



अखिल भारतीय वरिष्ठ महासंघ

ALL INDIA SENIOR CITIZENS' CONFEDERATION (AISCCON)

Form B

Performance during 2017-18

Awards to be given in the 18th National Conference

Category

**Please tick (✓)
whichever is applicable.**

- | | | |
|---|---------|--------------------------|
| 1. Best Senior Citizen Association | - Urban | <input type="checkbox"/> |
| 2. Best Senior Citizen Association | - Rural | <input type="checkbox"/> |
| 3. Best Woman Senior Citizen Association. | - | <input type="checkbox"/> |

Rural Area means where there is a Gram Panchayat .

(1) Name of the Association _____

Address : _____

Name of President : _____

Telephone : _____, Mobile _____ Email _____

Name of the Secretary : _____

(2) Date of establishment _____ Date of affiliation _____
to AISCCON

(3) Important activities/functions of the Association, during 2017-18
(Please give in a separate paper)

(4) Important Social work of the Association during 2017-18
(Please give in a separate sheet, along with photographs)

(5) Does the Association has a Day Care Centre Yes No.

Address of the day care centre _____

Activities in the Day Care Centre

	Affiliation Fee paid to your State Level Federation	Receipt No.	Date	Amount
(6)	For 2017-18			
	For 2018-19			

(7) Details of the Awards received by the Association during last 3 years.

Name of the Award	Given by	Nature of Award

(8) Total Number of members of the Association : _____

Male : _____ Female : _____

(9) Does the Association publish any periodical/house journal Yes
 If yes, give details and attach last two copies. No

(10) No of Patrons/ Grand Patrons/ Chief Patrons/ Privilege members in the Association. _____

(11) Number of Managing Committee Meetings _____ held during 2017-18
 Please attach a copy of last two Annual Reports.

(12) Future Plans of the Association to strengthen AISCCON.
 (Please attach separate sheet)

We undertake to abide by the rules of the subject Competition. Representatives of the Association will attend the Conference as Delegates and will receive the Award in person, if given to us.

Date : _____ Signature of President/Secretary:

Name : _____

Forwarded to Secretary General, AISCCON

Recommended President/Secretary of the State Federation.

Seal :