

Prescribed Format for recommendation of District Collector/District Magistrate under the scheme of “Nai Roshni- the Leadership Development of Minority Women”.

File No.....
 Government of.....(Name of State)
 Office of District Collector/ Magistrate/Deputy Commissioner
 District

Date:

To

The Director (Nai Roshni)
 Ministry of Minority Affairs,
 Government of India
 Pt. Deendayal Antyodaya Bhawan, CGO Complex,
 Lodhi Road, New Delhi-110003.

Subject: Proposal of(Name of applicant organization).....under “Nai Roshni- the Scheme for Leadership Development of Minority Women during the financial year from District.....,(State).

Sir/Madam,

Please refer to the Ministry of Minority Affairs Advertisement No.....dated....., inviting Online proposals through “Online Application Management System (OAMS)” under “Nai Roshni- the Scheme for Leadership Development of Minority Women during the financial year In this regard,(Name of applicant organization) has submitted a printed copy of online application to this Office.

2. Their documents have been examined and following information about the said organization is authenticated:

S. No.	Particulars	Information to be filled by Office of DM/DC/DyC
1.	Number of years for which the Organization is Registered.	
2.	Number of years for which the Organization is working in theDistrict.	
3.	Number of Government projects implemented by the Organization for women in the District in the last 3 (three) years	
4.	The organization carries good reputation in the District and is not involved in malpractices.	Yes/No*
5.	The organization has experience of working in minority areas.	Yes/No*
6	Name of the training the organization will perform (may select more than one option) (A) Leadership Training with handholding for one year. (B) Leadership Training with handholding for one year and Economic empowerment. (C) Only Economic Empowerment. (D) Only Training for Handicapped women.	

3. The organization is **Recommended/ Not Recommended*** for consideration of the project under the scheme

Yours faithfully,

Signature
 (Name of District Magistrate/Collector/Deputy Commissioner)
 Official Stamp

*(Please strike out the clause not applicable).

Copy for information to:

President,..... (Name of organization and address).