



THE COLOMBO PLAN

For Co-operative Economic and Social Development in Asia and the Pacific
Country Office, Afghanistan



Preventive Drug Education Ten Outstanding Youth Organizations (TOYO)

Application Form	
Name of Organization	
Name of the Head of Organization	

Registered Address and Type of Organization			
Organization full Legal Name	Translation of Official Name in English		
	In National Language		
	Short name / acronym		
	Reference Government Registration		
	Registration Number:		
	Registered with:		
	Registration Issue Date:		
Type of Organization:			
Registered Address Postcode			
Postcode		Province	
City		District/Street Add	
Legal Status, Profit/Nonprofit			
Organization Contact Details			
Telephone:		Mobile:	
Email:			
Website:			
Contact person or Focal point, name and designation			
Email:			
Mobile:			

General description of the organization (organizational profile) :

Please describe demographics of those served by your organization:

Please briefly describe one of the successful “story” of your project:

Suggestion: 5-10 lines which includes how the project came to be, if space is not enough, please use separate blank sheet of paper.

Does your organization have an experience in the "Drug Demand Reduction" field, particularly, in Drug Use Prevention? Yes/NO.

If yes, please provide short report of your organization's recent activity related to drug use prevention.

I declare that the all informations provided are correct and true and in accordance to the criteria set out in the call for proposals.

Name / first name:

Title or position:

Signature of the applicant [and official stamp]:

Date and place:

All application forms should be submitted to:

The Colombo Plan Drug Advisory Programme, Afghanistan Country office

Mr.Adil Zafar

PDE Youth Coordinator

M: +93 (0) 784 781170

Email:adil.zafar@colomboplan.org

Web:www.colombo-plan.org

Add:3rd street, Ansari square, Shar-e-now Kabul Afghanistan

