

**PROFORMA OF APPLICATION**

Application for grant of voluntary S.E.T. Scheme for Leprosy Eradication in Rural / Urban / for the year \_\_\_\_\_ .

1.
  - i) Name of Voluntary Organisation : \_\_\_\_\_
  - ii) Full mailing address : \_\_\_\_\_
    - Short name of the NGO
    - Street
    - City/ Town
    - State
    - Registration No.
    - Date of registration
    - Act under which registered
    - Name of the chief executive officer
    - Telephone:
    - Fax:
    - Email:
  - iii) Date of establishment of the Vol. Organisation : \_\_\_\_\_
  - iv) Centre for which this application is being made indicating rural / urban unit & with full address: \_\_\_\_\_
  - v) Activities identified to be undertaken (viz. IEC for promotion of voluntary reporting of cases, treatment of cases with MDT, Hospital care, POD care and POD care services for deformity cases. : \_\_\_\_\_
  - vi) Year of grant applied for: \_\_\_\_\_
2.
  - i) No. & date of registration under the Society Act.(Documentary evidence by enclosing Memorandum of Registration in the first application to be given). : \_\_\_\_\_
  - ii) The Constitution of the governing body of the organisation indicating the names of representatives of the District Magistrate and the Civil Surgeon taken on the committee to over see the work and expenditure of the organisation. - : \_\_\_\_\_  
(Provide Particulars - Attach list)
3.
  - i) Name and location of the clinics/ : Rural/Urban/Tribal  
i. Sub-Centres, area/SC area
  - ii) Whether the centre is attached to a Leprosy Hospital / Home / Colony/ LRPO ensured by the NGO, If yes; : \_\_\_\_\_  
indicate number of beds
  - iii) Present coverage in the unit after reallocation: : \_\_\_\_\_  
- Rural Unit (Deformity patients covered)

	- Urban Unit (Marginalized Popn. covered)	:	_____
iv)	Population covered along with prevalence rate of leprosy (a list of the villages along with their population as per latest census proposed to be covered under the SET Scheme and prevalence rate of leprosy.	:	_____
v)	No. of deformity patients previously covered.	:	_____
vi)	A certificate of reallocation of area from State Leprosy Officer to the effect that the area proposed to be covered by Voluntary Organization has been sanctioned by State Govt. and no overlapping with earlier coverage by any other organisation will happen. .	:	_____
4	Details of the staff engaged (as per appendix attached).	:	_____
5	Brief remarks by the Inspecting authority ;		
		a). State	_____
		b). Central	_____
6	i) Grant received from State Govt. during previous year, if so ,		
		1. Amount received	_____
		2. Amount spent	_____
		3. Purpose for which spent.	_____
	ii) Grant received from other Ministries of Health/GOI . during the previous year, if so,		
		1. Amount received	_____
		2. Amount spent	_____
		3. Purpose for which spent.	_____
	iii) Grant received from ILEP Agencies (new agency) during previous year.		
		1. Amount received	_____
		2. Amount spent	_____
		3. Purpose for which spent.	_____
7	Foreign donations received during previous year, if so ;		
		1. Amount received	_____
		2. Amount spent	_____
		3. Purpose for which spent.	_____
8	Amount of funds acquired locally,		
	➤ Local donations ,		_____
	➤ Earning of the centre from agriculture, cottage industry, etc.		_____
	➤ Amount earned		_____
	➤ Amount spent		_____
	➤ Purpose for which spent.		_____

- 9 i) Balance of money on the date of submission of application;  
(Audited statement to be attached). \_\_\_\_\_
- ii) Amount of Grant applied for ;  
1. Recurring \_\_\_\_\_  
2. Non-Recurring \_\_\_\_\_
- 10 **Performance for previous year:**
- i) Total No. of patients under treatment at beginning of the year. \_\_\_\_\_
- ii) New cases detected & put on treatment during the year. \_\_\_\_\_
- iii) No. of patients completing the treatment & made RFT. \_\_\_\_\_
- iv) Balance no. of cases at the end of the year \_\_\_\_\_
- v) No. of IEC activities undertaken at the end of the year. \_\_\_\_\_
- vi) No. of beds maintained for the SET / POD work. \_\_\_\_\_
- vii) No of cases admitted in Hospital. \_\_\_\_\_
- viii) No. of case deleted \_\_\_\_\_
- ix) Average duration of stay in Hospital. \_\_\_\_\_
- x) Bed occupancy ratio \_\_\_\_\_
- xi) Bed Turnover ratio. \_\_\_\_\_
- xii) No. of leprosy disabled (Active & inactive) provided POD Services. \_\_\_\_\_
- xiii) No. of deformity patients provided MCR footwear. \_\_\_\_\_
- xiv) No. of deformity cases undertaken for RCS operation. \_\_\_\_\_
- 11 An undertaking that the organisation will participate in SET\ Scheme for a period of not less than three years. \_\_\_\_\_
- 12 Whether through case detection (along with their clinical and bacteriological assessment) regular and proper treatment of patients and Health Education and Welfare activities are undertaken in the area. \_\_\_\_\_
- 13 Whether monthly and quarterly performance reports in the approved proforma of NLEP are submitted regularly to the State / Centre / Directorate General of Health Services . \_\_\_\_\_
- 14 Specify retirement benefits, if any, arranged for the different categories of staff and the manner in which the funds have been kept in deposit or reserve. \_\_\_\_\_

Signature of the Secretary  
President of the Organisation with official seal

Date:  
Place :  
Enclosures :