

FORM NO. 10 A**[See rule 17A]****Application for registration of charitable or religious trust or institution under clause (aa) or clause (ab) of sub-section (1) of section 12A of the Income-tax Act, 1961**

Basic Information	PAN		Name (Auto populated)			
	Flat /Door/Block No.		Name of Premises / Building / Village	Road / Street / Post Office		
	Area / Locality		Town/City/District		State(Select)	Country(Select)
	Pin Code	Type of Trust/ Institution (Select √)				
		Charitable	<input type="checkbox"/>	Religious	<input type="checkbox"/>	Religious-cum-Charitable
	Mobile No. of the Managing Trustee/Chairman/ Managing Director/Any authorized person by whatever name called			E-Mail of the Managing Trustee/Chairman/Managing Director/Any authorized person by whatever name called		
Legal Status	Please specify whether the Trust/Institution is (Select any one √)					
	<input type="checkbox"/>	constituted as Public Trust under _____ Act under which constituted as a Public trust)			(please specify name of _____)	
	<input type="checkbox"/>	registered under the Societies Registration Act, 1860 (21 of 1860) or under any law corresponding to that Act in force in any part of India (please specify name of law under which the Trust/institution is registered)				
	<input type="checkbox"/>	registered under section 8 of the Companies Act,2013 (18 of 2013) or under section 25 of the Companies Act, 1956 (1 of 1956)				
<input type="checkbox"/>	others (please specify)					

In case of a Trust	2	Details of Author(s)/ Founder(s)			
		Sl No	Name	PAN	Aadhaar No. (if allotted)
In case of a Trust/Society/ Company/Other	3	Details of Trustees/Office Bearers/Directors as on the date of filing of application			
		Sl No	Name	Designation	PAN
Purpose	4	In case of Charitable and Religious cum Charitable trusts, please specify the objects of the Trust/Institution (Selection of at least one object is mandatory .):			
		<input type="checkbox"/> Religious <input type="checkbox"/> Education <input type="checkbox"/> Relief of the Poor <input type="checkbox"/> Medical Relief <input type="checkbox"/> Yoga <input type="checkbox"/> Preservation of Monuments or Places or Objects of Artistic or Historic interest <input type="checkbox"/> Preservation of Environment (including watersheds, forests and wildlife) <input type="checkbox"/> Advancement of other objects of general public utility (Please specify)			
In case of application under section 12A(1)(ab)	5	Is this a case of registration under clause (ab) of sub section (1) of section 12A:			Yes/No
	5a	If Yes, Please provide details of Existing Registration (attach a certified copy of relevant order):			
		Date of Registration	Effective Date	Registration No.	Designation of Registering Authority and Station
5b	Date of Modification of Objects				

MISCELLANEOUS	6	Whether the trust deed contains clause that the trust is irrevocable?	Yes/No/ Not Applicable (in case of applicants other than trusts)		
	7	Whether any application for registration made by the applicant in the past has been rejected?	Yes/No		
	7a	If yes, then please furnish the following details:			
		Order no.	Order date	Authority which passed the order	
	8	Whether the applicant is registered under the FCRA, 2010?		Yes/No	
	8a	If Yes, then please furnish the following details:	Registration No.	Date of Registration	

I _____, son,/daughter of _____, hereby declare that the details given in the application are true and correct to the best of my knowledge and belief.

I undertake to communicate forthwith any alteration in the terms of the trust/society/non-profit-company, or in the rules governing the Institution, made at any time hereafter. I further declare that I am making this application in my capacity as _____ (designation) and that I am competent to make this application and verify it.

Place:

Date:

Signature

Designation

Address