

**GOVERNMENT OF MANIPUR
DEPARTMENT OF SOCIAL WELFARE**

CORRIGENDUM

Imphal, the 4th October, 2022

No.9/226/2022(Drug)Pvt.: In inviting a reference to Notification No. CSSS-1305(2)/2/2022-SW-SW dated 6th September, 2022 in regard to the '**Guidelines for setting up of Treatment & Rehabilitation of Users for Social Transformation (TRUST) Centre in Manipur**' recently framed by the State Government, it is hereby informed to all stakeholders that the words "the Minimum Standards of Service for the programmes under the scheme for prevention of alcoholism and Substance (Drugs) Abuse developed by the Ministry of Social Justice and Empowerment, Government of India" contained in Point No. 1 of "Verification" part in the "Application Form" (ANNEXURE 1) of the guidelines shall be read as "the Minimum Standard of Care and Service of Treatment and Rehabilitation of Users for Social Transformation (TRUST) Centre developed by the Government of Manipur".

Corrected "Application Form" (ANNEXURE 1) is enclosed herewith.


(Ngangom Uttam Singh)
Director (Social Welfare),
Manipur

Copy to:-

1. PPS to Hon'ble Minister (Social Welfare), Manipur
2. PS to Additional Chief Secretary (Social Welfare), Government of Manipur.
3. The Editor, Huiyen Lanpao (Manipuri edition), Sangai Express (English edition) and Poknapham (Manipuri edition) for publication in your respective newspapers. Bills are to be submitted in triplicate for payment purposes.
4. Guard file

**DEPARTMENT OF SOCIAL WELFARE
GOVERNMENT OF MANIPUR**

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[Application form for registration of NGOs running Treatment and Rehabilitation of Users for Social Transformation (TRUST) centre in Manipur]

1. Name and complete address of the Organisation :

Contact Person:

Address of the contact person:

Year of establishment:

2. (i) Name of the Act under which it is registered?

(ii) Registration no. and date:

(Please attach an attested photocopy of the registration certificate)

3. Details of foreign contribution received by the organization:

a) Whether receiving foreign contribution: Yes/No

b) If "YES", please furnish registration no. and date issued by Ministry of Home Affairs under the Foreign Contribution (Regulation) Act, 2010.
(Please attach an attested photocopy thereof)

4. Provide details of funds generated from other sources such as community /CSR/donation:

5. Details of the proposed Centre (site of implementation of the programme)

a. Proposed location of the programme (State, City, District):

b. Enclose justification for setting up of the centre based on the following:

- Nature and incidence of alcohol/drug abuse in the area as provided in any established study/survey
- Details (with address) of available services in the district
- Need for new centre in addition to available services
- Approximate distance of the proposed centre from the nearest de-addiction/rehabilitation centre
- Professional experience of the organization for running TRUST centre

6. Capacity of inmates of the proposed Centre:

7. List of papers/statements to be attached with the application as annexure:

- a. Registration certificate of the organization
- b. Registration certificate under Foreign Contribution (Regulation) Act, 2010
- c. Constitution of Management Committee/Trustees
(with particulars of each member i.e. name, complete residential address, parentage, occupation with designation and the tenure of the committee i.e. the date on which it was constituted and up to which date the committee will remain)
- d. A copy each of the annual report for the previous 3 years:
 - Receipt and Payment Account
 - Income and Expenditure Statement and
 - Balance Sheet
- e. Statement on the projects/programme currently implemented by the organization, period of implementation and source of funding in respect of each project/programme.
- f. Statement on the assets of the organization
- g. Details of the staff employed

8. Additional information, if any, not covered above but relevant to the project may also be submitted.

SIGNATURE

Place:

Date:

(.....)

Name of the President/ Secretary:

Name of the Organisation/Centre:

(with office stamp)

Note: - The applicant organization/institution/establishment is to ensure:-

- a) That each enclosed document is serially numbered as Annexure-A, Annexure-B, Annexure-C, etc. and that appropriate entry is also made against the corresponding item in the Application Form.
- b) That each document is duly certified/signed by the President/Secretary of the centre after affixing their office stamp and

- c) That the registration certificate is in the name of the applicant organization/establishment only.

VERIFICATION

It is certified that the undersigned has been duly authorised by the Executive Committee/Managing Committee of the organization by a resolution dated..... to verify and submit application, documents, information etc. on behalf of the organization. It is also certified that the above information is in accordance with the records and audited accounts and is correct to the best of my knowledge and belief.

1. I also hereby certify that I have read the rules and regulations of the Minimum Standard of Care and Service of Treatment and Rehabilitation of Users for Social Transformation (TRUST) Centre developed by the Government of Manipur and I undertake to abide by them. On behalf of the Management, I further agree to the following conditions:-

- a) The accounts of the centre shall be properly maintained. Transparency in books of accounts should be ensured and it will be made available to an officer/person deputed by the State Government for monitoring and evaluation.
- b) Progress reports of the centre and other necessary documents mentioned in the application for registration shall be furnished at regular intervals as may be specified by the Government.
- c) Necessary change/improvements shall be made as per the Minimum Standard of Care and Service of Treatment and Rehabilitation of Users for Social Transformation (TRUST) Centre of the State Government.

Place:

Date:

SIGNATURE

(.....)

Name of the President/ Secretary:

Name of the Organisation/Centre:

(with office stamp)