



Office of the Chief District Medical & Public Health Officer-cum-District
Mission Director



District: Jajpur

Advt. No 528

Date 21.01.2019

Proposals invited from credible NGOS/Trusts for impregnation of community owned bed nets
under Public Private Partnership (PPP) mode under NVBDCP- NHM- 2018-19.

CDMO-cum-DMD Jajpur invites Application from credible NGOs/Trusts for impregnation of community owned bed nets in **Malaria** burden areas as following in Public Private Partnership (PPP) mode under NVBDCP- NHM- 2018-19.

Malaria Positive case reporting SC - 2018 (Jan- Dec) of Danagadi, Sukinda & Barchana CHC

Name of the CHC	Sl. No.	Name of the SC	Population	Total Tested	PV	PF	Total Malaria Positive
Danagadi	1	Aswastapal	6025	955	2	3	5
	2	Gobardhanpur	8223	1724	1	4	5
	3	Kiajhar	8762	1365	22	27	49
	4	Rachhipur	5304	443	0	0	0
Sukinda	5	Chingudipal	7395	1564	0	3	3
	6	Gobarghati	5530	812	0	1	1
	7	Hatibari	8567	1220	1	0	1
	8	Sansailo	7866	790	0	3	3
	9	Saruabil	5979	880	0	38	38
	10	Singadia	8000	1202	1	0	1
Barchana	11	Kaliapani	8922	817	0	0	0
	12	Samia	7038	479	1	3	4
		Total	87611	12251	28	82	110

The registered NGOs/Trusts should have good track record and proven field experience in health & Family Welfare or any social development sectors, Presence of the NGO/Trust in the District is Mandatory.

Interested NGOs/Trusts fulfilling eligible criteria mentioned in the ToR may apply with all relevant documents through **speed post/registered post** only to the Chief District Medical & Public Health Officer, Jajpur, At/Po- Jajpur Town, Dist-Jajpur on or before 07.02.2019 by 04.00 P.M in the prescribed application format superscribing on the top left hand corner of the envelope as "**Application for Impregnation of Community Bed Net-NVBDCP**". The opening of sealed application of respective NGOs will be made on 08.02.2019 at 12.30 PM for desk appraisal before the selection committee. Incomplete applications or applications received in an open envelope or applications of blacklisted NGOs or trusts will summarily be rejected. The authority reserves the right for cancellation /modifications of the guideline for selection without assigning any reason there of. No personal enquiry shall be entertained. The undersigned is not responsible for any postal delay & typographical error (if any) may be exempted.

Bani
21.1.19
CDM&PHO-cum- District Mission Director,
Jajpur



APPLICATION FORM FOR IMPREGNATION OF COMMUNITY OWNED
BED NETS IN PPP MODE UNDER NVBDCP-NHM, Jajpur.

Name of the CHC/Block and SCs _____

Name of the District _____



1	Name of the organisation	
2	Registered Office Address with Phone Fax Number and E- Mail ID.	
3	Name of chief functionary with mobile number :	
4	Office address with phone number of the District for which funding seeking (Attach the land record /lease agreement etc. as documentary evidence)	
5	Whether district office located in own or rented building.	
6	Year of operation of the activities in the district for which funding seeking.	
7	Which year the organisation has received first grant from Govt/Non-Govt.(Attach copy)	
8	a.Date& year of Society registration under society Registration Act/Indian Trust Act (Attach copy)	
	b .Act under which registered.	
9	Year of 12 A registration (Attach Copy)	
10	a.Whether registered under 80n G (Attach copy)	Yes/No
	b.whether FCRA registered organisation (attach copy of registration)	Yes/No
11	Bank details(account number and address)	
12	PAN Number (Attach photocopy)	Yes/No

B. S. S.
21.1.19
**Chief District Medical &
Public Health Officer, Jajpur**
S. S. S.

13. Financial turn over

Year	Income (Rs.)	Expenditure(Rs.)	Fixed assets as per the balance Sheet (Rs.)
2015-2016			
2016-2017			
2017-2018			

14. Experience in Health and Family Welfare Programme (with Govt. Support)

Name of the programme	Supported by	Programme duration(from-to)	Operation area	Remark

(Attach copy of the sanction order /MoU)

15. Experience in Health and Family Welfare Programme (with Support from other Agencies)

Name of the programme	Supported by	Programme duration(from-to)	Operation area	Remark

(Attach copy of the sanction order /MoU)

16. Experience in other social Development Sector (With Govt. Support)

Name of the programme	Supported by	Programme duration(from-to)	Operation area	Remark

(Attach copy of proof)

17. Experience in other social Development Sector (with support from other agencies)

Name of the programme	Supported by	Programme duration(from-to)	Operation area	Remark

(Attach copy of proof)

18. Details project proposal for impregnation of community Bed Nets:

19. List of members of Managing Committee/Executive committee of the organisation:

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21.1.19
Chief District Medical &
Public Health Officer, Jajpur
21/1/19