

APPLICATION FOR FINANCIAL ASSISTANCE UNDER SWACHHATA ACTION PLAN, 2023-24

1	NAME OF THE SCHOOL	:	
2	ADDRESS	:	
3	AFFILIATION	:	
4	STATUS (GOVT. / GOVT. AIDED/ CHARITABLE INSTITUTION/TRUST ETC.) WITH REGN NO. (IF ANY)	:	
5	NAME OF THE CONTACT PERSON WITH CONTACT DETAILS	:	
6	PERMANENT ACCOUNT NUMBER (PAN)	:	
7	BANK ACCOUNT DETAILS	:	
8	TOTAL NUMBER OF STUDENTS	:	
9	CATEGORY OF STUDENTS (GIRLS/ BOYS/ CO-ED.)	:	
10	TOTAL AREA OF SCHOOL PREMISES	:	
11	BRIEF DETAILS OF THE WORK FOR WHICH ASSISTANCE IS SOUGHT FOR	:	
12	OTHERS	:	

Date:

Signature: