

Application Form for Participation

Note: Please be advised that all information pertaining to the participants will be held in strict confidence and will not be disclosed to any third party.

ORGANIZATION INFORMATION

1. Registered Name of the Organization with Acronym.				
2. Year of Establishment in Afghanistan?				
3. What type of organization?				
<input type="checkbox"/> NGO <input type="checkbox"/> CSO				
4. Is the organization functional?				
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, since when and why, please give reasons				
5. Is the NGO/CSO women led?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Point of Contact				
Name: Phone #: Email:				
7. Entity Address (City, District, Province, Country)				
8. Official Telephone and Email				
		Phone#		Email
9. Thematic Area				
<input type="checkbox"/> Health <input type="checkbox"/> Education <input type="checkbox"/> Capacity Building <input type="checkbox"/> Livelihood <input checked="" type="checkbox"/> Women Rights <input type="checkbox"/> Other (specify the area): (Tick all that apply)				
10. Registration with ACBAR				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
11. # of Total Employees in Afghanistan				
12. # of Employees (Male & Female) and status				
	# Male Employees	# of Female Employees	# of Paid Employees	# of Un-paid employees

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Required Documents for selection Process: (Please attached all the below mentioned documents in email)	
1- Copy of Registration Certificate	<input type="checkbox"/>
2- Copy of the ID/Passport of the Organization representative	National ID <input type="checkbox"/> Passport <input type="checkbox"/>
3- Copy of Organization Profile	<input type="checkbox"/>

For AGHO Official Use only:		
Date of Application Received	Date Evaluated	Application #

Application Evaluation Committee Member			
Name	Position	Signature	Remarks