



राष्ट्रीय आरोग्य अभियान
राष्ट्रीय अंधत्व नियंत्रण कार्यक्रम,
जिल्हा रुग्णालय, सातारा

राष्ट्रीय अंधत्व नियंत्रण कार्यक्रमा मध्ये मोफत मोतिबिंदू शस्त्रक्रिया करणेसाठी सन २०२४-२५ मध्ये अशासकिय स्वयंसेवी संस्था म्हणून नियुक्ती करावयाची आहे. सातारा जिल्ह्यात कार्यरत अशासकिय स्वयंसेवी संस्थां ज्या मोतिबिंदू शस्त्रक्रिया व कृत्रीम भिंगारोपण करतात अशा संस्थांनी मान्यता मिळणेसाठी अर्ज करावयाचा आहे. अर्ज करणेसाठी आवश्यक ती सर्व माहिती नियम, अटी व अर्जाचा नमूना zpsatara.gov.in या संगणकीय संकेत स्थळावरती प्रसिध्द करणेत आलेला आहे, सदर अर्ज स्विकारण्याचा कालावधी दिनांक पर्यंत राहिल.

जिल्हा शल्य चिकित्सक, सातारा

दिनांक: / /२०२४

ठिकाण : सातारा

GOVERNMENT OF INDIA

NATIONAL PROGRAMME FOR CONTROL OF BLINDNESS AND VISUAL
IMPAIRMENT

Details of participating organization

ORGANIZATION PROFILE:

1. Name: _____
2. Address : _____
- _____

State : _____ Pin Code: _____

Tel : _____ Fax No.: _____

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 80G	
	under Section 35CCA	
	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 your account operated jointly? Yes / No

Name and Designation of the Signatories to the account:

Name	Designation

4.2 Financial profile of the applicant organization (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 Organizations in the last 3 years of inception whichever is earlier:

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

5. No.	Non Government Organization	Details of Grant	Amount	Year
1				
2				
3				

Details of Existing Health Facility:

1 Infrastructure

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

1.2 Manpower

Personnel	Nos	Qualification.
Eye Surgeons		
Other Doctors		
Nursing Staff		
Ophthalmic Assistants or equivalent		
Administrator		
Community Coordinator		
Clerks		
Driver		
Other (Specify)		

5.3 Equipment Status

Sr. No	Name of Equipment	Available	Number Required
1	TRIAL LENS SET		
2	TRIAL FRAME CHILD		
3	TRIALS 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 FOR ECCE/IOL		
17	AMBU SETS WITH O2 CYLINDER		
18	OPERATION MICROSCOPE		
19	ULTRASOUND A- SCAN		
20	ULTRASOUND B- SCAN		
21	LASER : ARGON		
22	LASER ARGON- KRYPTON		
23	LASER YAG		
24	AUTO REFRACTOMETER		
25	ANTERIOR VITRECTOMY UNIT		
26	KEROTOMETER		
27	ANY OTHER EQUIPMENT, PLEASE SPECIFY		

Signed _____

Date _____

6.1 Details of Trustees of the NGO:-

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

7 Current Performance

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

a) Base Hospital

Year	Free Subsidized					Paying				
	OPD		Indoor			OPD		Indoor		
	New	Review	ECCE /SICS	IOL*	Others	New	Review	ECCE /SICS	IOL*	Others

*IOL includes ECCE/IOL, SICS, Phaco

b. Details of Eye ball Collection for Eye Banks

Sr. No	Year	No. of eye balls collection	No of eye balls utilized	No. of eye balls discarded or disposed off	No. of Keratoplasty surgery done	No. of Keratoplasty Surgery done	No. of eye balls used for other purpose

c. Details of Eye Ball Collection for Eye Donation Centre (To be filled up in MIS)

No. of eye balls collected	No. of eye balls received from other institutes	No. of eye balls sent to Govt. Institution	No. of eye balls sent elsewhere for keratoplasty

Date: _____

Signature of Ophthalmic Technician

Signature of authorized Signatory
with seal of the NGO

d) Outreach

Year	No. of Camps	Screening Camps Conducted		
		No. of Outpatients	No of patients referred to base hospital	Actual No. reported to base Hospital

8. Enclosures to be added with the Application:

- i. Constitution of the organization 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 organization.
- v. Registration Certificate under Public Charities/Societies' Act.
- vi. Registration Certificate under Foreign Contribution Act, if applicable*.
- vii. List of the members of the Executive Committee.

* Strike out whichever is not applicable.