

Self declaration for organization and authorized signatory and all governing body member/trustee for whom security clearance is sought.

a) Name & address and registration number of the organization

b) Name and address of authorized signatory and all governing body member/trustee of the organization (Please list)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

c) Is the organization or any of the governing body member listed above, the subject of any:

- | | | |
|---|---|--------|
| 1. Preventive detention proceeding (PSA/NSA etc.) | : | Yes/No |
| 2. Criminal proceedings | : | Yes/No |
| 3. Pending Warrants | : | Yes/No |
| 4. Attachment Proceeding | : | Yes/No |

If yes, provide following details

- | | |
|--|---|
| 1. Detention/Case/FIR/Warrant Number | : |
| 2. Police station and District having jurisdiction | : |
| 3. Section of law | : |
| 4. Name and place of Court | : |

The above mentioned details are in respect of both India and any other foreign country.

Note: The above self declaration is required to be filled and signed by the authorized signatory of the organization.

F01(I&B-BW-P-04)

**Signature of Authorized Signatory &
Seal of the Organization**

Performa for furnishing details of Applicant Organization and its authorized signatory and all governing body members/trustees etc.

Details in respect of the Organization/Institution/Krishi Vigyan Kendra etc.

Full name of the Organization / Institution	Date of registration of the Organization / Institution	Address of Head Office, Regional Offices and Registered Office	Previous name of the Organization, if any	FCRA Registration, if any. If yes, details of foreign contribution received	Power output and Height of the Antenna

Details in respect of Authorized Signatory and all governing body members/trustees/office bearers etc.

S. No.	Full name of Board of Directors and Key Executives (wherever applicable)	Present position held with date (since when)	Date of birth	Parentage		Present and Permanent Address	Nationality	Passport Nos. and date of issue (if any)	Contact Address and Telephone numbers
				Father	Mother				
1									
2									
3									
4									
5									
6									
7									

(Use one row for each member. Add more no. of rows, if required)

**Signature of Authorized Signatory &
Seal of the Organization**