

National Council for Promotion of Sindhi Language Application Form
for Registration under the Scheme of SLLC

NOTE: All columns are mandatory to fill.

1. Name of the Organization _____
2. Name of Chief Executive/
Functionary with Tel.No./Mob./Email _____
3. Year of Establishment _____
4. PAN No. _____
5. Registration Number with Date/Year and Act in
which registered _____
(enclose a copy of Registration certificate also)
6. Unique ID No. of NGO as generated in
<https://ngodarpan.gov.in/>. _____
(enclose a copy of Unique ID Number)
7. Nature of Organization:- Govt./ Non-Govt. _____
(Govt. Organization need not to submit NGO portal No.)
8. Available infrastructure (Area of Hall/Rooms etc.)
whether own or on rent _____
9. Number of staff engaged in Institution/ Organization _____
 - a) Number of Teaching staff _____
 - b) Number of Non- Teaching staff _____
10. Name of coordinator with contact No. competent for
Correspondence _____
11. Bank Details of Organization/ Institution
 - a) Bank Name : _____
 - b) IFS Code : _____
 - c) A/C No. : _____
12. Whether the Organization/ Institution is running any
Sindhi course of any other Institution/ University,
if yes, please give the details. _____
13. Registration fees Rs.1000/- would be payable by DD in favour of Director, NCPSL or by NEFT for which details of the
NCPSL Bank Account are as under.

Name – National Council for Promotion of Sindhi Language
Bank Name- State Bank of India
Account no.- 57019390746
IFSC- SBIN 0007755
Email ID- dir.ncpsl@edu.nic.in
14. If payment made, please provide the following details
 - a) DD No. _____ date _____
 - b) NEFT UTR No. _____ date _____

Undertaking

I certify that I am Chief Executive/ Functionary of Organization/ Institution in accordance with the registered Memorandum of Association of Voluntary Organization and competent to sue and be sued in the name of the applicant of the Organization

I further certify that I have read the provisions of the afore- mentioned scheme and the guidelines of the course and that I undertake to abide by these.

Signature & Seal of Organization Name_ Post

Address _____

Place/Date_____

Email address and Contact No. _____

INSTRUCTIONS:

Attach all supporting documents for:

- a. Year of Establishment**
- b. Registration Letter**
- c. Registration on Niti Aayog Portal Document**
- d. Document of Building where classes will be conducted**
- e. Registration form of teachers / Supervisor with their qualifications is enclosed.**
- f. All documents should be self-attested**