



Consent Form and Membership Application

The Network of Transgender Peoples (NNTP) is not for profit network registered in 2022 under society Act, 1860. Network work towards the welfare, policy, capacity building & movement building of the trans* communities of India.

Our Mission: To serve, empower, and advocate for the well-being of our diverse transgender persons communities.

Our Vision: We envision an inclusive world where transgender persons are thriving, equal, and valued members of society.

Our Values: Authentic, Inclusive, Together, Strong, Celebrate our salve.

Consent Form

1.1. wishes to apply for membership for the National Network of Transgender Persons.

1.2. Our organisation agrees:

- ✓ To be bound by the Memorandum and Articles of Association of the NNTP.
- ✓ To be bound by the NNTP Members Code of Conduct, and other rules and procedures for ethical conduct, confidentiality and transparency.

1.3. Membership Criteria

Organizations/groups must meet following criteria to become NNTP member organisation:

- ✓ Organisation should be trans led organisation. And if, LGBTIQ+ organisation with minimum 50% trans representatives in executive board of organisation
- ✓ Should be Community based organisation and registered in India only.
- ✓ Organisational governing document (Statutes; Trust Deed; Constitution; Memorandum and Articles of Association; Articles of Incorporation, Byelaws, etc) must reflect that they are working with transgender people for welfare and other services
- ✓ Having organisational bank account
- ✓ Having minimum one year IT return & annual report
- ✓ Should be able to pay network annual fees of Rs, 500/- (Rupees five hundred only) and be present in annual general board meeting

Yours faithfully,

Signature:

Date:

Name of authorised individual:

Position in organisation:

Membership Application

1. Organisational Details	
1.1 Name of organisation:	
1.2 Organisation type:	
1.3 Registration (Please attach registration certificates)	
1.4 Year of registration:	
1.5 Postal address:	
1.6 Organisation Webpage:	
1.7 Organisation Phone number:	
1.8 Organisation email ID:	
1.9 Geographical area of work, (District and State)	
1.10 Is the organization part of any other national/international networks? If yes, please share names of networks	
2. Trans representations	
2.1 Numbers of trans people registered with organisation:	
2.2 Percentage of trans on executive board	
2.3 Number of Transgender Employees	Full time employees: ; Part time employees:
3. Organisational work	
3.1 Vision and Mission Statement:	
3.2 Describe the work of the organization	
3.3 Ongoing projects	

4. Organisational Policies and reports

	Yes	No	NA	Comments
4.1 Available organisational Policies (Please mention names of Policies)				
4.2 Does organization have strategic business plan. If yes, please share				
4.3 Annual report of last year. If yes, please share				

5. Governance documents

	Yes	No	NA	Comments
5.1 Organisation PAN number. If yes, please share copy				
5.2 Tax Exemption certificates (12A and 80G). If yes, please share copy				
5.3 NITI AAYOG Registration Number				
5.4 FCRA Certificate. If yes, please share copy				

6. Audit

	Yes	No	NA	Comments
6.1 Does organisation have bank account in bank				
6.2 Are organisational financial statements audited regularly by an independent auditor? If yes Please attach last year audit report				
6.3 Does organisation regularly files ITR.? If yes, please share last year ITR copy				

7. Willingness

7.1 Are you willing to carry work based on voluntary basis as well without any funding	
7.2 Are you able to pay network annual fees and be present in annual general board meeting	

8. Contact person

Key contact person name:	
Key contact person number:	
Key contact person email ID:	

10. Any other information that organisation wants to share

11. Attachment Checkbox:

Registration Certificate:
12A Certificate
80G Certificate
FCRA Certificate
Organisation PAN Card
Last year Annual report
Last year Audit report
Last year ITR Copy
Organisational Cancelled cheque
List of board members on letterhead (Name, Age, Gender, Qualification, Years of experience, etc)
Organisational business plan

Completed by

Signature:

Date:

Name of authorised individual:

Position in organisation:

Name of organization:

**SUBMIT SIGNED CONSENT AND APPLICATION FORM ALONG WITH SUPPORTING DOCUMENTS TO
nntp2022india@gmail.com**