necessary

CLUB ENDORSEMENT (In case of sponsorship by a Rotary Club)

The Rotary Club of

.....

recommends \_\_\_\_\_ the \_\_\_\_\_ name \_\_\_\_\_ of  
Sri/Smt. .... for the Award.

Date :

President :

Secretary :

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**Note : On invitation, applications/nominations may be submitted to the Rotary Club of Calcutta Welfare Trust, 94/2, Chowringhee Road, Kolkata-700 020 to reach by 22.01.2021 in a SEALED ENVELOPE mentioning the name of the award.**