

## APPLICATION FORM



### DISTRICT HEALTH SOCIETY (SOUTH ANDAMAN)

#### APPLICATION FORM

#### For the Expression of Interest to work with District Health Society (SA) under NRHM

Please mark in which expression of Interest the NGO is looking for participation:

Area of Participation	Applying as	Yes	No
	NGO		
School Health Programme			

#### ORGANISATION PROFILE:

1	BASIC DETAILS	
1.1	Name of the Organization:	
1.2	Address:	
1.3	Pin Code:	
1.4	Ph. & Fax No (with STD code):	
1.5	E-mail:	
1.6	Name & Designation of Chief Functionary:	
1.7	Name of other Office bearers (as relevant/field office) with contact numbers & address:	

<b>2</b>	<b>REGISTRATION DETAILS</b>	
2.1	Registration No:	
2.2	Act under which registered:	
2.3	Date of Registration	
<b>3</b>	<b>ACCOUNTING DETAILS</b>	
3.1	FCRA no.(if available):	
3.2	PAN No. :	
3.3	Banking details (Field Office) (Account No. name & address of bank)	
<b>4</b>	<b>STAFF DETAILS</b>	
4.1	Number of Full time staff	
4.2	Number of Part time staff (including volunteers)	
4.3	Number of Technical Staff	
	Please provide details of Technical Staff relevant to the field of participation in separate sheet.	
<b>5</b>	<b>WORK EXPERIENCE DETAILS</b>	
5.1	Does the NGOs have experience of working with CBOs? Provide details in separate sheet if any:	
5.2	Details of NGOs presence & networking in the district for which grant is sought: (Provide details in separate sheet)	
5.3	Has NGO been evaluated by any independent agency? If yes, attach report:	
5.4	Has a Government Department/ Ministry ever blacklisted or imposed funding restrictions on the NGO? (Please provide details, if yes) :	
5.5	Brief resume of work done in the concerned areas of A & N by NGO/Public private sector in the last 5 years/3 years/2 years, as applicable , as below:	

Year	Source of Funds	Total Budget (Rs.)	Name of Project	Objectives & Key Strategies	Geographical area & Beneficiaries

**Attachments to be Furnished along with application form (without which the application will be rejected):**

1. Registration Certificate of the organization.
2. Bye laws and Memorandum of Association of the organization.
3. Annual report for each of the previous last 5 years / 3 years / 2 years (as applicable for the expression of interest respectively).
4. Latest list of Executive members along with contact address and year of election.
5. Details of Health & Family Welfare infrastructure, medical and non-medical personnel available with the organization along with their designation, qualification and experience.
6. List of Fixed assets (land & building) as per Audited balance sheet.

**Kindly download the Proposal Format by clicking the link:**

- [School Health Programme](#)

---

--End--

**For any information/queries, kindly contact:**

**Contact Person:** Mr. B. Nagendra, District Programme Manager.  
**Address:** Room No. 19, Ground Floor,  
DC office, District Health Society (SA),  
Port Blair – 744101.  
**Ph. No. Office:** 03192 – 211621, 233089  
**E-mail:** [dhssouthandaman@gmail.com](mailto:dhssouthandaman@gmail.com)