



# CENTRE FOR ADVANCEMENT OF PHILANTHROPY

## SECTOR Affiliate Registration Form

One-time Entrance Fee of Rs. 10,000/-, and Annual Fee of Rs. 7,000/-

<b>Registered Name of Organization</b>	
<b>Any Other Name /Old name</b>	
<b>Domain</b>	Sector
<b>Type Of Organisation</b> <i>(Please choose/highlight any one that is applicable to your organization)</i>	Institution (Colleges) Institution (Hospitals) Institution (Religion/Spiritual) Institution (Arts) Institution (Other)  Support Organisation/Intermediary Grant-Maker - (Individual/Sector) Professional (CA) Professional (Lawyer) Professional (Businessman) Professional (Board Member) Independent Social Sector Consultant
<b>Area of Work/Cause</b> <i>(Please choose/highlight any one that is applicable to your organization)</i>	Capacity Building Consultancy Education Fellowship Funding Incubators Medical Mentorship Professional services Religious Research OTHER (Please State)
<b>Causes Associated</b> <i>(Please choose/highlight all the NGO causes that are applicable to your grant-making or the NGO causes you work with)</i>	Advocacy Arts & Culture Animal Welfare Children Disability Disaster Management Education Elderly Environment Health/Medical Human Rights Livelihood

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✉ : Mulla House - 4th Floor, 51, M.G. Road, Mumbai - 400001

Registration No. 41521    PAN No. AAATC1732D    CIN No. U73200MH1986NPL041521



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	Palliative Care Rural Development Religion/Spiritual Research Sanitation Skill development/Vocational Training Sports Water Women's Empowerment Youth OTHER (Please State)
<b>Nature of Work</b> <i>(Please describe the nature of your work in 2-3 sentences)</i>	

<b>Office Telephone Nos</b>	
<b>Office E-Mail:</b>	
<b>Website:</b>	
<b>Postal Address:</b>	

<b>Registered As</b> <i>(Please choose/highlight any one that is applicable to your organization)</i>	Trust Society Society & Trust (applicable only in Maharashtra/Gujarat) Section 8 Company Pvt. Ltd Company Dual Model (Pvt Ltd +NGO) Dual Model (Pvt Ltd +foundation) Association of Persons Individual Registration in Process OTHER (Please State)
<b>Founded In (Month &amp; Year)</b>	
<b>Location of Registered Office</b>	
<b>Outreach of your work (places where your work reaches out)</b>	

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<b>Last Annual Expenditure</b>	
<b>Member/ Affiliate Category</b>	Sector Affiliate
<b>PAN No (Only if Donor)</b>	

<i>Does the organization have FCRA Registration/Prior permission</i>	
<i>Does your organization have a 12 AA Registration and 80G certificate from Income Tax</i>	
<i>Is your NGO registered under Shops &amp; Establishments Act</i>	
<i>Are you registered under any other laws applicable to your organisation (such as EPF, ESIC, PWD or any other)</i>	

<b>Person who has filled form</b>	
<b>Referred to CAP by</b> <i>(Please choose/highlight any one)</i>	Website Workshop Newsmagazine Other
<b>Expectations from CAP</b> <i>(Please choose/highlight what assistance you would like from CAP)</i>	Legal Advisory CSR Advisory Trainings Other

*We send e-mails with important information, training sessions and a quarterly print newsmagazine with legal and other sector updates. Name 3 key persons in your organisation to receive the following from CAP. Please fill 3 different names so that if anyone is travelling or has left the organisation, the mail is still received by someone else.*

	NAME	DESIGNATION	EMAIL	CELL NO
<b>CONTACT 1</b>				
<i>Highlight what the above mentioned person would like to receive from CAP</i>				
	Important Mails	Training Mails	Newsmagazine	Fee Renewal

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				Reminder
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	NAME	DESIGNATION	EMAIL	CELL NO
<b>CONTACT 2</b>				
<i>Highlight what the above-mentioned person would like to receive from CAP</i>				
	Important Mails	Training Mails	Newsmagazine	Fee Renewal Reminder

	NAME	DESIGNATION	EMAIL	CELL NO
<b>CONTACT 3</b>				
<i>Highlight what the above-mentioned person would like to receive from CAP</i>				
	Important Mails	Training Mails	Newsmagazine	Fee Renewal Reminder

<b>Are you aware and access the CAP Blog?</b>	YES/NO
<b>Are you aware about CAP's Compliance Certification program?</b>	YES/NO

<b>Person who has updated this form</b>	
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**For Office Use Only:**

Form Received Date: \_\_\_\_\_ Payment Received Date: \_\_\_\_\_

Entrance Fee (Rs): \_\_\_\_\_ Registration/ Renewal Fee (Rs): \_\_\_\_\_

Payment Type (Cheque/ DD/ Cash/ NEFT): \_\_\_\_\_ Cheque/ DD No.: \_\_\_\_\_

Cheque Date: \_\_\_\_\_ Drawn on Bank: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ CAP Registration No.: SA - \_\_\_\_\_

Name and Signature of Admin / Accounts: \_\_\_\_\_

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