



NATIONAL ASSOCIATION FOR THE BLIND (INDIA)

11/12, Khan Abdul Gaffar Khan Road, Worli Seaface, Mumbai - 400 030

QUESTIONNAIRE

Institutional* / Corporate Membership of National Association for the Blind, India

(1) Organization's Name: _____

(2) Address: _____

Phone: _____ Mobile: _____

E-mail: _____ Website: _____

(3) Date of Establishment: _____

(4) Do you have a Constitution or Rules and Regulations governing the working of your organization? If yes, please attach a copy.

(5) Please provide a copy each of the last three Annual Reports and Audited Statements of Accounts, of your organization.

(6) Names and Address of the
Office Bearers and Committee Members (for Institutional Member)
Board Members (Corporate Members)
(Please attach separate list)

(7) For Institutional Members Only

(i) Is your Organization registered under the Societies Registration Act XXI of 1890 or any other Act? If yes, provide details

(a) Registration No: _____ (b) Date of Registration: _____

(ii) Number of visually impaired students / trainees / workers / inmates who are enrolled in / who benefit from your Organization: _____

(iii) What are the activities of your organization? What age-group of visually impaired individuals do you serve? Please attach separate note giving details.

(iv) Do you receive grants from Union / State Governments, Local Authorities, etc. Yes / No.

(8) Please provide any other relevant information which you may consider useful.

Signature of the Head of the Organization _____ Date: _____

*Institutions for the Blind / Handicapped

----- **FOR OFFICE USE** -----

Remarks by the Executive Director _____

