



## *"Nai Roshni"*

# The Scheme for Leadership Development of Minority Women

**User Manual**

**Prepared by:-  
Unecops Technologies Ltd  
(Financial Year-2015-16)**



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## 1 Objective

The objective of the scheme is to empower and grow confidence among minority women, including their neighbours from other communities living in the same village/locality, by providing knowledge, tools and techniques for interacting with Government systems, banks and other institutions at all levels. Besides this, other motto of this scheme is the empowerment of women from the minority communities and emboldening them to move out of the confines of their home and community and assume leadership roles and assert their rights, collectively or individually, in accessing services, facilities, skills, and opportunities besides claiming their due share of development benefits of the Government for improving their lives and living conditions.

## 2 Audiences

This manual is for website Administrators, Users and Visitors. The Nai Roshni website can be found at: <http://nairoshni-moma.gov.in/>



### About Nai Roshni

For women empowerment, Ministry started "Nai Roshni", a Leadership Development Programme for Minority Women in 2012-13. The objective of the scheme is to empower and instill confidence among minority women, including their neighbours from other communities living in the same village/locality, by providing knowledge, tools and techniques for interacting with Government systems, banks and other institutions at all levels.

Empowerment of women per se is not only essential for equity, but also constitutes a critical element in our fight for poverty reduction, economic growth and strengthening of civil society. Women and children are always the worst sufferers in a poverty stricken family and need support. Empowering women, especially mothers, is even more important as it is in homes that she nourishes, nurture and moulds the character of her offspring. [Read More...](#)

### Updates

6\*Nai Roshni\*-The Scheme for Leadership Development of Minority Women(English)(280KB)

Username

Password

Enter captcha 

[Login](#) | [Register](#) | [Forgot Password?](#)

### 3 Process of Registration

3.1 Open any web browser and enter the URL:

<http://nairoshni-moma.gov.in/>

3.2 Click on “Register”

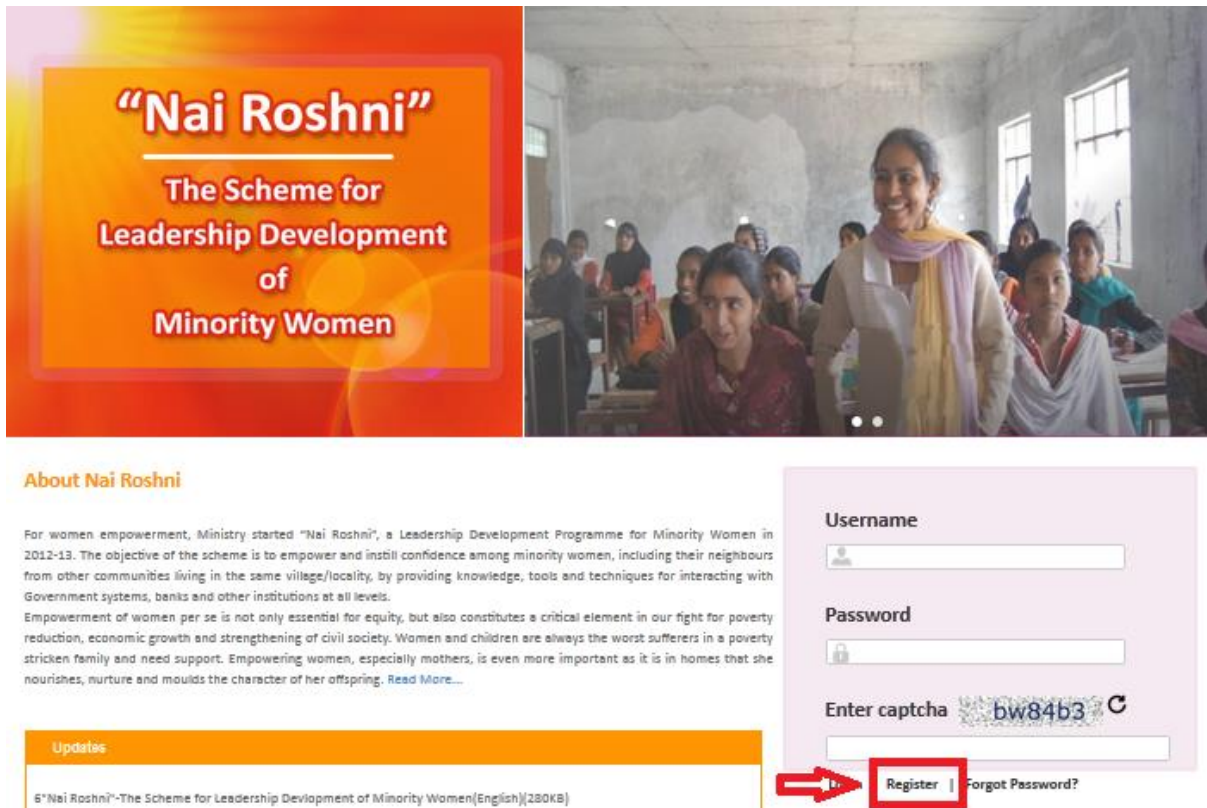


Figure: - 1(Register)

3.3 User will be navigated to new URL

<http://nairoshni-moma.gov.in/OrganizationRegistration.aspx>

### 3.4 Fill the form on the Registration Page

Registration of Organization

Name of Organization \*

Address of Organization\*

State\*

City\*

District\*

Pin Code\*

Phone No. \*

Fax No.

Type of organization/Societies\*

Registered No.

State of registration\*

City of registration\*

Date of registration\*

Detail of Achievement\*

Sectors of expertise\*

Name of Chairman/President/CEO\*

Mobile no(CEO)\*

Email Id(CEO) \*

Name of Secretary/VP\*

Mobile no(VP)\*

Email Id(VP) \*

Websites\*

User Id\*

Password\*

Confirm password\*

Registration certification \*  No file sele

Registration valid till\*

Remarks

One time password send your mobile and email id

Get OTP Code \*

Figure: - 2(Registration Form)

#### Steps followed in Figure-2:

1. Enter the name of organization
2. Enter the address of organization
3. Select State, City and District from the drop down
4. Enter the pin code of your area
5. In the next step enter mobile no
6. Proceed with fax number
7. Select type of organization/Societies

Registration of Organization

Name of Organization *	<input type="text"/>
Address of Organization*	<input type="text"/>
State*	--Select State--
City*	--Select City--
District*	--Select District--
Pin Code*	numeric value only
Phone No. *	numeric value only
Fax No.	numeric value only
Type of organization/Societies*	--Select Society--
Registered No.	<input type="text"/>
State of registration*	--Select State--
City of registration*	--Select City--
Date of registration*	dd/mm/yyyy
Detail of Achievement*	<input type="text"/>
Sectors of experties*	<input type="text"/>

- 8. Enter registration number
- 9. Select State of registration
- 10. Select City of registration
- 11. Enter Date of registration
- 12. Enter details of achievement
- 13. Enter Sector of expertise

Name of Chairman/President/CEO*	<input type="text"/>
Mobile no(CEO)*	<input type="text" value="numeric value only"/>
Email id(CEO) *	<input type="text" value="ex: user@domain.com"/>
Name of Secetory/VP*	<input type="text"/>
Mobile no(VP)*	<input type="text" value="numeric value only"/>
Email id(VP) *	<input type="text" value="ex: user@domain.com"/>
Websites*	<input type="text"/>
User id*	<input type="text"/>
Password*	<input type="password" value="*****"/>
Confirm password*	<input type="password" value="*****"/>
Registration certification *	<input type="button" value="Browse..."/> <input type="button" value="No file sele"/>
Registration valid till*	<input type="text" value="dd/mm/yyyy"/>
Remarks	<input type="text"/>

14. Enter the name of Chief Executive Officer of your company
15. Enter Mobile no of CEO
16. Enter Email id of CEO
17. Enter Name of Secretary/VP
18. Enter Mobile no of (VP)
19. Enter Email id of (VP)
20. Next enter the URL of your website
21. Enter User id which you want to create
22. Enter the password of your choice which is easy to remember  
(password is case sensitive, password must contain: minimum 8 and maximum 10 characters at least 1 uppercase alphabet, 1 lowercase alphabet, 1 number and 1 special character).
23. Again enter same password in the confirm password field

24. By clicking on chosen file, user has to select the registration certificate.

25. Select registration valid date.

26. Next enter Remarks of few words.

3.5 Click on the Generate OTP button. Four digit numbers will be generated and you can fill it in Get OTP Code box. Then click on "Registration" button.

The screenshot shows a web form for generating an OTP and registering. At the top, a grey bar contains the text "One time password send your mobile and email id". Below this, there is a blue button labeled "Genrate OTP Code" (note the typo) which is highlighted with a red box. Underneath is a text input field labeled "Get OTP Code \*". Below the input field are two blue buttons: "Registration" (highlighted with a red box) and "Reset".

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Figure 3:- (OTP)



## 4 Process of Login

4.1 After registration again enter the URL:

<http://nairoshni-moma.gov.in/>

### About Nai Roshni

For women empowerment, Ministry started "Nai Roshni", a Leadership Development Programme for Minority Women in 2012-13. The objective of the scheme is to empower and instill confidence among minority women, including their neighbours from other communities living in the same village/locality, by providing knowledge, tools and techniques for interacting with Government systems, banks and other institutions at all levels.

Empowerment of women per se is not only essential for equity, but also constitutes a critical element in our fight for poverty reduction, economic growth and strengthening of civil society. Women and children are always the worst sufferers in a poverty stricken family and need support. Empowering women, especially mothers, is even more important as it is in homes that she nourishes, nurture and moulds the character of her offspring. [Read More...](#)

Updates
4"Nai Roshni"-The Scheme for Leadership Development of Minority Women(English)(280KB)
6"Nai Roshni"-The Scheme for Leadership Development of Minority Women(English)(280KB)
1"Nai Roshni"-The Scheme for Leadership Development of Minority Women(English)(280KB)
2"Nai Roshni"-The Scheme for Leadership Development of Minority Women(English)(280KB)

**Username**

**Password**

**Enter captcha**  

[Login](#) | [Register](#) | [Forgot Password?](#)

Upcoming Development Program
1"Nai Roshni"-The Scheme for Leadership Development of Minority Women
2"Nai Roshni"-The Scheme for Leadership Development of Minority Women.

Figure: - 4(User Login)

### Steps followed in Figure-4:

1. Enter user name (user name is case sensitive)
2. Enter password (password created during registration)
3. Enter valid captcha details
3. Click on login button
6. User will get redirected to the Home page after clicking on the button.

## 5 Process of Managing Created Account

After login the screen as shown in figure will appear which will ask for financial year. In order to fill new form users have to select the financial year 2015-16. But those users who want to check old reports have to select financial year 2014-15.

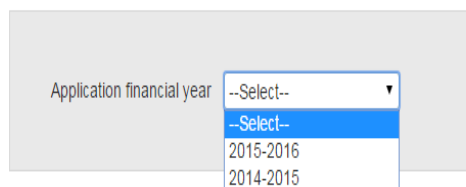
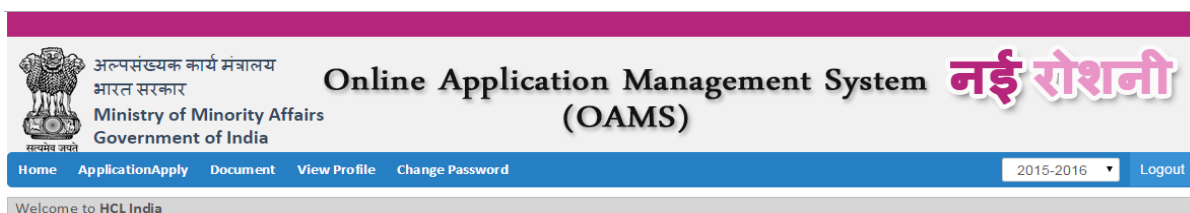


Figure 5:- (Financial Year)

## 6 Process of Checking Account Status

You can check the status of you form that whether it is completed or partially filled etc.



Financial year	Status
2015-2016	Complete

Figure 6:- (Account Status)

## 7 Process of Application Apply

In order to apply the application click on the “Application Apply” tab. Now you can see eleven forms. Fill them one after other.

SN.	Criteria to be given weightage for short listing	Input	Weightage
1	The number of years of existence and operation of the organization beyond the minimum requirement of three years. (Registration certificate to be uploaded). Marks would be awarded as follows:  Total 3-6 years:1 7-10 years:2 More than 10 years:3	<input type="text" value="15"/>	<input type="text" value="3"/>
2	The number of projects funded by Central Government Ministries/Departments and implemented by the organization for training of women exclusively. Marks would be awarded as follows  Total 5-10:5	<input type="text" value="11"/> <a href="#">View</a>	<input type="text" value="10"/>

Figure 7:- (Application Apply)

### 7.1 Form 1

Stringent requirements would be adopted for selection of organizations in order to ensure that organizations that are highly motivated, dedicated and committed to the welfare of women and working in the field among women, especially minority women, qualify. They should have the requisite personnel, financial viability and infrastructure to operate at the grass root level for implementation of the project. In form 1 are the mandatory qualifications required to be fulfilled by the organization.



Mandatory criteria for selection (Refer Para 13 of the scheme guidelines):

SN.	Criteria to be given weightage for short listing	Input	Weightage
1	The number of years of existence and operation of the organization beyond the minimum requirement of three years. (Registration certificate to be uploaded). Marks would be awarded as follows:  Total 3-6 years:1 7-10 years:2 More than 10 years:3	15	3
2	The number of projects funded by Central Government Ministries/Departments and implemented by the organization for training of women exclusively. Marks would be awarded as follows	11 <a href="#">View</a>	10

Organization experience should be greater than 3 years

The criteria total must be greater than 70 otherwise you cannot move to next form.

11	The number of Expert Female Hand-holding Staff who should be post-graduate and specialized in the field of social sector and self help group formation (regular employees on the pay roll of the organization) in the organization. List to be uploaded. Marks would be awarded as follows:  Total 1-3 staff : 3 3-5 staff : 4 More than 5 staff : 5	6	5
12	The number of Externally Aided projects or United Nations funded projects taken up by the organization (sanction orders to be uploaded). Marks would be awarded as follows:  Total 1-2 projects : 4 3-4 projects : 7 Over 4 projects : 10	10	10
	Total		86

Save&Continue

Click on Save & Continue for form 2

## 7.2 Form 2

Villages/ urban localities in rural/urban areas having a substantial percentage of minority population shall be selected by the organization for conducting the leadership development training programme. A list of villages where the village/urban locality trainings are proposed to be conducted should be submitted in this form along with address of building where the proposed training is to be conducted.

This form used for saving project location and infrastructure details.

Criteria	Location Detail	Proposed Detail	Approach	Budget	Organization Account	Bank Detail	Managing Committee	Key Personal	organization Staff	Confirmation
Project Location Detail										
Address and location*		<input type="text"/>								
State*		--Select--								
District*		--Select--								
Block/Ward/Municipality corporation*		<input type="text"/>								
Town/Village*		<input type="text"/>								
Whether the proposed location falls in Minority Concentration District (MCD)/ Minority Concentration Block (MCB)/ Minority Concentration Town*		--No--								
Address of Building where the proposed training (s) are to be conducted*		<input type="text"/>								
No of training room*		<input type="text"/>								
No. of toilets*		<input type="text"/>								
Whether building has electric and water facilities*		--No--								
Whether building is rented or owned*		--Owned--								
If training is residential, please indicate*		No. of rooms in hostel*		<input type="text"/>						
		No. of toilets*		<input type="text"/>						
		Facilities of electric/water (hot water in case training is in winter)*		--No--						
		Facility of kitchen/mess*		--No--						
		Sleeping arrangements*		--No--						
		Security arrangements*		--No--						
If training is Non-residential, please indicate distance from the area from where participant minority women have been proposed to be covered*		<input type="text"/>		Kilometre						
Mode of transportation available from the targeted area to place of training*		<input type="text"/>								
		<input type="button" value="Submit"/> <input type="button" value="Reset"/>								

SN.	Location	State Name	District Name	Block Name	Village/Town Name	Minority Concentration Status	Total Population	Minority Population	Rate Minority Female	Minority Communities	Edit
1	sAS	Punjab	Amritsar	SASA	aaA	No					<a href="#">Edit</a> <a href="#">Delete</a>

### 7.3 Form 3

Organization need to mention details of proposed project like brief justification for selection of theme for training, location, duration etc.

Criteria
Location Detail
Proposed Detail
Approach
Budget
Organization Account
Bank Detail
Managing Committee
Key Personal
organization Staff
Confirmation

Details about proposed project

Theme (s) of proposed leadership development training(module)\*

Brief justification for selection of theme for training\*

Date of training\* From  To

Duration\*  /Days

Total number of participating minority women\*

Do all of them belong to BPL category\*

Whether proposed training is residential or non-residential\*  Residential  Non Residential

Community-wise number of participating minority Women

SN.	Community Name	No of Persons
1	Muslims	<input type="text"/>
2	Christians	<input type="text"/>
3	Sikhs	<input type="text"/>
4	Buddhist	<input type="text"/>
5	Parsis	<input type="text"/>
6	Jains	<input type="text"/>
7	Non-minority/Others	<input type="text"/>
Total:		<input type="text"/>

Details of Resource Persons

Male :

Female :

Total :

SN.	Module Name	Location	Training Date	Total Minority Women	BPL Category	Belong To BPL	Residential Type	Edit
1	Educational Programmes	asAS	07-07-2015	58	Yes	4444	Residential	<a href="#">Edit</a> <a href="#">Delete</a>

## 7.4 Form 4

Organization need to fill the brief approach of their organization for conducting the training

Criteria Location Detail Proposal Details **Approach** Budget Organization Account Bank Detail Managing Committee Key Personnel Organization Staff Confirmation

Approach of organization

Brief approach of organization for conducting the trainging/s

999999999999

Browse... No file selected.

Arrangements made for hand-holding and nurturing of trained women

(Please give clear details how the organization proposes the handholding process, resource persons for hand holding nominated and the mechanism involved).

ZXZX

Browse... No file selected.

Save&Continue

## 7.5 Form 5

Organization need to fill budget estimation for the training.

Criteria Location Detail Proposed Detail Approach **Budget** Organization Account Bank Detail Managing Committee Key Personal organization Staff Confirmation

Budget Estimate

Project location and address name --Select--

From dd/mm/yyyy

To dd/mm/yyyy

Duration

Proposed theme

Educational Programmes

DETAILS OF RATES FOR NON-RESIDENTIAL LEADERSHIP DEVELOPMENT TRAINING IN VILLAGE/LOCALITY FOR WOMEN :

Note:-

1. Rate will as per financial norm as per guideline.
2. Budget for one batch.

Sl	Items of Expenditure	No of Persons	Rates(In Rs.)	Duration/Units	Total Cost (In Rs)
1	(a) Fees/ honorarium for engaging faculty members/resource person				
2	(b) To and fro transportation cost for faculty members/resource person				
3	(c) Lodging cost for faculty members				
4	(d) Hiring of venue, furniture, and creche facility				
5	(f) Cost for using/hiring audio - visual aids, participatory training kits and taking audio - visual clips of different activities for reports.				
6	(g) Cost for distribution of training material, literature in local language and stationary.				
7	(h) Allowance/stipend for women (To be paid by Cheque in to the Account of the beneficiary )				
8	( i ) Cost for motivation, identification and selection of eligible women.				
9	( j ) Cost for hand holding/nurturing by facilitators for project period including concurrent monitoring and reporting.				
Total					
Add agency fees/charges for one batch of village trainings					
No of batches proposed by the organization					
Cost of non-residential project					

DETAILS OF RATES FOR RESIDENTIAL LEADERSHIP DEVELOPMENT TRAINING:					
SN	Items of Expenditure	No of Persons	Rates(in Rs.)	Duration/Units	Total Cost (in Rs)
1	(e) Cost for one meal for trainee women	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	(a) Includes fees, boarding, food etc. (actuals to be reimbursed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	(b) Literature, training material, information booklets, copies of government schemes and programmes, relevant laws and Acts, stationary.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	(c) Indicative transport expenditure (actuals to be reimbursed)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	(d) Allowance/stipend for women (To be paid by Cheque into the Account of the beneficiary )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	(e) Cost for motivation, identification and selection of eligible women.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Add agency fees/charges for one batch of village trainings		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of batches proposed by the organization		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cost of non-residential project		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SN	Location and address name	Training Start Date	Training End Date	Duration	(Total cost of non-residential)in Rs	(Total cost of residential)in Rs	Edit
1	sAS	15-07-2015 00:00:00	28-07-2015 00:00:00	13	3	1456398848278	<a href="#">Edit</a>

## 7.6 Form 6

Organization need to submit the audit report of the account last three years.

Accounts of the organization:

Mention year up to which accounts have been audited (by the month of June every year, it should be available for previous financial year)

Please enclose:  
Latest audited accounts  No file selected.

**Audit report of last three years**

Year 1  No file selected.

Year 2  No file selected.

Year 3  No file selected.

Utilization Certificate in GFR 19(A) authenticated by Chartered accountant: (Not applicable in case of new organizations /projects)  No file selected.

**Details of assets of the organization/s**

Whether organization has ever been blacklisted, if so, please indicate:

(i) Name of blacklisting authority:

(ii) Date of blacklisting:

(iii) Reason from blacklisting:

(iv) Date of deletion of name from blacklist:



## 7.7 Form 7

Organization need to fill the bank account details.

Criteria Location Detail Proposed Detail Approach Budget Organization Account **Bank Detail** Managing Committee Key Personal organization Staff Confirmation

Organization bank detail

Name Of the payee as in bank account

Address

State

District

Pincode

Telephone with STD code

Fax no.

Email Id

Authorization letter  No file selected.  
[Authorization letter](#)

Name of the bank

Address of bank with telephone

Account number

Account type

Mode of electronic transfer available in the bank branch(RTGS/NEFT/EFS/CBS)

RTGS/NEFT/IFC code

MICR code

## 7.8 Form 8

In this form organization need to fill the details of their managing committee

Criteria Location Detail Proposed Detail Approach Budget Organization Account Bank Detail **Managing Committee** Key Personal organization Staff Confirmation

Organization managing committee of the organization:

Name

Gender  Male  Female

DOB

Address

Education

Designation

Occupation

Mobile no

SN.	Name	Gender	DOB	Address	Organization Post	Occupation	LastQualification	Mobile No.	Edit
1	ffffff	Male	29-06-2015	sdsa	Project head	sdsad	Post graduate	5698565221	<a href="#">Edit</a> <a href="#">Delete</a>

## 7.9 Form 9

In this form organization need to fill the details of key personal of the organization

Criteria Location Detail Proposed Detail Approach Budget Organization Account Bank Detail Managing Committee **Key Personal** organization Staff Confirmation

Key personal of the organization:

Name

Gender  Male  Female

DOB

Address

Education

Designation

Occupation

Mobile no

SN.	Name	Gender	DOB	Address	Organization Post	Occupation	LastQualification	Mobile No.	Edit
1	ASAs	Male	15-07-2015	ASs	Executive	asaS	Graduate	5555555555	<a href="#">Edit</a> <a href="#">Delete</a>

## 7.10 Form 10

In this form organizations need to fill their staff details

Criteria Location Detail Proposed Detail Approach Budget Organization Account Bank Detail Managing Committee Key Personal **organization Staff** Confirmation

Organization staff details :

Name

Gender  Male  Female

DOB

Address

Education

Designation

Appointment date

Department name

Mobile no

IsPermanent

SN.	Name	Gender	DOB	Address	Education	IsPermanent	Appointment Date	Designation	Department Name	Mobile No.	Edit
1	fdvfdsg	Female	15-07-2015	CSVS	Graduate	Yes	21-07-2015	Executive	DCV	8656325555	<a href="#">Edit</a> <a href="#">Delete</a>

## 7.11 Form 11

In this form, organization needs to confirm that the information provided by them in all the forms is correct to the best of knowledge.

अल्पसंख्यक कार्य मंत्रालय  
भारत सरकार  
Ministry of Minority Affairs  
Government of India

Online Application Management System (OAMS) नई रोशनी

Home Application Apply Document View Profile Change Password 2015-2016 Logout

Criteria Location Detail Proposed Detail Approach Budget Organization Account Bank Detail Managing Committee Key Personal organization Staff **Confirmation**

Project location detail

Annual report of previous financial year.

No file selected.

hereby declare that the information given above is true to the best of knowledge. The organization takes the responsibility of security of women during training period, especially for women who would undergo Residential Training.

Upload Endorsed copy of recommendation from DC/DM/State Govt./Concerned District Authority\*

SN.	District Name	Recommendation Letter
1	Amritsar	<input type="button" value="Browse..."/> No file selected.

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User can print the proposal using the print button present at the end of the form after save declaration with annual report of previous financial year.

And that upload the recommendation letter as per districts that added on project location.

## 8 Process to View Profile

Users can click on view profile to check the details of their profile

Home Application Apply Document **View Profile** Change Password 2015-2016 Logout

Detail of organization

Name of organization	Sushil mehra		
Address of organization	odcCdao/mhggn	Name of chairman/president/CEO	X
State	Madhya Pradesh	Mobile no	9854333063
City	Datia	Email	zxcZCX@vsdca.com
District	Damoh	Name of Secretary/VP	dfafo
Pin code	456521	Mobile no(VP)	4569856321
Phone no.	9818860464	Email(VP)	xxsax@caca.com
Fax no.	686876	Websites	saS
Date of registration	14-07-2015	Registered valid till	21-07-2015
Type of organization	Private limited	Registered no.	7822
State of registration	Madhya Pradesh	City of registration	Surat
Registration certification	Certificate	Detail of achievement	xx
Sectors of experties	xZXZ	Remarks	x

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GOVERNMENT OF INDIA

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## 9 Process to Change Password

If user wants to change password then click on "Change password" tab. User need to know the old password in order to change password. Also keep in mind that new password is case sensitive and password must contain: minimum 8 and maximum 10 characters at least 1 uppercase alphabet, 1 lowercase alphabet, 1 number and 1 special character

अल्पसंख्यक कार्य मंत्रालय  
भारत सरकार  
Ministry of Minority Affairs  
Government of India

Online Application Management System (OAMS) नई रोशनी

Home Application Apply Document View Profile **Change Password** 2015-2016 Logout

Change Password

User Name\*

Old Password\*  e.g. Hand@1234

New Password\*  e.g. Hand@1234  
Special Note Password must contain: Minimum 8 and Maximum 10 characters atleast  
1 UpperCase Alphabet, 1 LowerCase Alphabet, 1 Number and 1 Special Character

Confirm Password\*

Save Cancel