



CREDIBILITY ALLIANCE

ACCREDITATION FORM

Credibility Alliance is a national consortium of nonprofit organizations (volunteer organization), set up in 2004 to establish a consensus-driven set of "Credibility Norms" for the voluntary sector in India. To know more about Credibility Alliance, please visit www.credibilityalliance.org

Credibility Alliance invites you to share information so that your organization can be considered for **Accreditation**. The form is divided into two sections:

Section I -Information pertaining to **Minimum Norms** of Credibility Alliance (page no. 2 to page no. 13).

Section II- Information pertaining to **Desirable Norms** of Credibility Alliance (page no. 14 to page no. 16).

Master Checklist of the documents (Page no.17 to page no.18) **for Accreditation** consists of the list of the documents to be submitted.

We have found that this form is best filled with the following individuals present: the CEO or head of the organization

- The Head of the Programmes Division
- The Chartered Accountant who is versed with the details of the organization's finances.

We also advise you to gather all the documents given in the Master Checklist of Documents before filling the application.

The Form should take no longer than **one** hour to fill, provided you have access to the Master check List information. Most of this form reflects content that will be uploaded onto our website. Therefore, please follow instructions carefully. Please note the character lengths for certain fields. In case of excess information, the fields will be edited for length.

Please send filled soft copy of the form along with relevant documents. Once the form is approved, you will then be required to send the forms along with the relevant documents.

Once again, we thank for your interest in Credibility Alliance and for your dedication to enhance transparency and accountability in India's voluntary sector. Do contact us if you have further queries or concerns, and we look forward to build a relationship with your organization.

**Accreditation Cell,
Credibility Alliance.
215, Kirti shikhar Building,
District Centre,
Janakpuri,
New Delhi-110 058.
Ph No.- 011-64722849.**

ACCREDITATION FORM

**The organization is applying
for Accreditation against**

(Please do write Yes whichever norm you are applying for and No against the column which you are not applying for)

Minimum Norms	
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Or

Desirable Norms	
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Guidelines for filling the form:

- i) The Organization applying for **Minimum Norms** should fill up only **Section I**.
- ii) The Organization applying for **Desirable Norms** should fill up **both** the Sections of the Form.
The Form has to be filled up in English Language.

SECTION I. MINIMUM NORMS

1. IDENTITY

1.1 Name of the organization _____

1.2 Legal Name (if different from above) _____

1.3 Acronym (if any)¹ _____

1.4 Registered Address

Address	
City/ Town/ District	
Pin code	
State	
Telephone (with STD code)	
Fax	
Email	
Website	
Social Networking site, if any	

1.5 Is the organization actually located at above address? Yes No

1.6 If no, give address of Present Location

¹ 'CUTS' is acronym for 'Consumer Unity & Trust Society'

Address	
City/ Town/ District	
Pin code	
State	
Telephone (with STD code)	
Fax	
Email	
Website	
Social Networking site, if any	

1.7 Please fill in the contact information for all the people mentioned in the table:

Please note:

Reserve Contact- this person should be different from CEO contact & accreditation contact

Person	
CEO Contact	
Name	
Designation	
Email id	
Landline No.	
Mobile No.	
Contact person for the purpose of carrying out accreditation	
Name	
Designation	
Email id	
Landline No.	
Mobile No.	
Reserve Contact	
Name	
Designation	
Email id	
Landline No.	
Mobile No.	

1.7(a) Organization registered as: Society / Trust / Section 25 of company (not for profit)

1.7(b) Registration No. _____ Date of Registration _____ Place of Registration _____

1.7 (c) Has there been any change in the registered office address? (Answer Yes or No)

1.7 (d) If Yes, has this been communicated to the registration authorities for change (attach proof)

1.8 Jurisdiction of Organization: All India or Specific State/s _____

1.9 Are the documents available to the public on request? Yes No

1.10 Other required documents:

Document	Reference No/Account No.	Registration/Valid Till (DD/MM/YY)
Section 12(A)		
Permanent Account No. (PAN)		
Section 80 G		

1.11 If the 80G validity is over, have you applied for the renewal? State Yes or NO

1.12 If the organization has any related organizations (sister concerns), please mention the names and areas of operation there of

Name of the related organization	Area of operation

2. VISION, AIMS AND OBJECTIVES AND ACHIEVEMENTS

2.1 Brief introduction about the organization and its activities:

2.2 Vision and Mission Statement of the Organization

Vision

Mission

2.3 Do you set verifiable indicators and do you measure your performance against your goals?

Yes No

If Yes, Please specify indicators and achievements in the table below for the current year ²

(Note: Kindly fill the indicators of those programs which you can also show the assessor during the assessor visit of your organization necessarily.)

No.	Aims/ objectives of the organization	Activity carried out during the latest financial year to meet those objectives	Indicator	Achieved (numbers only)
Example	Post disaster Rehabilitation	To carry out reconstruction of houses destroyed in the disaster	No. of houses constructed	80
	Post disaster Rehabilitation	To carry out repairs of houses damaged in a disaster	No. of houses repaired	120
	Post disaster Rehabilitation	To run medical camps to ensure no epidemics post disaster	No. of persons immunized/treated	250
1.				
2.				
3.				

3. GOVERNANCE

3.1 What is the name of your organization's governing body?

3.2 Membership to the Governing Body is obtained through

Nomination Election or both

3.3 Strength of members

Category	Board Member Meeting	Annual General Meeting
Maximum strength		
Minimum strength		
Current strength		
Quorum		

3.4 Details of the members of the Governing Body along with remuneration details (Details to be provided in a separate sheet)

Sr. No.	Name	Age	Gender	Occupation	Position in the Board	Total amount paid in last financial year (Rs.)	Form of payment Salary/Consultancy/Honorary/Sitting Fees/other(Specify)
1							
2							
3							
4							

3.5 Whether the organization discloses the above information along with remuneration details to public?
(Website/annual report/ notice board/ other documents/brochure of organization/ any other please specify)

Yes No If Yes, please specify where _____

3.6 Details of the Board Meetings and AGM held in the last Financial Year

Sr.No	Nature of meeting (AGM/ Board meeting)	Date of meetings	No. of Members present	Total Strength of Members	Quorum of meeting (number of member present in meeting divided by total member)
1					
2					
3					
4					

3.7 Do the Minutes/Resolutions of the Board Meetings get circulated among the Board members?

Yes No

3.8 Do the Minutes/Resolutions of the AGM get circulated among the members who had attended the AGM?

Yes No

3.9 Please fill in your Board's resolution on these issues in the last Financial Year.

Issues	Board Meeting Date	No. of board members present	Strength of Board at the time of meeting.
Budget for the last Financial Year			
Programmes/ Projects for the last Financial Year			
Annual Report for the last Financial Year			
Statutory Audit Report for the last Financial Year			

4. OPERATIONS

4.1 The nature of activity of the organization could be best described as

Culture and Recreation Education & Research Health Social Services

Laws, Advocacy & Politics Philanthropic Intermediaries & Voluntarism Promotion Religion
 Business and Professional Associations, Unions Environment Development & Housing other
 (please specify) _____

4.2 Organization works on following issues. Please select the appropriate areas:

Areas of operation³

Organization primary categories and sub-categories	
Culture and Recreation	Environment
Adventure clubs	Animal and bird welfare
Amateur and Professional Competition	Botanical gardens and organizations
Equestrian	Conservation of natural resources
Humanities and Historical Societies	Environmental education
Libraries	Pollution control
Museums	Public parks
Performing Arts	Wildlife preservation/ sanctuaries
Physical Fitness and Community Recreation Centers	Zoos
Public Parks	Other
Public Television and Radio	Development and Housing
Recreational/ Sports/ Clubs and Camps	Alternative energy
Sports for persons with disabilities	Agriculture and animal husbandry
Visual Arts	Child labour
Other	Community television and radio
Education and Research	Development – rural
Higher Education	Development – urban
Literacy for adults	Digital divide incl computer literacy
Pre-school	Housing
Primary	Livelihood programmes
Professional Institutions	Micro credit
Remedial and Special Education	Panchayati raj/ local governance
Secondary	Poverty alleviation
Student Financial Aid and Scholarships	Sanitation/ waste management
Vocational and Technical Education	Self-help groups
Other	Other
Health	Laws, Advocacy and Politics
Autism	Civil rights
HIV/AIDS	Consumer rights
Alcohol and Drug Abuse	Crime and Legal
Alzheimer	Gay and Lesbian
Arthritis	Political and religious freedom/ harmony
Blood banks	Public policy institutes
Blood donation	Urban governance
Cancer	Women's Rights
Cerebral Palsy	Other

³ The classification is based on INCPOs (International Classification of Non Profit Organizations.)

Cystic Fibrosis	Voluntary sector support
Diabetes	Non-profit/ voluntary/ VO sector
Disabilities – learning	Philanthropy
Disabilities – multiple	Community foundations
Disabilities – physical	Philanthropy promotion and fundraising
Disabilities – visual	Media and communication
Disabilities –hearing	Documentation and resources
Down's Syndrome	Capacity Building, training and research
Epilepsy	Volunteer promotion
Eye Banks	Accounting
Filariasis	Legal services
Heart Disease	Grant-making – Indian
Hemophilia/Sickle Cell	Grant-making - International
Hospice	Other
Hospitals and health care centers	Religion/ Spirituality
Kalaazar	Christianity
Leprosy	Buddhism
Leukaemia	Islam
Malaria	Judaism
Medical emergency services	Hinduism
Medical research	Sikhism
Mental Health Counselling and Support Groups	Zorastrisium
Mental Health Hospitals and Treatment Centers	Jainism
Multiple Sclerosis	Other
Muscular Dystrophy	Business and Professional Associations, Unions
Neonatal and paediatric care	Business and industry promotion
Organ banks	Other
Patient services	Not Elsewhere Classified
Primary health care	
Reproductive health and family planning	Communities you work with
Respiratory diseases	Children
Tuberculosis	Youth
Other	Women
Social Services	Elderly
Adoption and foster care	Dalits
Child abuse	Tribals
Child care including mid-day meals	Artisans
Community associations (neighbourhood etc.)	Urban poor
Community service clubs (Rotary, Lions club etc.)	Rural poor
Counseling	Refugees
Domestic violence Support	Displaced persons
Public safety/ emergency/ fire	Destitute persons
Senior centers and services	Gay and lesbians
Other	Sex workers
	Others – specify

4.3 Focus Area of work of the Organization

Rural Urban Both

4.4 Organization's geographical area of operation _____

4.5 Total income & expenditure of the VO in last three years (as per audited accounts).

Years (last three years)			
Total Income			
Total Expenditure			

4.6 Annual Receipts of the organization: (receipts are the total money received by a VO in a year) for the above 3 years

a. On the basis of source

RECEIPTS (for last three Financial Year)			
Self Generated (fees/ subscriptions/ interest/ community contributions etc)			
Donations from Indian individuals			
Donations from foreign individuals (under FCRA)			
Grants from Indian sources (trusts/ govt/ companies/ foundations)			
Grants from International sources (under FCRA)			
TOTAL RECEIPTS			

b. On the basis of programmes/projects

RECEIPTS (for last three Financial Year)			
For general/office costs (here you can mention unconditional funding received which can be used by the VO for any purpose)			
Project 1 (please specify the name of the project)			
Project 2 (please specify the name of the project)			
Project 3 (please specify the name of the project)			
Project 4 (please specify the name of the project)			
Project 4 (please specify the name of the project)*			
TOTAL RECEIPTS			

* Please add more rows in case of more projects

PLEASE MAKE SURE THAT THE TOTAL RECEIPTS ON THE BASIS OF SOURCES EQUALS TO TOTAL RECEIPTS ON THE BASIS OF PROGRAMMES/PROJECTS.

4.7 Please mention the expenses incurred in main projects/programmes conducted in last three years, alongwith the locations.

Expenses incurred(for last three Financial Year)						
	Amount (in Rs)	Site/location	Amount (in Rs)	Site/location	Amount (in Rs)	Site/location
Project 1 (please specify the name of the project)						
Project 2 (please specify the name of the project)						
Project 3(please specify the name of the project)						
Project 4 (please specify the name of the project)						
Project 4(please specify the name of the project)*						

*** Please add more rows in case of more projects**

4.8 Are the Accounts of the organization audited by a Chartered Accountant? Yes No

4.9 Are there clear roles and responsibilities defined for Personnel (Staff/volunteers)?

Yes No

4.10 Are appointment letters issued to the staff / Volunteer?

Yes No

Type of Personnel	No. Of Persons	Issue appointment/ contract letters(Yes/No)
Full time staff		
Part time staff		
Contract staff		

Volunteers		
Daily wage labour		
Consultants		

*If you pay honorarium or reimbursements to volunteers, please include them under full time staff or part time staff.

4.11 Do you have a Personnel Policy (policies related to employees/Staff, such as Employee Recruitment, Employee Conduct, and Salary & Benefits etc.).

Yes No

4.12 Are organization's staff / personnel policies made available to all staff members?

Yes No

4.13 Declaration about litigation by/ against the organization..

Is there any litigation, by any party, pending against the organization?	Yes ___ No ___
If yes, please provide details	
Is there any pending litigation, by the organization against any party?	Yes ___ No ___
If yes, please provide details	

5. Accountability and Transparency

5.1 Please mention if the accounts of your organization constructed, on cash or accrual basis?

5.2 Are there any serious audit notes (in auditors report) on any material point? Yes No

5.3 Are there any material transactions involving conflict of interest between a Board or Staff member and the Organization? Yes No

5.4 Are your Annual Reports disseminated to Key Stakeholders (**latest year**)? Yes No

How, Please fill details in the table below.

Key Stakeholders	Method of dissemination (Courier/post/hand delivery/e-mail/ photos, publication, audio-visual CDs etc./other (specify))
Beneficiaries	
Major Grant Makers	
Public well-wishers and donors	
Staff and volunteers	
Others	

5.5 Does your Annual Report contain following information

- a) Name and position of Board Members Yes No
- b) Remuneration/ reimbursement to Board Member Yes No
- c) Reimbursement to board members Yes No
- d) Objectives and Description of Main activities Yes No
- e) Review of the Progress of activities Yes No
- f) Results Achieved in the Year. Yes No
- g) Brief/ abridge financial details Yes No

SECTION II. DESIRABLE NORMS

(Note: This section would be filled by only those VOs who have applied for Desirable Norms)

1. GOVERNANCE

1.1 Board Members who are related to one another by blood or marriage (Please refer to the definition of blood relative given below)

The definition list of relatives according to Schedule I-A as per Section 6(c) of the Companies Act 1956

(1. Father, 2. Mother (including step-mother), 3. Son (including step-son), 4. Son's wife, 5. Daughter (including step-daughter), 6. Father's father, 7. Father's mother, 8. Mother's mother, 9. Mother's father, 10. Son's son, 11. Son's son's wife, 12. Son's daughter, 13. Son's daughter's husband, 14. Daughter's husband, 15. Daughter's son, 16. Daughter's son's wife, 17. Daughter's daughter, 18. Daughter's daughter's husband, 19. Brother (including step-brother), 20. Brother's wife, 21. Sister (including step sister), 22. Sister's husband)

Name of the Board Member	Name of the other Board Member	Nature of Relationship

1.2 (a) Does organization follow a Board Rotation practice? Yes No

1.3 (b) If yes, in (1.2 (a)) then has it been put into practice during the last five years at least?

Yes No

2. ACCOUNTABILITY AND TRANSPARENCY

2.1 Information on distribution of staff by Gender and Salary.

Three frameworks are suggested below. Choose the one you are most comfortable with.

Framework I (Illustrative)

Slab of gross monthly salary (in Rs.) plus benefits paid to staff	Male Staff	Female Staff	Total Staff
< 2500			
< 7000			
< 15000			
< 30000			
< 50000			
>/ 50000			

Framework II (Illustrative)

Slab of gross monthly salary (in Rs.) plus benefits paid to staff	Male Staff	Female Staff	Total Staff
< 5000			
5001-10000			
10001-25000			
25001-50000			
> 50000			

Framework III (Illustrative)

Name	Designation	Year of joining	Years of experience	Remuneration (Rs. p.m.)	Benefits (Rs. p.m.)	Remarks

2.2 Is the information mentioned in 2.1 above disclosed in the Annual Report?

Yes No

2.3 Details of International Travel by Staff/ Volunteers /and Board Members at the expense of the organization in the last Financial Year.

Name & Designation of Staff / Volunteer /Board Member	Designation	Purpose of Travel	Cost Incurred (Rs.)	Sponsored (Rs.)

2.4 Is the information mentioned in 2.3 above disclosed in the annual report?

Yes No

Certificate

We, _____ the **Chairperson** and _____ **Chief Functionary** of the **organization** _____ hereby certify that the contents of the above form are true and factually correct. As an organization we comply with the Desirable Norms set by **Credibility Alliance**.

Name of Chairperson/ Board Member: _____

Name of Chief Functionary: _____

Date: _____

LIST OF DOCUMENTS TO BE ATTACHED

PLEASE NOTE THAT ALL THE DOCUMENTS NEED TO BE ATTESTED BY THE HEAD OF THE ORGANIZATION OR AUTHORISED SIGNATORY

S No	Documents	Attached (Mark Yes or No or NA-not applicable)	Please mention the page number starting from 20 onwards of the all documents which is to be attached along with accreditation form as per checklist.
1	Society Registration Certificate/Trust Registration Certificate		
2	Memorandum of Association/Trust Deed		
3	Certificate of Incorporation from The Regional Director (E/S/N/W) Region) if any		
4	Address Documentary Proof from VO		
5	Personnel Policy/HR policy		
6	Copy of Minutes of AGM of Last two years (Copy of minutes in which Board rotated last time)		
7	Copy of minutes of Board meetings of last three years		
8	A copy of Appointment Letter / Contract Letter issued to staff		
9	Income Tax Permanent Account Number (PAN No.) Card/Letter		
10	TAN No. Letter (Income Tax Deducted at Source Account Number)		
11	FCRA Certificate / Prior Permission letter		
12	12(A) Certificate of Income Tax Department		
13	80 G		
14	Statutory Auditor's Report with:		
	(a) Form 10(B), (for last three years)		
	(b) Income and Expenditure Statement and Schedules (for last three years)		

	(C) Receipts and Payments Account and Schedules(for last three years)		
	(d)Fund Flow Statement with Schedules(for last three years)		
	(e)Balance Sheet(for last three years)and Auditor Notes		
15	Income-tax returns filed with the Income-Tax department (for last three years)		
16	A copy of FCRA Balance sheet(For Last Three years)		
17	A copy of FC-3 Return Files(For Last Three Years)		
18	Latest Annual Report (For Last Three Years) must contains		
	(a) Board member's name, age, gender, Position in Board, receiving any Remuneration or Reimbursement.		
	(b) Brief Financial Details(Balance sheet,Income and expenditure,Receipt and payment)		
	(C) Salary levels along with gender break up.		
	(d) Details of international travel.		
	(e) Detail of blood relation among Board members		
	(f) Detail of Board meetings held in last year (with dates)		
19	A copy of the VO Brochure or pamphlet		
20	Annual Report should be updated on website of VO with all disclosures		
21	Copy of annual submission to Society registrar		

*Note : Please provide all documents (Annual report, Audit Report, ITR, Minutes of meeting) for the last 3 years.