

Project RELISH

Recognizing and Empowering Local Initiatives for a Sustainable Habitat

Indian Pollution Control Association (IPCA) is proud to initiate Project RELISH with the objective of recognizing, appreciating and building capacities of initiatives on solid waste management.

Major take-aways

Initiatives/Ideas will be selected from across the country to showcase their work and enhance their capacities on solid waste management. They will get-

- Opportunity to receive support in implementing the initiative by our mentors
- Opportunity to participate in an intensive training program organized by IPCA to improve the skills/capacities of the organization (proposal writing, financial management, documentation, communication, and other topics relevant to the sector)
- Opportunity to share their initiatives in the form of interviews and blogs using social media/online platforms of IPCA
- Opportunity to connect with other like-minded organizations and corporate houses across the country

Who can apply?

- Dedicated individuals/groups passionate about waste management
- The project is open to start-up ideas on management of solid waste
- The individual/group should be able to demonstrate feasible plan of action

How to apply?

- The application form is to be filled either in Hindi or English. All fields are compulsory.
- It could either be filled by hand or typed.
- Duly filled application form can be sent either through email or post. Email id and postal address for submission are mentioned below.
- In case the space provided is insufficient, please attach separate sheets for your responses.
- Additional information in terms of pictures/videos can be shared on CD in case you are sending the application on our postal address
- The last date for submission of application form is 31 **December 2020**

For further queries and submission of application form, please contact:

Director

Indian Pollution Control Association

3-6, DDA Shopping Complex, Hargobind Enclave, Vikas Marg Ext., Delhi- 110092

projectrelish.ipca@gmail.com | Website: www.ipcaworld.co.in

Mobile: 91-9711717658

APPLICATION FORM

S. No	Basic Details	
1	Name of the applicant	
2	Educational Qualification	
3	Mobile number	
4	Address	
5	Email id	
6	Status of Employment	Employed/Unemployed
7	In case employed, current occupation	
S. No	Work related details	
8	Why do you want to start an initiative on solid waste management?	
9	Please mention the areas (state/city/district/block/village) in which you would work.	
10	Please tick on the nature of work that you aspire to engage in: <ul style="list-style-type: none"> <input type="checkbox"/> Service (consultancy, education, awareness, collection, segregation, etc) <input type="checkbox"/> Product & technology development <input type="checkbox"/> Implementation of Grant/ CSR <input type="checkbox"/> All of the above 	
11	Which particular component of solid waste do you want to work on?	
12	What will be your target population?	
13	How do you see your initiative contributing to management of solid waste?	
14	Do you have a business plan in place? Explain your idea in brief.	

15	<p>Is your idea innovative?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Why do you think so?</p>
16	<p>Do you believe that your model is sustainable?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain why do you think so?</p>
17	<p>Do you have any technical knowledge on solid waste management? Have you done any course on the same?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details.</p>
18	<p>Do you have any prior experience of working on solid waste management?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain in detail.</p>
19	<p>Are you willing to share your plan with IPCA? (Your idea will be your intellectual property and will not be used by IPCA in any form)</p>

Please provide details of two references:

Reference Number 1

Name:

Designation:

Organization:

Contact number:

Email:

Reference Number 2

Name:

Designation:

Organization:

Contact number:

Email:

Date: _____

Place: _____

Signature:

Full Name: