**AGRICULTURE TECHNOLOGY MANAGEMENT AGENCY (ATMA) - NORTH GOA**

Appl. No.:............................

*APPLICATION FORM FOR REGISTRATION OF SELF- HELP GROUP*

1. **Basic information of the Group**

|  |  |
| --- | --- |
| Name of Group….…………...........……...................................................................................... | |
| Name of the original Agency registered by………………………………………………………………… | |
| Type of Group……………………..….…..………………………………………………………………………. | |
| Division/Ward…………………………....... | Location…………………………………. |
| Sub Location………………………………… | Year of Formation……………………… |
| Postal Address………………………………. | Physical Address……………………….. |
| Email………………………………………….. | Mobile……………………………………... |
| Website (where applicable)……………………………………………………………………………………….. | |

**2. Official meetings**

Meeting Venue……………………. Meeting Date……….............Time........................

**4. Details of Members:-**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Name | Address | Gender | Category (*Gen/OBC/SC/ST/Mino*) | Contact No. | Sign |
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| --- | --- | --- | --- |
| **Male Farmers** | | **Female Farmers** | |
| **Category** | **Total Nos.** | **Category** | **Total Nos.** |
| Gen |  | Gen |  |
| OBC |  | OBC |  |
| SC/ST |  | SC/ST |  |
| Minority |  | Minority |  |
| TOTAL |  | TOTAL |  |

**5. Management Committee:-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| No | Position | Name of Person | F | M | ID/No. | Mobile/Email | Sign |
| 1 | President |  |  |  |  |  |  |
| 2 | Secretary |  |  |  |  |  |  |
| 3 | Treasurer |  |  |  |  |  |  |

**6. Activities of the Group**

1. ……………………………………………………………………………………………………
2. ……………………………………………………………………………………………………
3. ……………………………………………………………………………………………………
4. ……………………………………………………………………………………………………
5. ……………………………………………………………………………………………………

**7. Assistance from the Government/Other Organization(s)**

Assistance received so far …………….................Type……........………….…………….Source of Assistance......………………………………….....................…….......................................... How Does the Group Intend to Fund its Activities (*Tick as appropriate*) –

□Members Contributions □ Loans □ Donations □ Grants

□ Others……………………....................

*(\* N.B.: We agree to abide and except the conditions/ instructions as per the Circular No. 1/1/Admn/2016-17/ATMA(N)/ dtd.21-03-2017 and the changes thereby from time to time.)*

**9. Applicants Signature**

**Position**: President □ Secretary □ Treasurer □

**Chairperson**

Name……………………………………………… Signature………………………………………….

**Secretary**

Name……………………………………………… Signature………………………………………….

**Treasurer**

Name……………………………………………… Signature………………………………………….

***FOR OFFICIAL USE***

1. Recommended by

|  |  |
| --- | --- |
| Name:……………………………………….. | Name:…………………………………………. |
| Location/Sub-location:………………….. | Location/Sub-location:……………………. |
|  |  |
| Signature:………………………………….. | Signature:…………………………………….. |
| ATM/BTM | ZAO/ BTT Conenor |

1. Verified by Dy. Project Director, ATMA-N
2. Issued Number

Registration Number…………………Certificate Number…………..…………

Date………….………

**Project Director,**

**ATMA-North Goa**