

GOVERNMENT OF ASSAM  
DIRECTORATE OF SOCIAL WELFARE, ASSAM,  
M.G. Road, Uzanbazar, Guwahati-I  
☎ : 0361-2541169 (O), 0361-2510407 & 0361-2510308 (Fax), Email:  
[directorsocialwelfareassam@yahoo.com](mailto:directorsocialwelfareassam@yahoo.com)

No.DSW(G)210/2011/Pt-II/17

Dated Guwahati the 21<sup>st</sup> April 2018.

**Expression of Interest**

"Expression of Interest" is hereby invited from the interested NGO/Voluntary Organisation/Association towards registration as service provider under Sec-10 (1) of the Protection of Women from Domestic violence -Act 2005. Sample of application (Form VI) may be downloaded from the website [www.womenandchildren.assam.gov.in](http://www.womenandchildren.assam.gov.in) & [www.socialwelfare.assam.gov.in](http://www.socialwelfare.assam.gov.in). The Expression of Interest should reach to the respective District Social Welfare Officer on or before 01/05/2018.

Eligible NGO/Voluntary Organisation/Associations selected earlier as Service Provider may also submit E.O.I.

**Eligibility Criteria :-**

Voluntary Organisation registered under Societies Registration Act/Companies Act/ or any other law as Indian Trust Act of any other State Act etc.

It must be functional for minimum 3 years with the objective of Protecting Right and Interest of women specially in the area of violence against women related issues.

Those rendering/having direct services on Domestic Violence and related issues such as legal aid cells, rehabilitation centres, health services, helplines, counselling centres and any other facility services are encouraged to apply.

An appropriate certificate of such registration will be issued to only selected service providers.

The undersigned has the right to accept or reject any or all E.O.I and the decision of the Directorate will be final in the matter.

Yours faithfully,



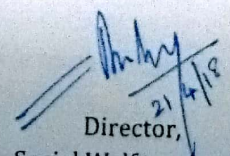
Director,

Social Welfare, Assam

Dated Guwahati the 21<sup>st</sup> April 2018

Memo No.DSW(G)210/2011/Pt-II/17 -A,  
Copy to-

1. P.S to the Principal Secretary to the Govt. of Assam, Social Welfare Department, Dispur, Ghy-6 for kind appraisal to Principal Secy.
2. The Programme Officer, Divisional ICDS Cell, for information.
3. The District Social Welfare Officer (All) for information and necessary action.



Director,  
21/4/18

Director,

## FORM VI

{ See rule 11(1) }

Form for registration as service providers under section 10(1)  
of the Protection of Women from Domestic Violence Act, 2005

1.	Name of the applicant	
2.	Address alongwith Phone number, e-mail address, if any.	
3.	Services being rendered	<input type="checkbox"/> Shelter <input type="checkbox"/> Psychiatric Counselling <input type="checkbox"/> Family counselling <input type="checkbox"/> Vocational Training Centre <input type="checkbox"/> Medical Assistance <input type="checkbox"/> Awareness Programme <input type="checkbox"/> Counselling for a group of people who are victims of domestic violence and family disputes <input type="checkbox"/> Any other, specify.
4.	Number of persons employed for providing such services:	
5.	Whether providing the required services in your institution requires certain statutory minimum professional qualification? If yes, please specify and give details.	
6.	Whether list of names of the persons and the capacity in which they are working and their professional qualification is attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

7.	Period for which the services rendered: are being	<input type="checkbox"/> 3 years <input type="checkbox"/> 4 years <input type="checkbox"/> 5 years <input type="checkbox"/> 6 years <input type="checkbox"/> More than 6 years
8.	Whether registered under any law/regulation	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, give the registration Number	
9.	Whether requirements prescribed by any regulatory body or law fulfilled?	
	If yes, the name and address of the regulatory body:	
Note:- In case of a shelter home, details under column 10 to 18 are to be entered by registering authority after inspection of the shelter home.		
10.	Whether there is adequate space in the shelter home	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Measured area of the entire premise	
12.	Number of rooms	
13.	Area of the rooms	
14.	Details of security arrangements available	
15.	Whether a record available for maintaining a functional telephone connection for the use of inmates for the last 3 years	
16.	Distance of the nearest dispensary/ clinic/medical facility	
17.	Whether any arrangement for regular visits by a medical professional has been made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, name of the	

Medical Professional

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact number

\_\_\_\_\_  
\_\_\_\_\_

Qualification

\_\_\_\_\_  
\_\_\_\_\_

Specialization

\_\_\_\_\_  
\_\_\_\_\_

18. Any other facilities available, specify

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note:- In case of a counseling centre, details under column 19 to 25 are to be entered after inspection by registering authority

19. Number of counselors in the centre

\_\_\_\_\_

20. Minimum qualification of the counselors, specify

- Under graduate       Graduate       Post graduate
- Diploma holder       Professional degree
- Any other, specify

21. Experience of the counselors

- Less than a year       1 year       2 years
- 3 years       More than 3 years

22. Professional qualification/experience of counselors

- Professional degree
- Experience in family counseling as  
a.....(designation) in  
the.....(Name of the  
organization)

Experience in psychiatric counseling as.....(designation) in the.....(Name of the organization)

Any other relevant experience, please specify

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

23. Whether a list of names of counselors along with their qualifications has been annexed

Yes  No

24. Type of counseling provided

- Supportive one-to-one counseling
- Cognitive behavioural therapy (CBT) {Mental process that people use to remember, reason, understand, solve problems and judge things}
- Providing counseling to a group of people suffering
- Family counseling

7. Facilities provided

- Offering personal professional and confidential counseling sessions
- A safe environment to discuss problems and express emotions
- Information on counseling services, support groups and mental health care resources
- One to one counseling and group work
- Therapies, ongoing counseling and health related support
- Any other, please specify

\_\_\_\_\_  
 \_\_\_\_\_

C) Any other service

(1) Services being provided


(2) Personnel appointed


(3) Statutory minimum qualifications required for providing such service


(4) Whether a list of names of Personnel engaged for providing service along with their professional qualification is annexed

Yes

No

(5) Any other details which the service provider desirous of registration may provide

--

.....If necessary continue on a separate sheet.

Place:

Date:

Signature of authorised official  
Designation:

(Seal)