

## Annexure – III

### GOVERNMENT OF INDIA NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS

SCHEME FOR  
EXPANSION OR UPGRADATION OF EYE CARE UNITS IN TRIBAL AND  
RURAL AREAS WHICH HAVE NO EYE CARE FACILITIES EITHER IN  
PUBLIC OR VOLUNTARY SECTOR WITHIN A RADIUS OF 40 KILOMETERS

#### **PART – I : ORGANISATION PROFILE**

1. Name : \_\_\_\_\_

2. Address : \_\_\_\_\_  
\_\_\_\_\_

State: \_\_\_\_\_ Pin Code : \_\_\_\_\_

Tel. No. \_\_\_\_\_ Fax. No.: \_\_\_\_\_

#### 3. Legal Status

S.No.	Particulars	Registration No.
(I)	Public Charitable Trust	
(II)	Society under Societies Registration Act	
(III)	Non-profit company under Indian Companies Act	
(IV)	Registration under Foreign Contribution Act	
(V)	Income-tax Registration - under Section 12A - under Section 80 G - under Section 35 CCA - any other Section	_____ _____ _____

#### 4. Financial Status

##### 4.1 Details of Bank Account :

Name of the Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_

Type of account: Saving / Current Account No. \_\_\_\_\_

Is the account operated jointly ? Yes / No

Name and Designation of the Signatories to the account :

Name	Designation

4.2 Financial Profile of the applicant organisation (last 3 years)

Year	Total Receipts	Audited Statement A/C for last 3 years

4.3 Grants received from other Sources : Government and Non Government Organisations in the last 3 years of inception whichever is earlier

S.No	Government Organisations	Details of Grant	Amount	Year
1				
2				
3				

S.No	Non Govt Organisations	Details of Grant	Amount	Year
1				
2				
3				

## 5. Details of Existing Health Facility:

5.1 Infrastructure

		Area in Sq.ft.
No. of Eye Wards	_____	_____
No. of Eye Beds	_____	_____
No. of OTs	_____	_____
No. of Operation Tables	_____	_____

## 5.2 Manpower

Personnel	Nos	Qualifications
Eye Surgeons		
Other doctors		
Nursing Staff		
Ophthalmic Assistants or equivalent		
Administrator		
Community Co-ordinator		
Clerks		
Driver		
Others (Specify)		

## 5.3 Equipment Status :

S.No	Name of the Equipment	Available	Number required
1.	TRIAL LENS SHEET		
2.	TRIAL FRAME CHILD		
3.	TRIAL FRAME ADULT		
4.	NEAR VISION CHARTS		
5.	DISTANT VISION CHARTS		
6.	ROTATING TEST DRUM		
7.	ISHIHARA COLOUR CHARTS		
8.	TONOMETER		
9.	DIRECT OPHTHALMOSCOPE		
10.	BINOMAGS		
11.	CORNEAL LOUPE		
12.	SLIT LAMP		
13.	APPLATION TONOMETER		
14.	STREAK RETINOSCOPE		

15.	INDIRECT OPHTHALMOSCOPE		
16.	CATARACT SET		
17.	CRYO UNIT WITH 3 PROBES		
18.	AMBU SET WITH O2 CYLINDER		
19.	OPERATION MICROSCOPE		
20.	ULTRASOUND A-SCAN		
21.	ULTRASOUND B-SCAN		
22.	LASER : ARGON		
23.	LASER ARGON – KRYPTON		
24.	LASER YAG		
25.	AUTO REFRACTOMETER		
26.	ANTERIOR VITRECTOMY UNIT		
27.	KEROTOMETER		

ANY OTHER EQUIPMENT, PLEASE SPECIFY:

28. \_\_\_\_\_


\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

6.1 Details of Trustees of the Project :

Name	Designation	Address	Tel. No.

6.2 Past experience in (a) Health Care delivery services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6.3 Past experience in (b) eye care delivery services

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART – II : PROJECT PROPOSAL**

**7. Needs Assessment :**

(I) Location and address \_\_\_\_\_  
\_\_\_\_\_

(II) Villages allocated, to serve \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

iii) Leading Eye Care Facilities in the target area : (Within 40 – 100 Kms Radius)

Name of Hospital	Govt.	NGO	Private	No. of Ophthalmic Surgeons	No. of Eye Beds
1.					
2.					
3.					
4.					

\* “ Private” is one who is not in Govt. Employment

\* In the event of a Govt. Employee working as consultant in a private Clinic / Hospital, should be included as Govt.

8. The Project proposal is for : (Tick appropriate item)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**9. Current Performance**

Give details of current performance : ( for last 3 years)

a) Base Hospital

Year	Free/Subsidised					Paying				
	OPD		Indoor			OPD		Indoor		
	New	Review	Cataract (ICCE)	Cataract IOL	Others	New	Review	Cataract (ICCE)	Cataract IOL	Others

(b) Outreach

Year	Screening camps conducted			
	No. of Camps	No. of outpatients	No. of patients referred to base hospital	Actual No. reported to base hospital

**10. Details of construction planned:**

(I) Total Plot Size : \_\_\_\_\_ Sq. ft.

(II) Existing built – up area : \_\_\_\_\_ Sq.ft

(III) Total built – up area proposed for support: \_\_\_\_\_ Sq.ft

(IV) Certificate of Town Planning / Municipal authorities submitted with proposal :

Yes \_\_\_\_\_ No \_\_\_\_\_

(V) Construction Plan :

Eye Ward \_\_\_\_\_ Sq.ft

Eye O.T. \_\_\_\_\_ Sq.ft

OPD \_\_\_\_\_ Sq.ft

(VI) Estimated Cost : Rs. \_\_\_\_\_

**11. Details of equipments & Vehicle required :**

List major items with full particulars including estimated cost :

Items	Estimated Cost (Rs.)
Total on procurement	

**12. Estimated Project Budget :**

	Non – Recurring expenses		Recurring expenses		Total Project Outlay
	Particulars	Amount	Particulars	Amount	
1.	Civil Works				
2.	Equipments				
3.	Vehicle				
4.	Fixture & furniture				
Total					

**13. Details of Source of Funding :**

	Sources	Amount (Rs.)
(a)	Donations in kind : (I)Availability of land by _____	_____
	(II)Availability of equipment by _____	_____
	(III)Any other _____	_____
(b)	Management's contribution in cash	_____
(c)	Local Community's contribution	_____
(d)	Government Grants	_____
(e)	Any other Agency (specify)	_____
	Total	

**14. Time Table – (Yearwise) – Project Completion:**

Year	Work to be completed	Estimated cost (Rs.)

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**15. Financial sustainability**

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**16. Resolution of the Board of Trustees of NGO – along with Authorisation to 2 Signatories to sign the Memorandum Of Understanding (MOU):**

	Name and Address	Signature
(I)	_____	_____
	_____	
	_____	
(II)	_____	_____
	_____	
	_____	

**17. Resolution of DBCS :**

- (a) DBCS agreeing to support / recommend the NGO certifying its bonafide credibility & general standing within community.
- (b) The geographical area & target cases allocated to be signed by District Collector.

**18. Declaration :**

This is to certify that the information furnished in this application is true and correct to the best of our knowledge and belief. We are agreeable to sign an Agreement with Government of India and abide by the rules and regulations of the same if a grant is given to us.

Name _____	Name _____
Signature _____	Signature _____
Designation: President / Chairman	Designation : President / Chairman
Telephone No. _____	Telephone No. _____
Place _____	Place _____
Date _____	Date _____

**19. Enclosures to be added with the Application :**

- (I) Construction of the organisation Memorandum of Association
- (II) Previous 3 years audited statement of accounts and balance sheets
- (III) Annual Reports of previous 3 years including camps, if any
- (IV) Information sheet on details of the organisation
- (V) Certificate of land ownership from competent Revenue authorities
- (VI) Building permission from local Town Planning / Municipal authorities
- (VII) Certificate of land registration
- (VIII) Blue – print of the approved building plan
- (IX) Estimated cost of phases of constructions certified by architects
- (X) Registration Certificate under Public Charities / Societies' Act
- (XI) Registration Certificate under Foreign Contribution Act, if applicable
- (XII) List of the members of the Executive Committee
- (XIII) Resolution of Board of Trustees to seek grant & authorisation of 2 persons  
To sign 'Bond'
- (XIV) Resolution of DBCS
- (XV) Endorsement from State Government