SCHEDULE-I
[see rule 3(1)]

Application Form
Part A

General Information

1. **Name of Non-Governmental Organization: _____**

2. **Date of Establishment: _____**

3. **Registration Authority: Director General, Law and Human Rights**

4. **Registration No. and Date (if applicable): _____**

5. **Type of Non-Governmental Organization:**

☐ Non-Profit Organization (NPO)
☐ Trust
☐ Foundation
☐ Association
☐ Other (Specify): _____

1. **Area of Interest / Sector (Only Human Rights Related Sectors Allowed):**

☐ Human Rights Protection
☐ Legal Aid & Access to Justice
☐ Gender Equality & Women's Rights
☐ Child Rights & Protection
☐ Rights of Persons with Disabilities
☐ Transgender & Minority Rights
☐ Refugee & Migrant Rights
☐ Freedom of Expression & Assembly
☐ Labor & Employment Rights
☐ Other (Specify): _____

2. **Geographical Scope of Operations:**

☐ Local (Specify Districts): _____
☐ Provincial (Khyber Pakhtunkhwa)
☐ National (Specify Provinces): _____

3. **Previous Registration Details (if applicable):**

- Previous Registration Authority: _____
- Registration No. & Date: _____
- Duration of Work (years): _____

9. **Name of Parent Non-Governmental Organization (if any): _____**

10. **Name of Sister Non-Governmental Organization (if any): _____**

11. **Security Approval (if any):** (Only applicable for Non-Governmental Organization legally required to obtain security clearance)

☐ Yes (Specify Issuing Authority & Date): _____
☐ No

12. **Professional Association/Membership (if applicable):**

☐ National Human Rights Institution (NCHR, Provincial Commissions)
☐ International Human Rights Networks

☐ Local Bar Associations / Legal Forums
☐ Other (Specify): _____

PART-B
Address Information

Head Office

Registered Address:

Postal Address:

Contact Details (Official)

Telephone: Mobile (Official):

Fax: Email ID:

Official Website:

Other Social Media:

Regional Offices

Postal Address:

Contact Details (Official):

Telephone: Mobile (Official):

Fax: Email ID:

Official Website:

Other Social Media:

Local / Field Offices*
Postal Addresses

Contact Details (Official):

Telephone: Mobile (Official):

Fax: Email ID:

Official Website:

Other Social Media:

*****Operational area to include branch and sub offices in a District, City, Town or Union Council.

PART-C
Objectives

(a) **General Objectives:**

(b) **Geographical Focus of Work (Specify Districts in Khyber Pakhtunkhwa):**

Thematic Focus

☐ Human Rights Protection
☐ Legal Aid & Access to Justice
☐ Gender Equality & Women's Rights
☐ Child Rights & Protection
☐ Rights of Persons with Disabilities
☐ Transgender & Minority Rights
☐ Refugee & Migrant Rights
☐ Freedom of Expression & Assembly
☐ Labor & Employment Rights
☐ Protection Against Gender-Based Violence
☐ Other (Specify): _____

Beneficiaries (Target Groups):

☐ Children
☐ Women
☐ Transgender Persons
☐ Persons with Disabilities (PWDs)
☐ Orphans
☐ Refugees & Migrants
☐ Elderly Persons
☐ Government Institutions
☐ Survivors of Gender-Based Violence
☐ Other (Specify): _____

How Does Your Non-Governmental Organization Operate?

☐ Provides Human Rights Training & Capacity Building
☐ Conducts Legal Awareness & Rights-Based Advocacy
☐ Supports Survivors of Violence & Discrimination
☐ Provides Referral & Protection Services
☐ Conducts Research & Policy Analysis
☐ Provides Psychosocial & Mental Health Support
☐ Strengthens Institutional Reforms & Policy Development
☐ Other (Specify): _____

Collaboration with Local Non-Governmental Organizations/Non-Profit Organizations (if applicable):

Name of Partner Non-Governmental Organization: _____
Nature of Collaboration: _____
Joint Activities: _____

PART-D
Management and Staff

Total Number of Employees:

- Local Employees: _____
- Foreign Employees (if applicable): _____

Head of the Non-Governmental Organization/Chief Administrator:

Name: _____
Designation: _____
Permanent Address: _____
CNIC No.: _____
Nationality: _____

Contact Details:

- Telephone No.: _____
- Mobile No.: _____
- Email: _____

Treasurer/Accountant:

Name: _____
Designation: _____
CNIC No.: _____
Permanent Address: _____
Nationality: _____

Contact Details (Official):

- Telephone No.: _____
- Mobile No.: _____
- Email: _____

Secretary:

Name: _____
CNIC No.: _____
Permanent Address: _____
Nationality: _____

Contact Details:

- Telephone No.: _____
- Mobile No.: _____
- Email: _____

Other Staff Members:

(Include all office bearers, permanent employees, and daily wage staff)

S. No. Name of Employee Designation Education Date of Birth Domicile CNIC Cell No:
1.
2.
3.

PART-E

Projects/Programmes/Assignments Completed

Completed Projects / Programmes / Assignments

Total Number of Completed Projects: _____

Revised Project Details Table

S.No.	Project Name	Target Area (District/City/Town/UC)	Start Date (MM/YYYY)	End Date (MM/YYYY)	Total Funds (PKR/USD)	Funding Source / Donor	Thematic Focus	Total Beneficiaries
1.								
2.								
3.								
4.								
5.								
6.								

PART-F

Projects/Programmes/Assignments Under Implementation

Number of Ongoing Projects/Programmes/Assignments:

Total Ongoing Projects: _____

Ongoing Project Details

S.No.	Project Name	Target Area (District/City/Town/UC)	Start Date (MM/YYYY)	Expected Completion Date (MM/YYYY)	Total Funds (PKR/USD)	Funding Source / Donor	Thematic Focus	Total Beneficiaries
1.								
2.								
3.								
4.								
5.								
6.								

Project Director / Team Leader

Name: _____

Total Project Cost: _____

Funding Source

☐ International Donors (Specify): _____
☐ INGOs (Specify): _____
☐ Government (Specify Department): _____
☐ Membership Contributions (Specify): _____
☐ Voluntary Donations (Specify): _____
☐ Fundraising (Specify): _____
☐ Other (Specify): _____

Thematic Focus

☐ Human Rights Protection
☐ Legal Aid & Access to Justice
☐ Gender Equality & Women's Rights
☐ Child Rights & Protection
☐ Rights of Persons with Disabilities
☐ Transgender & Minority Rights
☐ Refugee & Migrant Rights
☐ Freedom of Expression & Assembly
☐ Labor & Employment Rights
☐ Protection Against Gender-Based Violence
☐ Other (Specify): _____

Beneficiaries (Target Groups)

Total Number of Beneficiaries: _____

☐ Children
☐ Women
☐ Transgender Persons
☐ Persons with Disabilities (PWDs)
☐ Orphans
☐ Refugees & Migrants
☐ Elderly Persons
☐ Government Institutions
☐ Survivors of Gender-Based Violence
☐ Other (Specify): _____

Scope of Activities:

Focal Area / Key Interventions:

Clearance / Permission (if applicable):

☐ Office Establishment
☐ Travel Permits
☐ Operations in Restricted Areas
☐ None

PART-G

Planned Projects/Programmes/Assignments

Number of Planned Projects/Programmes/Assignments:

Total Planned Projects: _____

Planned Project Details

S.No.	Project Name	Thematic Focus	Geographic Focus (District/City/Province)	Potential Funding Source	Expected Beneficiaries
1.					
2.					
3.					

PART-H
Financial Information

Tax & Registration Information:

- National Tax Number (NTN): _____
- Tax Exemption Reference (if applicable): _____

Bank Accounts:

Principal Account:

- Account Title: _____
- Account IBAN: _____
- Account Number: _____
- Branch Address: _____

Other Approved Accounts (if applicable):

- Account Title: _____
- Account IBAN: _____
- Account Number: _____
- Branch Address: _____

Funding Source:

☐ Bilateral Donors
☐ INGOs
☐ Federal / Provincial Government
☐ National / International Organizations
☐ Voluntary Contributions
☐ Membership Fees
☐ Donations
☐ Fundraising
☐ Foundations
☐ Multilateral Agencies
☐ Other (Specify): _____

Annual Audit of Accounts:

- Date of Last Audit: _____
- Name of Recognized Auditor: _____
- Audit Objections (if any): _____
- Due Date of Next Audit: _____
- Attach Last Three Years' Audit Reports (if applicable).

PART-I
Assets

Movable Assets (Vehicles, Equipment, Endowments, etc.)

Vehicle Details (If applicable):

- Type of Vehicle: _____
- Registration Number: _____
- Chassis Number: _____
- Year of Manufacture: _____
- Model: _____
- Make: _____

Immovable Assets (Office Premises, Property Under Non-Governmental Organization Use):

Property Details:

- **Status:** ☐ Owned ☐ Leased ☐ Rented ☐ Donated
- **Location / Address:** _____
- **Usage:** ☐ Office ☐ Training Center ☐ Shelter ☐ Other (Specify) _____
- **Lease Agreement (if applicable):** ☐ Yes ☐ No
- **Source of Property Acquisition:** ☐ NGO-owned ☐ Donor-funded ☐ Other

Car Rental Services (If applicable):

- Name of Rental Company: _____
- Company Address: _____

PART-J

Security Agreement and Arrangements

Local Security Organizations (If Hired)

Yes _____
No_____

S.No.	Security Company Name	Address	Contact Person	Telephone	Email	Agreement Duration (From–To)
1.						
2.						

Other Security Arrangements (If applicable)

Yes _____
No_____

If Yes

- Name of Security Agency: _____
- Term of Security Agreement: From _____ to _____
- Nature of Protection: _____".