Annexure 1: Format for NGOs

SI No.	Particulars	Remarks	
i.	Name of the organization E-mail		
ii.	Complete postal address		
iii.	Tel. No./Fax No.		
iv.	E-mail		
v.	Registration status Society registration act (including its state variant) Public/private trusts act Religious trust/endowment act Indian charitable act Wakf act Section 8 or 25 of company act Others(specify)_____		
vi.	Date and place of registration		
vii.	Validity of the registration	From	To:
viii.	Location of operation: (Rural=1, Urban=2, Both=3)		
ix.	Details of HEALTH activity *(use code: Yes=1; No=2 and years of experience)* Multiple options possible		

Health activity	Yes=1; No=2	Years of experience
1. Strengthening Primary and Secondary healthcare in Urban, Rural and Tribal areas		
a) Pregnancy and childbirth		
b) Neonatal and infant health care		
c) Childhood and adolescent healthcare		
d) Family planning, Contraception and Reproductive Health Care		
e) Communicable diseases including National Health Programmes		
f) Common Communicable Diseases and Outpatient care for acute simple illnesses and minor ailments		
g) Screening, Prevention, Control and Management of Non-Communicable diseases		
h) Common Ophthalmic problems		
i) ENT problems		
j) Oral health care		
k) Elderly care		
l) Palliative healthcare		
m) Emergency Medical Services		
n) Mental health ailments and Substance Abuse		
2. Wellness programs		
3. Integrative Health Care		

	4. Training and Capacity building of health functionaries			
	5. Management of Human Resources in Health			
	6. Research and documentation of health programs including implementation research			
	7. Monitoring and Evaluation of Health Programs			
	8. Data/IT systems in health			
	9. Innovations in Healthcare			
	10. Governance and Accountability Mechanisms (Social accountability, Community Action for Health etc)			
x.	Geographic area of operation *(Provide details in annexure)*		Number of districts	Number of States

xi.	Full name of
	  (a) President
	  (b) Secretary
	  (c) CEO/ ED			

xii.	Darpan portal registration			
xiii.	GST registration number			
xiv.	In case the organization receives any foreign funding, whether the organization is registered under FCRA. If yes, registration number, date & period of validity.			
xv.	Registration details of Income Tax Act 80G *(registration number, date & period of validity)*			

xvi.	Registration details of Income Tax Act 12A *(registration number, date & period of validity)*	
xvii.	Composition of Managing Committee/Governing Body and its period of validity	
xviii.	Frequency of Managing Committee/Governing Body meeting & date of last Managing Committee/Governing Body meeting	
xix.	Organizational organogram	
xx.	Number of Human Resources of the organisation : a) Managerial staff. b) Project staff	
xxi.	Name of bank in which the organization holds an account to receive grants from Government/NHM?	
xxii.	(a) Whether the bank account is jointly operated (Yes/No) (b) If yes, names and designation of operators	