

SCHEDULE (II)

FORM (A)
(See rule 4)

Application for Registration of Agencies existing before the coming into force of Ordinance No. XLVI of 1961.

To

The Registration Authority,
Voluntary Social Welfare Agencies,
Directorate of Social Welfare,
Govt. of

Dear Sir,

I the undersigned have been operating the _____
the particulars of which are given below:- (Name of the Agency)

1. Name of the Agency _____

2. Address _____

3. Date of Establishment _____

4. Date, place and No. of registration under any other law _____

5. Aims and objects of Agency:

(To be stated with reference to the field of service mentioned in the Schedule to the Ordinance).

6. Area of operation (whether neighbourhood, city, province of Pakistan)

7. Name, occupations and address of the office-bearers of the agency: -

Name	Office held	Occupation	Address
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1.

2.

3.

4.

- 5.
- 6.
- 7.
8. Name or names of the Bank or Banks in which funds of the agency are kept_____
9. (A) Total number of members of the agency on the date of the last general meeting_____
 - (a) Number of members who attended the last general meeting.
9. Brief statement giving the following information is attached: -
 - (a) Accommodation for the services being rendered.
 - (b) List of qualified personnel working in the agency with names and qualifications, if any.
 - (c) Income and expenditure for last 3 years or since the establishment of the agency, whichever is less,

It is requested that the aforesaid agency may be registered under the Voluntary Social Welfare Agencies (Registration and Control) Ordinance, 1961.

I undertake to inform you of any change in the office-bearers of the agency within thirty days thereof.

The following documents are attached: -

- (i) Treasury challan for Rs.25/-
- (ii) A copy of the constitution of the agency.
- (iii) A copy of the minutes of the last general meeting of the members of the agency.
- (iv) Annual Report for the last three years or since the establishment of the agency, whichever is less, or a state of activities undertaken during the said period certified by a Gazetted Officer residing within the area of operation of the agency or Chairman of the Union Council / Committee.

I certify that the statement above is correct.

(Any office-bearer authorised by the agency in this behalf may sign hereunder).

Yours faithfully,

Signature

Dated:

Name

Designation

FORM (B)

(See rule 4)

Application for Registration of Agencies established after the coming into force of Ordinance No.XLVI of 1961.

To

The Registration Authority,
Voluntary Social Welfare Agencies,
Directorate of Social Welfare,
Govt. of

Dear Sir,

We the undersigned propose to establish an agency in accordance with the provisions of the Voluntary Social Welfare Agencies (Registration and Control) Ordinance, 1961 (XLVI of 1961). The particulars of the proposed agency are given below:

1. Name of the Agency:
2. Address:
3. Aims and objects of the Agency:

(To be stated with reference to the fields of services mentioned in the Schedule to the Ordinance0.
4. Area of operation – (whether neighbourhood, city, province of Pakistan):
5. Plan of Operation:

(Please attach a separate sheet giving a brief statement of the steps to be taken for the establishment of the agency, with reference to accommodation, qualified personnel and equipment, if necessary).

6. How proposed to be financed:
7. Names, occupations and address of the founder members.

Name	Occupation	Address
1.		
2.		

3.

4.

5.

6.

7.

8.

9.

10.

8. Name or names of the bank or banks in which funds of the agency are proposed to be kept:

It is requested that the agency may be registered under the aforesaid Ordinance. We undertake to inform you of any change in the Office bearers of the agency within thirty days thereof.

Treasury challan for Rs.25 and a copy of the constitution of the agency are attached.

We certify that the information given above is correct. (All the founder members should sign hereunder).

Yours faithfully,

Signature of witness
with names and addresses

1.

1.

2.

2.

3.

4.

FORM (C)

(See rule 6)

Registration No. _____ of 19 _____

I hereby certify that _____
Has this day been registered under the Voluntary Social Welfare Agencies (Registration and Control) Ordinance, 1961 (XLVI of 1961).

Given under my hand and seal at _____ this _____
day of _____ One thousand nine hundred and _____

Registration Authority

Note: Loss of this certificate must be reported to the Registration Authority within seven days.

FORM (D)

(See rule 8)

Form of the Register.

Date of Entry	Name & Address of the Agency	Registration No.	Date of Registration	Date of establishment
1	2	3	4	5

Details of the founder members (applicable to new agencies)

Aims & objects of the Agency	Area of operation	Name	Occupation	Address
6	7	8	9	10

Details of the office-bears

Name	Designation	Address	Bank(s) in which funds kept	REMARK
11	12	13	14	15

FORM (E)

(See rule 12)

Application for the Voluntary Dissolution of an agency Ref. _____

Registration No. _____ of _____

To

The Secretary of the Government of Pakistan
Ministry of Health, Labour & Social Welfare,
KARACHI.

Dear Sir,

It was decided in the general meeting of _____
held _____ at _____ +name of the agency.

That application be made to Central Government for the dissolution of the Agency under Section 11 of the Voluntary Social Welfare Agencies(Registration and Control) Ordinance, 1961 (XLVI of 1961), on the following grounds, namely):

(Here state the grounds in brief)

It is, therefore, requested that orders may be passed for the dissolution of the said Agency.

The total membership of the agency on the date on which the meeting was held was (state number) _____ and the total attendance at the meeting was _____ and the number of (state number) persons voting for the dissolution of the agency was _____ (state number).

We certify that the information given above is correct. An attested copy of the resolution of the aforesaid meeting is also attached.

(All the members who attended the aforesaid meeting and voted for the dissolution of the agency would sign hereunder).

Yours faithfully,

Name of the members.

Address

Signature

1.

2.

3.