

Development



## BOSS APPLICATION FORM **GUIDELINES:** 1. Please enter all relevant details. Do not keep any details vacant / unfilled. 2. In case of questions with multiple options, please tick the appropriate answer. 3. In case you wish to provide any additional information, please attach a separate sheet. 4. Attach you current updated CV and business card along with this application form. 5. BOSS Facilitation center will be provided to highly competent agency All rights are reserved with Lead India Foundation PLEASE WRITE IN BLOCK CAPITALS Title (Dr/Mr/Mrs/Miss/Ms) **Full Name** Address: Telephone / Mobile Number. Email: Passport No.\_ Date of Birth: d d m m y y y y Gender: M F Married: Y N PAN No. (Personal) **Blood Group SECTION I: PERSONAL FACT SHEET** 1. Educational Qualification (beginning with the most recent): Qualification Year of Passing Name of Institution 2. Current Occupation: (Please Tick) a.) Service b.) Business To be filled in by those in service Name of Organization Designation **Previous Work Experience Organization Name** Designation Responsibilities **Period** FOR INDIVIDUAL MEMBERSHIP, PLEASE USE THE INDIVIDUAL MEMBERSHIP APPLICATION FORM.. Is this a membership organization? $\square$ Yes $\square$ No $\square$ Type of Members $\square$ Individuals $\square$ Organization $\square$ Both Level of Activity $\square$ Local $\square$ National $\square$ International Number of members? AREA(S) OF ACTIVITY (pleas check up to these only) Ageing Education Labor ☐ Religion, Belief & Ethics **Agriculture & Food** Environment Law & Legal Affairs **Science & Technology** Social & Cultural Development Business & Economic Policy Narcotics, Drugs & Crime Family Human Rights Children & Youth Peace & Security **Sports & Recreation Trade & International Finance Communications & Media Health & Nutrition** Population/Human Settlements $\Box$ **conflict Resolution** Indigenous People Refugees ■ Women's Status & Issues

 $\square$  International Organization  $\square$  Relief Services

Other

THE COLOR OF THE C		of the following? (Please tick the appr	onriate hox)
1. Marketing/Sate		2. Software/Hardware/IT	
3. Education/Trainir	ng	Software/Hardware/IT     Profit Center Management     Other (specify)	
5. Small Business M	∕lgmt. □	6. Other (specify)	
4. Are you currently associate	ed with any profession	nal group/association?	
if yes, give details: _			
	SECTIO	N II: PROJECT DETAIL	S
1. How do you run your nonpro	ofit		
		Private Ltd.  Public Lt	td. 🗌 Society 🔲 Trust
Do you have FCRA, 35 AC, 35		REGN., PODAR REGN.	
<b>a.</b> ) Yes <b>b.</b> ) No.			
If yes, what are they			
2 Congraphical area of opers	ation		
located in the state of			
3. When do you propose to tal			
Immediately With			
4. Do you already possess any	y project?		
Yes No			
5. If no, do you have any proje	ect in mind?		
Yes □ No □			
6. Document to be attached		□ By Law or dood of the UDO	
☐ Registration Certificate of Org	ganization ent	☐ By-Law or deed of the NPU ☐ Last tree years Annual Report	
☐ Detail profile of chief Function	nary	<ul> <li>☐ Last tree years Annual Report</li> <li>☐ Detail profile of the Organization</li> </ul>	
$\ \square$ Pan Card of organization and	The chief functionary		
☐ Pass Port Copy front and back			of the Ohiof Functioners
☐ Document Showing the DoB o		☐ Document Showing the Blood Group	of the Chief Functionary
☐ Two passport size photo grap			ground and etraight looking food)
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