

**NATIONAL AIDS CONTROL ORGANIZATION**

**NGO/CBO OPERATIONAL  
Guidelines – Selection**

**PART I**



**MINISTRY OF HEALTH & FAMILY WELFARE  
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AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
BSS	Behavioral Sentinel Survey
CAG	Comptroller & Auditor General
CBO	Community based Organisation
CMIS	Computerized Management Information System
DFID	Department for International Development
EC	Executive Committee
ESRM	Experience Sharing and Review Meetings
FSW	Female Sex Worker
GIPA	Greater Involvement of People living with HIV/AIDS
HIV	Human Immunodeficiency Virus
ICTC	Integrated Counseling and Testing Centre
IDU	Injecting Drug User
JAT	Joint Appraisal Team
KABP	Knowledge Attitude Behaviour Practices
M&E	Monitoring & Evaluation
MSM	Men having sex with men
MTR	Monthly Technical Reports
NACO	National AIDS Control Organisation
NACP	National AIDS Control Programme
NGO	Non Governmental Organisation
ORW	Out Reach Worker
PE	Peer Educator
PSV	Participatory Sites Visits
SACS	State AIDS Control Society
SHG	Self Help Group
STD	Sexually Transmitted Diseases
TAC	Technical Advisory Committee
TI	Targeted Intervention
TSU	Technical Support Unit
UT	Union Territories
WB	World Bank

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## **SECTION 1: INTRODUCTION**

### **1.1 Rationale for developing NGO/CBO operational guidelines:**

The National AIDS Control Programme Phase III (NACP III) aims to closely work with Non-Governmental Organizations (NGO), Community Based Organizations (CBO) and Networks of People Living with HIV/AIDS (PLHAs) to achieve the following NACP III objectives:

- Saturate coverage of core groups (Females Sex Workers, Men having Sex with Men, Transgender Community and Injecting Drug Users).
- Scale-up interventions among highly vulnerable populations namely truckers, migrants, tribals, industrial workers and mainstreaming HIV/AIDS in Government Departments to access other segments of population.
- Increase access to prevention, care and support services.

During the various NACP III planning meetings, many State AIDS Control Societies (SACS) and civil society organizations expressed the need for standard guidelines for implementing targeted interventions among core and vulnerable populations. This document aims to address such a need. It is developed based on existing guidelines, best practices that are being followed in states like Tamil Nadu and Maharashtra and inputs from experts. Any changes to the guidelines need to be done in consultation with and prior approval from NACO.

### **1.2 Objective of the Operational Guidelines:**

The objective of the Operational Guidelines is to “bring about a systematic and transparent process for identification, field appraisal and selection of suitable NGOs, CBOs and other network based organizations and undertake technical and fiduciary monitoring of the work of such NGOs/CBOs to provide prevention and care and support services to the target community.” The specific objectives are to

- Delineate the process involved in calling for applications, partner identification, appraisal and contracting, capacity building of partners, monitoring and evaluation.
- Explain the steps in each stage and outline the process.
- Enable State AIDS Control Societies/Technical Support Units (TSU) to establish procedures for the various stages by adapting them to specific contexts.

### **1.3. Intended Users:**

This document is intended for State AIDS Control Societies, TSUs and other developmental partners. It is specifically intended for the following officers:

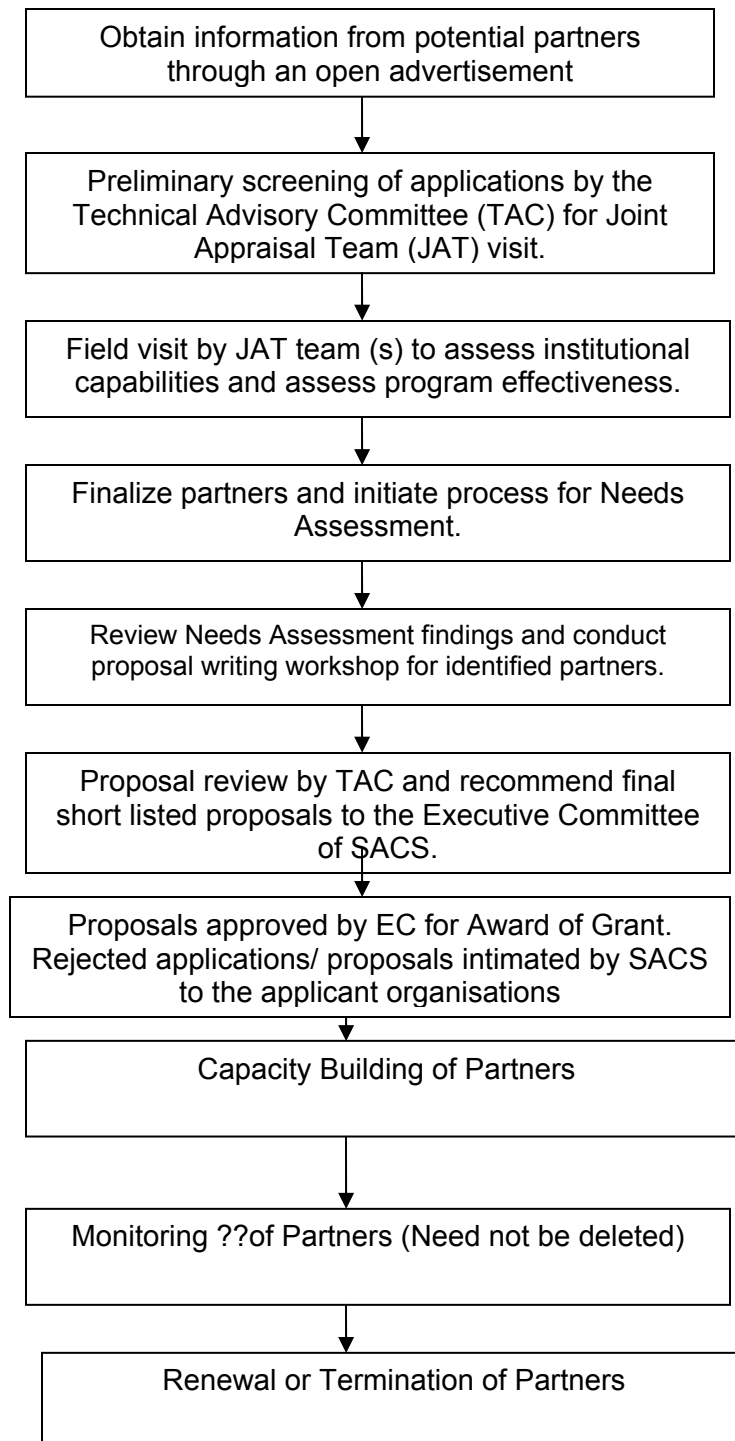
- SACS - Project Directors, Finance / Procurement Officers & NGO Coordinators.
- Potential partners (NGO, CBO, and Networks).
- Members of Executive Committee (EC), Technical Advisory Committee (TAC) and Joint Appraisal Team (JAT).
- Technical Support Units (TSUs) – Project Directors, Finance officers and senior officials.

#### **1.4. Structure of the operational guideline document:**

The document is divided into the following distinct sections outlining the procedures and process:

1. Calling for applications and obtaining information from NGO, CBO and Networks (section 2).
2. Carrying out a desk appraisal for preliminary screening of applications to shortlist agencies for institutional appraisal (section 3).
3. Conducting field visits of shortlisted agencies to assess their institutional capability and program effectiveness (section 4).
4. Defining the process to be adopted for conducting needs assessment of short-listed agencies (section 5).
5. Defining the process to be adopted for conducting the “Proposal Development Workshop” for short-listed agencies (section 6).
6. Review of Proposals and Award of Grants (section 7)
7. Specific topics on which partners capacity needs to be built and process to be followed for building capacity (section 8)
8. Process to be adopted for Technical & financial monitoring of partners (section 9)
9. Process to be adopted for extending or terminating grants (section 10)

These sections are schematically presented below :



## **SECTION 2: DEVELOPING A DATA BASE OF NGO, CBO AND NETWORKS.**

### **2.1 Calling for Applications:**

In order to develop a data base, SACS will invite expressions of interest from NGOs, CBOs and networks through an open advertisement (Annexure 1) as per the prescribed application (Annexure 2) in the regional newspapers. Both the advertisement and application format will also be posted on the SACS website. The time line for submitting duly filled application by post or through email should be within three weeks from the date of issue of advertisement. The SACS will have to categorise all applications received district-wise.

### **SECTION 3: DESK APPRAISAL FOR SHORT-LISTING AGENCIES FOR INSTITUTIONAL APPRAISAL.**

#### **3.1 Forming a Technical Advisory Committee (TAC):**

The Technical Advisory Committee will carry out a desk review of all applications for TI and CST projects received from NGO/CBO and Networks. It would also be vested with the responsibility of reviewing progress of the TI projects on a periodic basis, preferably once in every two months. The Technical Advisory Committee (TAC) will be constituted and will consist of the NGO coordinator and Procurement Officer from SACS; one member from the Technical Support Unit; and one NGO representative from the Executive Committee (EC). The NGO Coordinator would be the convener of the Technical Advisory Committee.

#### **3.2 Preliminary Screening of Applications: (Two weeks)**

All applications received will be screened by the Technical Advisory Committee (of SACS) as per the criteria given below:

<b>Essential Criteria</b>	<b>Yes/ No</b>	<b>Remarks</b>
1. Copy of the Society Registration certificate / Trust Deed furnished		
2. Copy of Memorandum of Association and Article of Association furnished.		
3. Copy of Audited Statement attached For NGOs – 3 years For CBOs - Atleast 1 year		
4. Activity Report / Annual Reports furnished. For NGOs – 3 years For CBOs – Atleast 1 year		

The TAC should assess if the NGO/CBO/Network is a legally registered organisation by verifying if they are registered under any of the following Acts:

- The Societies Registration Act of 1860,
- Charitable and Religion Act, 1920;
- The Indian Trust Act, 1982;
- Cooperatives professional bodies such as IIPA, IMA

NGOs who have been registered for a minimum period of three years and CBOs / Networks who have been registered for a minimum period of one year should only be considered for the Joint Appraisal Team (JAT) visit.

Based on the preliminary review the TAC may make any of the following recommendations:

- Accept application and recommend for a Joint Appraisal Team visit; or
- Seek clarifications in writing; or



- Reject the application after recording specific reasons.

### **3.3 Intimating status to applicant organizations:**

The details of applications received and their status will also be posted on the SACS website. SACS will send a regret letter clearly citing reasons to all organizations whose applications have not been considered for JAT visit. SACS will also send a letter to all short-listed applicant organizations informing the proposed date of visit, along with a brief schedule of the activities that would be undertaken by the JAT during the visit.

## SECTION 4: JOINT APPRAISAL TEAM (S) (JAT VISIT)

### **4.1 Forming Joint Appraisal Team (s):**

All short-listed applications will be considered for an appraisal visit by a three-member joint team(s) consisting of a Technical officer of SACS (who has been designated as Zonal Officer for specific district), financial consultant and one external technical consultant. The SACS along with TSU will establish a panel of external technical and financial experts whose services will be utilized for JAT visits. The external experts should be well experienced and have strong program management expertise.

### **4.2 Role of JAT members:**

The JAT as required would be constituted by the Project Director SACS and should be in place atleast two weeks prior to the field visit. The TSU will support SACS in identifying and orienting the JAT members on their roles, responsibilities, do's and don'ts during field visit. The roles of the Joint Appraisal Team will broadly include: a) Review of records and registers of the applicant organization, b) Discussion with Board of Directors / Trustees and Staff, and c) Visit the field / sites to assess the project work and rapport the applicant organization has with the community and stakeholders. During the visit, the team will also collect photocopies of relevant documents to support their recommendations.

### **4.3 Field Appraisal Report by JAT:**

All short-listed applications will be considered for an appraisal visit. In case if the registered office of the applicant organization is different from the location where they have their field work, then the team has to visit both the places to collect the required information. The JAT is required to submit their report (along with relevant supportive documents) within 7 working days from the date of completion of field visit to the TAC. The reports will include: a) Institutional Appraisal Score Sheet (Table 1), b) Institutional Appraisal Observation Notes (Table 2), and c) Field Appraisal Format (Annexure 3).

**Table 1: Institutional Appraisal Score Sheet for JAT visit:**

Appraisal Check List	Assessment Score		Key Observations
	Yes	No	
<b>1. Governance</b>			
1.1 Mission statement of organization available *			
1.2 Constitution and role of the Governing Body of NGO/CBO.			
1.2 Availability of record of discussions / minutes book for the last three years. (in the case of CBO for minimum one year)			

<b>2. Staffing and organization</b>			
2.1 Do they have an organogram reflecting staff of all the projects? *			
2.2 In the last interview for technical staff was there an external person involved in selection? *			
2.3 Is an appointment letter issued to every staff?*			
2.4 Is there a Position/job description given to each staff?*			
2.5 Is there an Attendance and Leave register in place?			
2.6 Is there a documented staff appraisal system in place?*			
2.7 Is there a record of last 3 staff meetings in place?*			
2.8 Is the office premises is rented or owned? Why are we asking this question?			

<b>3. Experience</b>			
3.1 Does the organization have any experience (more than one year) in any of the following areas? *; a) HIV/AIDS Project experience in carrying out targeted interventions with core/vulnerable groups, home based care, community care centres, drop-in centres for PLHAs, counseling and testing etc. b) Managing other health projects such as RCH, sexual health project, TB, family planning /social marketing * c) Managing community development projects.			
3.2 Does the organization have any experience in forming / establishing community based networks ?*			
3.3 Is the organization proposing to work in the same geographic area where they are working at			

present?			
3.4 Since inception have any of the projects been discontinued before the agreed completion date. If so why?			
<b>4. Financial Management Systems</b>			
4.1 Do the audit report/ financial statements indicate any qualifications or weaknesses *			
4.1 Does the organization have an Accounting System for each project: - Day Book - Cash Book - Ledger			
4.2 Does the organization have a printed serialized voucher system?			
4.3 Does the organisation have a bank account?			
4.4 Is the bank account operated jointly by two signatories?			
4.5 Are all receipts and payments properly documented and accounted for ?			
4.6 Does the organisation have a full time accountant? What are the qualifications			
4.7 Comment on the adequacy of the internal control processes. Is there any FM Manual or approved financial & administrative delegation.			
<b>5. Procurement systems</b>			
5.1 Does the organization have a procurement system of: a) Collecting at least three quotations b) Making comparative statement of the competitive quotations			
5.2 Is the assets register being regularly maintained?			
5.3 Is there an Inventory Control System in place?			
<b>6. Planning, Monitoring and Reporting Systems</b>			
6.1 Is there a Project planning system?			

6.2	Is there a Monitoring system?			
6.3	Is there a Reporting System?			
<b>7. Assessment of external Relationship</b>				
7.1	Does the NGO have any member of the target community in their advisory committee?			
7.2	Does the NGO have any document explaining their experience of involving different Stakeholders in their work?, such as: - Civil Society Organizations - Government Departments - Private Sector - Faith Based Organizations - Cooperatives			
7.3	Is the NGO part of any consortium / network*?			
7.4	Is the NGO involved in any committees formed by SACS / government departments* ?			
Total Score				

Note: For all components where \* mark is indicated, the team needs to collect supportive documents. The team has to score 1 point for every Yes assessment and 0 for every No assessment.

**Table 2: Institutional Appraisal Observation Notes for JAT visit:**

The JAT members will need to collect in-depth information on the 8 components and report it in Table 2.

**Table 2: Institutional Appraisal Observation Notes**

S. No	Topic	Other Key Observations
1	<b>Governance</b> - Is the composition of the board diverse or exclusive? - How active is the involvement of Board members? - Are there professionals related to the health sector in the Board? - Does the organization seek expertise from professionals for critical decision making? - Additional points if any	
2	<b>Staffing &amp; Organization</b>	

	<ul style="list-style-type: none"> <li>- Does the organization have a transparent recruitment policy?</li> <li>- Does the organization have a Gender policy?</li> <li>- Does the organization have a staff welfare policy that provides including: insurance, maternal / paternal benefits etc?</li> <li>- What systems does the organization have for staff motivation and appraisal?</li> <li>- Additional points if any</li> </ul>	
3	<p><b>Project Experience</b></p> <ul style="list-style-type: none"> <li>- Is the project coverage limited or spread over the entire block / district?</li> <li>- Does the project has experience in working with multiple sectors or focused in one sector?</li> <li>- Do their work have high visibility among key policy makers and stakeholders?</li> <li>- Are there any examples of innovative approaches adopted that have significantly contributed to improving the quality of project work?</li> <li>- Additional Points if any</li> </ul>	
4	<p><b>Financial Management</b></p> <ul style="list-style-type: none"> <li>- Describe the systems for approving payments;</li> <li>- Are salaries paid through cheques?</li> <li>- Proportion of dependence of agency on external funding?</li> <li>- Proportion of funds from government / private sources?</li> <li>- Trends of financial inflow during the last 3 years?</li> <li>- Systems adopted for receiving donations and grants?</li> <li>- Is there an internal control and regular audit system in place?</li> <li>- Are tax returns filed in time?</li> </ul>	

	- Additional Points if any	
5	<p><b>Procurement</b></p> <ul style="list-style-type: none"> <li>• Has the organisation purchased drugs &amp; supplies, computer etc. Yes or No</li> </ul> <p>If yes</p> <ul style="list-style-type: none"> <li>• What are the purchase policies and procedures available within the organisation</li> <li>• Does the organisation has a storage place for keeping medicines?</li> <li>• Are the staff technically qualified or have the experience to procure drugs, computers &amp; supplies?</li> <li>• Is there a stock maintenance system providing physical inventory</li> <li>• Is there a periodic monitoring mechanism to track inventory &amp; plan for purchase</li> <li>• Is there an inventory of capital assets and what is the form in which it is maintained</li> <li>• Are the inventory records updated and maintained</li> </ul>	
6	<p><b>Planning, Monitoring and Reporting</b></p> <ul style="list-style-type: none"> <li>• How is planning done for each project in terms of human resources, financial resources and other resources within the organisation</li> <li>• Is the process of planning a</li> </ul>	

	<p>participatory one</p> <ul style="list-style-type: none"> <li>• Do the organisation conduct programme review meetings (weekly/ monthly)?</li> <li>• Do the organisation conduct field monitoring by visiting projects and observations documented ?</li> <li>• Has the organisation taken corrective action based on field monitoring?</li> <li>• Does the organisation has monthly, quaterly and annual progress reports?</li> </ul>	
<b>7</b>	<p><b>External Relationship</b>  This needs to be assessed in respect of the ability of the organisation to forge relationships with:  <b>(see table 1 section-7)</b></p>	
<b>8</b>	<p><b>Others</b></p>	

Incase if applicant organization can not provide the full details, time upto a maximum of 4 working days may be provided. The JAT will have to submit their consolidated report to the TAC for appropriate recommendations within 7 working days from the date of completing the field visit. The JAT will also need to comment specifically on the capacity building needs for strengthening the applicant organization’s internal systems for program management (both technical and financial).

#### **4.4 Criteria for Finalizing Partners:**

The TAC will review the recommendations of the JAT report and grade the short-listed applications under three categories:

##### Category-I

Organizations scoring **more than 25 Yes Assessment points** (Table 1) and **reported to have sound systems, community linkages** etc., (Table 2), will be categorized as Most Preferred Organization.

##### Category-II



Organizations scoring **18 Yes Assessment Points or more** (Table 1) and **reported to have reasonable systems, community linkages** (Table 2), will be categorized as May be Considered Organizations;

**Category-III**

Organizations that score **17 Yes Assessment Points** or less will be rejected and not be considered.

**4.5 Initiating Needs Assessment:**

The TAC will recommend to the SACS Project Director the short-listed applicant organizations for conducting a needs assessment. The short-listed agencies will be provided a small grant of a maximum amount of 1 lakh by SACS for conducting the mapping and needs assessment. The TOR for conducting the Needs Assessment is at (Annexure 4).

**SECTION 5: CONDUCTING NEEDS ASSESSMENT**

**5.1 Needs Assessment including Mapping and Knowledge Attitude Behaviour Practices (Eight weeks)**

The short-listed organizations will validate and map the size and location/sites of the core groups (Female Sex Workers, MSMs, Transgender and IDUs) and bridge populations (Truckers and short stay Migrants) in their assigned project area and conduct a detailed needs assessment as per the tools and guidelines as developed by TSU/SACS.

The TSU/SACS will provide a panel of trained mentors to assist the organizations conducting the Needs Assessment. The TSU/SACS will also orient the organizations on the tools and guidelines for the needs assessment. The mentors will support the organizations during the full duration of the needs assessment and help in analyzing and compiling the needs assessment report. The Needs Assessment Report should be submitted to TSU/SACS within the agreed time schedule indicated in the TOR.

**5.2 Criteria for deciding number of interventions:**

Based on the mapping and needs assessment report TSU/SACS will decide on the number of interventions that needs to be supported in a district as per the following situations. The matrix below provides guidelines/criteria on the number of interventions that could be supported by SACS depending on the size of target populations in the intervention site.

Zone	FSW	Options that can be considered
High Density Zone	1500 to 5000	2 or 3 TI Projects can be considered for support based on the exact number of sex workers in the intervention area. If the entire population is covered by one organization (due to their capacity and rapport) then this needs to be split into 2 or 3 TI grants and given to the agency.  Alternately this can be divided into geographic clusters and given to 2 or 3 different agencies (provided each cluster has a 800-1500 sex workers available for coverage).

Moderate Density Zone	800-1500	<p>One TI grant to be considered for one agency.</p> <p>In two geographically contiguous sites that has a FSW population of 800-1000 in one site and 500 to 700 in another site, then the SACS can choose the following options:</p> <p>1) Consider the same agency for covering site 1 and site 2 and make it a single grant.</p> <p style="text-align: center;">or</p> <p>2) Consider one agency for site 1 and one agency for site 2 (to cover 500-700 sex workers) if in site 2 the agency can also cover 100 or 200 MSMs / IDUs(composite core group intervention).</p> <p style="text-align: center;">or</p> <p>3) Proportionately reduce the cost (based on the FSW population) and give site 2 to another agency.</p>
Low Density Zone	Less than 800	<p>1) Consider for composite intervention having a population of 500-700 female sex workers and 100 to 200 MSMs / IDUs.</p> <p style="text-align: center;">or</p> <p>2) Any site having 250 -800 FSW support a TI but proportionately reduce the cost.</p> <p>Sites having less than 250 sex workers and they are scattered in different locations then no TIs will be supported as they will be reached through the link workers scheme.</p>

Zone	MSMs	Options that can be considered
High Density Zone	600 to 1500	<p>2 or 3 TI Projects can be considered for support based on the exact number of MSMs, Transgender in the intervention area. If a single organization has the capacity to manage the total population then the agency can get either as one TI grant or two different grants.</p> <p>Alternately this can be divided into geographic clusters and given to 2 different agencies also (provided each cluster has a minimum of 600 MSMs available for coverage).</p>
Moderate Density Zone	300-600	<p>One TI grant to be considered for one agency.</p> <p>In two geographically contiguous sites that has a MSM population of 300-500 in one site and 200 to 250 in another site, then the SACS can choose the following options:</p> <p>1) Consider the same agency for covering site 1 and site 2 and make it a single grant.</p> <p style="text-align: center;">or</p>

		<p>2) Consider one agency for site 1 and one agency for site 2 (to cover 200-250MSMs) if in site 2 the agency can also cover 50 to 100 FSWs / IDUs.</p> <p>3) Proportionately reduce the cost (based on the MSM population) and give site 2 to another agency.</p>
Low Density Zone	Less than 300	<p>1) Consider for composite intervention having a population of 150-200 MSM and 100 to 150 FSWs / IDUs.</p> <p style="text-align: center;">or</p> <p>2) Any site having 150-200 MSM support a TI but proportionately reduce the cost.</p> <p>Sites having less than 150 MSMs and they are scattered in different locations then no TIs will be supported as they will be reached through the link workers scheme.</p>

Normally it is difficult to find a large concentration of injecting drug users in a single place. While so, an IDU drop-in-centre must be within close proximity as a daily contact be it for needle exchange, or oral substitution therapy is critical. Therefore a TI for IDUs may be justified even for 150 to 500 IDUs.

In addition to the above, interventions will be carried out among bridge populations such as Truckers (long distance) and Migrants (short stay). NGOs will be supported to implement targeted intervention for a population of 5000 migrants by following the same NGO guidelines. For reaching out to truckers, trucking associations will implement interventions with the support of NGOs.

**Others:**

No organization will be provided support for carrying more than 3 TI projects. Preference should be given for organizations that have a local presence if all other conditions remain the same.

**SECTION 6: PROPOSAL DEVELOPMENT AND FINALIZATION: (TWO WEEKS)**

**6.1 Proposal Development Workshop:**

TSU/SACS will conduct a Proposal Development Workshop for all the short-listed organizations. At this workshop the short-listed organizations will be trained on the documentation required for the submission of proposals. Namely Guidelines for the technical strategies, development of Log Frame and Budget (Annexure 5). The partners will be provided 10 working days for developing and submitting the proposal to SACS. During the proposal writing stage the mentors will also support the organizations to develop a detailed proposal as per the guidelines. The short-listed organizations will need to send their proposals as per the suggested format. (Annexure 5A).

## **SECTION 7: REVIEW OF PROPOSALS AND AWARD OF GRANT**

### **7.1 Review of Proposals:**

The evaluation of the proposals would be carried out based on well defined criteria as listed below:

1. Quality of reflection of the understanding of the needs of target population and district scenario.
2. Clarity in drawing up goals, objectives and activities including in put and out come indicators.
3. Strong demonstration of linkages between prevention to care continuum projects and networking with other agencies in health and related sectors.
4. Roadmap for clear sustainability and exit strategies.
5. Monitoring and Evaluation plans.

Table 3: Criteria for Scoring Proposals

Criteria	Score*
Reflection of the understanding of the needs of target population and district scenario	Max 20
Clarity in drawing up goals, objectives and activities including out put and out come indicators	Max 15
Demonstrate linkages between prevention to care continuum projects and networking with other agencies	Max 15
Clear sustainability and exit strategies	Max 20
Monitoring and Evaluation	Max 10
Total	Max 80

\*TO MAKE IT CONSISTENT WITH ANNEXURE 6

Details on the elements that need to be looked under each criteria is attached (Annexure 6). If the proposal scores more than 75% then the organisation can be considered for support. Proposals scoring less than 75% should be rejected and such rejection intimated by SACS within 1 month of the completion of the process.

### **7.2 Award of Grant**

The field appraisal report of JAT along with TAC recommendations and scoring will be placed before the Executive Committee of SACS for a decision. The Award of Grant (Annexure 7) should be issued within two weeks from EC approval. The Award of Grant letter would consist of the Agreement between the SACS and the NGO/CBO (Annexure 8) and Performance Bond (Annexure 9).

The initial grant period will be for 12 months. Based on satisfactory performance, renewal by way of issuing fresh contract for further 12 months period may be considered to the NGO/CBO. No single grant or contract should be for more than \$75,000 per year per contract (Rs 33.00 lakhs). Any grant more than the stipulated amounts needs to be sent to NACO along with the proposal of the organization and Minutes of EC for a decision.

## **SECTION 8 - CAPACITY BUILDING OF PARTNERS**

This is a suggested generic outline and will be customized depending upon prevention / care and support programs. In year one the following capacity building programs have to be provided to partners:

### **8.1 Induction program to Partners by TSU/SACS within two months from award of grant.**

The induction training will cover the following: 1) clear understanding of the proposal, 2) targeted interventions strategies, 3) reporting obligations to SACS (including reporting formats, registers and CMIS) and 4) financial guidelines. This is a mandatory training for all staff of partner organizations and its critical that all staff are on board within one month from award of grant / contract.

### **8.2 Basic facts in STI/HIV/AIDS and sex and sexuality:**

Standard training modules on basics of STI/HIV/AIDS are available and the TSU/SACS will provide the training to NGO partners according to the module. Mandatory for all staff.

### **8.3 Program management training for senior staff and key personnel (including wherever possible board of directors of the NGOs):**

The training should focus on financial management, procurement systems and project management / administration.

### **8.4 Peer education training for NGO staff:**

This is a Training of Trainers program and standard modules are available which can be adopted by TSU and SACS.

### **8.5 Behaviour change Communication (BCC)**

Training will be provided on the following areas / topics.

- Interpersonal communication
- Condom social marketing
- Counseling
- Advocacy
- Traditional media and event management

### **8.6 Care and support Training:**

For care and support programs training will be provided on counseling, managing home-based care projects and treatment for opportunistic infections. The TSU will carry out training needs assessment for all categories of staff and arrange training programs for each intervention. Training curriculum, modules and a training calendar would be put in place by TSU for each year.

### 8.7 Documentation, Reporting and Program Monitoring:

A curriculum package and training module will be developed by the TSU on monitoring and evaluation system of targeted intervention programs. NGOs/CBOs will be trained in maintaining daily diary, recording in registers, compilation, reporting and use of data for program planning.

The procurement officer of the SACS will maintain the details of the contracts issued to NGO/CBO in the following format and will report to NACO on quarterly basis.

Contract No.	Contract Description	Contract Awarded to	Contract Award date	Contract Amount (Rs.)	Expenditure incurred during the quarter (Rs.)	Cumulative Expenditure incurred on the contract (Rs.)	Cumulative Expenditure incurred on pharmaceuticals and medical supplies (Rs.)	Detail of Contract Amendment/extension, if any

All the contract issued to NGO/CBO are subject to post-review/audit by NACO and World Bank/DFID and hence, the documents should be maintained systematically.

### 8.8 Transitioning to CBO Projects and role of NGOs in Transitioning:

A module on capacity building of CBOs and transitioning will be developed by the TSU. NGOs will be provided hands on training on the various components of CBO transitioning including capacity building of CBOs.

### 8.9 Exposure visits to related projects:

The TSU will develop a guided exposure program plan for facilitating the exposure visit for NGOs to model targeted intervention programs located within the state and to other states. The NGOs need to document the key lessons learned and implement in their activities.

A training matrix (Table ) indicating the topic of training and categories of people to be trained is given below

**Table: 4 NGO/CBO training matrix:**

Topic	Training provided by	Duration of training	Project coordinator	Accountant	Doctor	Counsellor	ORW	Peer Educator	Nurse
Induction	SACS/TSU	5 days	√	√	√	√	√	√	√
Basic facts	Contracted agency	5 days	√	√	√	√	√	√	√

Programme Management	SACS/TSU	5 days	√	√					
Basic counseling skills	Contracted agency	5 days	√			√			√
STI management	Contracted agency	2 days			√				√
Communication skills	Contracted agency	5 days	√		√	√	√	√	√
Reporting/CMIS	SACS/TSU	5 days	√	√	√	√	√	√	√
Peer Education	Contracted agency	5 days	√				√	√	
Condom Programming	Contracted agency	4 days				√	√	√	√
Advocacy, enabling environment, mainstreaming	Contracted agency	5 days	√			√	√		
Care & support, establishment of referral linkages	Contracted agency	5 days			√		√		√
Training on traditional media & even management	Contracted agency	10 days	√			√	√	√	
Initial training on Transition from NGO to CBO projects	SACS/TSU	5 days	√					√	







## **SECTION 9 - MONITORING AND EVALUATION**

A monitoring and evaluation system will be put in place in each state to carry out technical and financial monitoring of the projects. The TSU/SACS will develop a team of consultants and auditors who will monitor and evaluate the interventions by following a well defined cycle covering the approaches listed below:

### **9.1 Technical Monitoring: Components of Monitoring and Evaluation System**

#### **9.1 Monthly Technical Reports (MTR):**

All the NGOs will submit a monthly technical by 10<sup>th</sup> of every month as per CMIS. The technical officer of TSU/SACS need to review and provide feedback to the NGOs/CBOs. The action taken by the NGO/CBO on the feedback need to be sent along with the next MTR. The data from MTR has data to be computerized and checked for quality. A quarterly analysis of the has to be submitted as part of progress in the Executive Meeting. These reports will be analyzed and feedback provided by TSU/SACS to the implementing partners to guide them in their subsequent planning.

#### **9.2 Participatory Site Visits (PSV):**

The PSVs will be carried out once in six months. A team of two consultant/ mentors will visit the NGO office, field and assess the project activities and systems. The PSV will be carried out in 2 stages: 1) Desk review of MTRs and other reports sent by partners and 2) field visits and debriefing to the NGOs, TSU/SACS. The technical officers of SACS will follow-up with the partners on the action taken to the observations / recommendations of the PSV. During the field visit, the consultants will review the records and registers, assess the staff capacity and visit the community to review the progress. In the community, the consultants will interact with the peer educators, target group, secondary community and service providers. A protocol for PSV has been developed (Annexure 10). On completion of the PSV, a debriefing is held with the NGO by the consultant and the TSU/SCAS staff. The NGO/CBO has to submit a follow-up action report on the recommendations to TSU/SACS.

#### **9.3 Experience Sharing and Review Meeting (ESRM)**

The ESRMs will be held once in six months for each thematic intervention. The ESRM is conducted for 3 days. An ESRM format is developed for sharing the experiences including the lessons learned and progress by the NGOs/CBOs. The ESRM is hosted by the NGO/CBO in the intervention district. The expenses for participating in the ESRM will be included in the respective NGO/CBO budget and SACS will bear the host NGO agency expenses in organizing the ESRM. Apart from the NGOs, consultants, the officers of SACS/ TSU will also participate in the ESRM. Consultants and TSU staff will provide the necessary technical guidance to the NGOs. The field experiences and lessons learned will be shared in the ESRMs. Gaps will be identified and suitable strategies for problem solving will be suggested during the ESRM. The ESRM need to be documented.

#### **9.1.4 Cluster meeting**

Cluster meetings are intended to facilitate better coordination among the partners in a particular geographical region. The aim of the cluster level meetings is to share resources and

to avoid duplication of efforts. They will be held on a quarterly basis in geographically defined regions.

Table 4: Monitoring and Evaluation Matrix: THIS NEEDS TO TAKE INTO ACCOUNT THAT THE CONTRACT ITSELF IS FOR 12 MONTHS

Activity	Qtr 1	Qtr 2	Qtr 3	Qtr 4
MTR				
ESRM	3 <sup>rd</sup> month		9 <sup>th</sup> month	
PSV	5 <sup>th</sup> month			11 <sup>th</sup> month
Cluster meeting				
Mid-term evaluation				

### 9.1.5 Information System:

A computerized management information system will be developed by SACS to monitor the performance of the partner NGOs. A software package will be developed to facilitate the NGOs in project management at their level and the TSU/SACS will collect, consolidate information on relevant program indicators. This software will be designed for all targeted interventions. The NGOs will submit their monthly performance reports using the software format. Periodical training programs will be conducted to build the capacity of the NGOs on the proper and effective use of the software package. The software serves as a valuable mechanism for performance appraisal of NGOs, self evaluation of TSU and the retrieval of data for information sharing during ESRMs and PSVs.

### 9.1.6 Midterm Participatory Evaluation:

About half-way into the project's duration a midterm participatory evaluation will be done to monitor its progress. This is done by an external agency through observations, discussions and interviews with project staff, primary and secondary stake holders. The mid-term evaluation will help in doing mid-term corrections and ensure that the goals are met and any problems encountered are addressed timely.

A final evaluation will also be carried out to assess the effectiveness of the program and to develop plans for sustainability.

### 9.1.7 Impact Assessment

Behavioral Surveillance Survey (BSS) and Bio-medical survey will be carried out periodically to track trends on high-risk behaviour on selected sub-population groups.

### 9.2 Financial Monitoring:

## **SECTION 10: CRITERIA FOR NEW GRANT AWARDS AND TERMINATION OF GRANTS**

### **10.1 Criteria for New Grant Award**

- PSV report on satisfactory progress
- Timely submission of reports
- No adverse comments from auditors

### **10.2 Criteria for termination of grant:**

- Financial misappropriation of funds
- Diversion of project funds
- Failure to adhere to terms and conditions of the grant award
- Repeated poor performance reports (Atleast two in a year)

### SECTION 11: WHO WILL DO WHAT:

Step	Process	Responsibility	Time line
1	Analysis of existing mapping data and determining geographic areas of intervention	SACS/TSU	Month one
2	Drawing up a document for Expression of Interest specifying the details required from NGO/CBO	SACS	Month one
3	Advertisement release calling for Expression of Interest	SACS	Month one
4	Identification of TAC team members	SACS/TSU	Month one
5	Preliminary screening of Applications	SACS	Month two
6	Identifying JAT team members, developing TOR and orienting team(s)	SACS/TSU	Month two
7	Field visit by JAT team and submission of appraisal report	SACS/TSU	Month third
8	TAC to review JAT report and finalize partners and initiate process for Needs Assessment	SACS/TSU	Month third
9	Identify Mentors. Develop TORs, Orient mentors and enter agreements contracts with mentors.	SACS/TSU	Month third
10	Conduct Needs Assessment and submit Needs Assessment Report	NGO / CBO, Mentor	Month fourth
11	Review Needs Assessment Findings and conduct proposal writing workshop for identified partners	SACS/TSU	Month fifth
12	Proposal submission, Review and Award of Grants	SACS/TSU	Month fifth
13	NGO/CBO staff on board	NGO/CBO	Month sixth
14	Induction Training	SACS/TSU	Month seven
15	Other Trainings	Contracted agencies	Month eighth & ninth
16	Quarterly Reporting	From NGOs/CBOs	Quarterly basis
17	PSVs	SACS/TSU	Every six month basis alternatively
18	ESRMs	SACS/TSU	
19	Cluster meeting	NGO, CBO	Quarterly basis
20	Annual Review of Project Performance for extension / termination	SACS/TSU	Annual basis
21	Mid-Term Evaluation	SACS/TSU	Mid- term of project

**ADVERTISEMENT FOR INVITING APPLICATIONS FROM NGOs/CBOs FOR  
EMPANELMENT**

The Government of India has received a Credit (Credit- \_\_\_\_\_) from the International Development Association (IDA) and a grant from the Department for International Development (DFID), U K in various currencies towards the cost of the Third National HIV/AIDS Control Project and it is intended that a part of the proceeds of this credit/grant will be applied to eligible payments under the contract for which this invitation for consultancy is issued. **The project is an intervention with a goal of reducing the burden of HIV/AIDS cases in the country. The components of the project are prevention, care and support and treatment, programme management and strategic information management with one its sub-components being targeted interventions for high risk groups, as well as utilizing civil society organisations for providing access of vulnerable populations to various HIV/AIDS interventions.** It is proposed that applications would be invited from interested civil society organisations in the State / UT of \_\_\_\_\_ for empanelling themselves to (a) implement HIV/AIDS targeted interventions with highly vulnerable population groups (b) work in providing access to HIV/AIDS interventions like care and support, people living with HIV/AIDS and other vulnerable groups.

CBOs/NGOs that are registered societies / trusts and active in community work are eligible to apply. Applications in the specified format which is available in the following web-site or would be mailed on request would need to be submitted on or before \_\_\_\_\_ (DD/MM/YY)

**Letters of interest with accompanying materials (formats are available at the web-site given below) seeking empanelment should be submitted to the:**

Project Director/NGO Coordinator

\_\_\_\_\_ State AIDS Control Society

(\_\_\_\_\_) (Address of SACS)

e-mail: \_\_\_\_\_

\_\_\_\_\_ (web-site)

**Please note that this is not a request for proposals.**

**EMPANELMENT DATA FORM FOR NEW NGOs**

**Section A: Basic Information**

---

1. Name of the Organisation : \_\_\_\_\_

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

PIN:

District:

\_\_\_\_\_

3. Telephone : Telex Fax E-mail

4. Legal status : ( ) Society ( ) Company ( ) Others (specify)

5. Registration Details : Registered on (Date)

By \_\_\_\_\_

6. Contact person : \_\_\_\_\_

Designation : \_\_\_\_\_

**Section B: Organisational Background**

---

7. Assets/Infrastructure of the organisation

Category	Worth in rupees
(eg. Land, building)	

8 a. Please provide details, regarding the annual budget of your organisation.

Year	Source	Amount
2006-07		
2005-06		



2004-05		
---------	--	--

8.b.: Whether blacklisted by CAPART or any other government organization in the past? If yes, provide details:

**Section C: Current Programmes being run by the organisation**

---

9. Geographical location of Work - List Village, Panchayat, Block, Taluk/Sub-Division, District (Each location should be separately specified)

---

10. Population with which they are presently working:

( ) Rural/Urban :

( ) Socio-economic group :

( ) Occupational group :

( ) Sex groups :

( ) Students/Educational  
Institution :

( ) Youth :

( ) Women groups :

( ) Others :

11. Please provide basic information on the key projects carried out by your organisation since the last three years (5 lines for each subject – attach separately).

- Community served

- Objective
- Strategies
- Main outcomes
- Evaluation methods employed
- Evaluation results

12. A brief write up on the programmes the organisation currently runs

**(no more than three pages)**

### **Section D: Documentation Required**

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13. Copies of the following documents need to be provided

- Society Registration Certificate and Memorandum of Association & Articles along with the latest filled return./Trust Deed
- Activity Report/Annual report of the organisation for the last three years
- Annual Audit Report of the organisation for the last three years
- Income Tax Registration and Exemption Certificate if any
- FCRA Registration Certificate if any
- List of Board/Governing Body members with Contact details and occupation

14. Name of the person who filled this form:

Qualification and experience :

Designation :

Address :

**FIELD – APPRAISAL SHEET (for Joint Appraisal Team)**

HOW IS THIS RELATED TO THE APPRAISAL SHEET AT PAGE 11??

1. Name of NGO visited : \_\_\_\_\_

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

Telephone No.

Fax

e-mail

3. Is the office located in the project area

4. Registration number as verified from original incl. Act under which registered

5. Registered under FCRA

6. Administration of the NGO

i. Details of the Governing Board / Exec. Committee

Sr. No.	Name	Age	Sex	Educational Qualification	Designation	Occupation	Years with NGO

ii. Method of election of Bard/Exec Committee (verify records of the process)

iii. Frequency of meetings of the FC/GB

iv. Are minutes book/sheet maintained?

v. Are the meetings held within regular intervals?

vi. Total membership of the General body

vii. Total meetings of the general body in the last three years

viii. Has the NGO prepared an annual report for the last three years?

7. Financial systems:

i. Budgeting practices and compliance to budget

ii. Bank, Branch and A/C number

iii. Books of A/C maintained

iv. Does the NGO have a system of financial approvals and drawing of cheques (Briefly describe the system)

v. Cash payment and control system

vi. Procurement system and maintenance of asset registers

vii. Mode of audit:

8. Details of staff employed by the organisation

Full Time

Name	Designation	Qualification	Experience

Part Time

Name	Designation	Qualification	Experience	Time allocated to NGO

9. Activities of the NGO

- i. Major activities of the NGO
  - a.
  - b.
  - c.

ii. Major source of funding

iii. Projects undertaken by the NGO in the last three years

Project / Programme	Target area	Beneficiary groups	Budget	Duration

10. Details of the infrastructure / Assets of the organisation

- i. Buildings
- ii. Furniture
- iii. Equipment

11. Assess the NGO in the following counts through discussion / observation / local enquiry

- i. Quality of leadership
- ii. Acceptability / Reputation of the NGO in the locality
- iii. NGOs relationship with other NGOs

- iv. NGOs relationship with other government agencies/departments
  - v. Gender sensitivity
  - vi. Staff morale
  - vii. Sustainability of the organisation
12. Recommendation of the Appraisal of the Appraisal Team Member:
- i. Strengths
  - ii. Weaknesses
  - iii. Final recommendation

**Appraisal Team Member** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of visit** \_\_\_\_\_

- 1) Enter all applications received from NGOs/CBOs in district specific database.
- 2) Establish criteria for preliminary screening (Criteria as indicated in the document)  
to include: Dev???

**TERMS OF REFERENCE FOR PERFORMING THE NEEDS ASSESSMENT BY  
THE NGO/CBO**

The Needs assessment that has to be done by the NGO/CBO refers to the assessment of the characteristic of the sub population, nature and extent of the risk behaviours, the 'needs' of the sub population in question for building a health intervention.

**SPECIFIC SCOPE OF WORK**

The following Key Messages need to be kept in mind when the NGO/CBO is working with the target population during the Needs Assessment process.

- The involvement of the community in needs assessment is crucial for which the NGO/CBO shall not only befriend them but also become closely associated with them.
- Information should be collected about behaviour, social, economic, cultural and political aspects around the life of the sub population being targeted
- Baseline data should be collected at the beginning of any intervention
- A mix of qualitative and quantitative methods must be used for needs assessment and analysis of qualitative and quantitative data must be done together
- Needs assessment is not a one-off static activity but is a continuous process throughout the intervention period.

Needs Assessment Issues that are to be explored are as follows:

- Demographic, social or other characteristic of those at risk
- Factors influencing risk behaviours
- Nature of Risk Behaviours, frequency and extent of risk behaviours, trends of risk behaviour over time
- Magnitude of various health problems among the sub population
- Trends over time regarding HIV/AIDS
- Knowledge and perceived risk of health hazards among the sub population
- Sexual behaviour and characteristics of sex partners
- Contact with health care facilitates or other agencies that they are in contact. Perceptions related to health care seeking
- Contextual assessment as to the risks generated in the context of specific social environment
- Social environment assessment
- Legal environment
- Economic assessment relating to the control the various sub populations have over resources they earn and how it is spent
- Political and governance assessment relating to the political and administrative situation. Advocacy required and with whom
- Resource assessment which includes the description of existing resources such as agencies, funds, trained human resources that are or possibly available to deal with the HIV problem. Identification of additional resources required and sustainability.
- Assessment of organisations working in the field of HIV/AIDS which impact from a secondary level with respect to their location, accessibility, integrity, and reliability
- Intervention assessment with rest to interventions that have already taken place in response to HIV/AIDS problem to document good practice. Important areas of interventions, nature and appropriateness of specific interventions, factors facilitating or potential obstacles to interventions are to be identified.

Secondary data collection and Analysis shall have to be done from sources given below:

- 1) information and data sources
  - Policy documents in respect of HIV/AIDS
  - NGO/CBO program reports
  - Research reports
  - HIV/AIDS, STI and other surveillance data
  - Media reports
- 2) Informing Key Informants based on a Stakeholder Analysis
- 3) Ethnographic Observation
- 4) Mapping – geographic location of sub populations, mobility and migration patterns of the target group and the location of the Service Facilities
- 5) Focus Groups – to ascertain the opinions of the group, social norms and obstacles faced by the group
- 6) In depth Interviews of informants based on stakeholder analysis
- 7) Structured Interviews of the informants based on stakeholder analysis

Ethical Issues Involve in Needs Assessments that have to be kept foremost in mind while undertaking the process are as follows:

- Informed Consent and voluntary nature of participation
- Confidentiality of the participants
- Non endangering participants
- Sensitivity to the rights of target group members

During the Needs Assessment process a mentor and field team from other NGO/CBO working in the field of HIV/AIDS to conduct the field work on your behalf would be provided which would work in close coordination with your organisation.

The scope of work of the mentor is given below:

### **1.0 Objective**

The Mentors will work with the SACS/TSU teams to develop the formative research involved in the baseline needs assessment. They shall be involved in the application of these tools and preparing reports as desired with regards to tool based outputs. Mentors would be leading a team of 5+1 field workers for application of these tools after they train these workers in the methodology.

### **2.0 Scope of Work**

Mentors would be working on full time basis for the period of the stipulated work to:

- A) Understand the basis of the study and to disseminate the same for all the stakeholders of TI projects.
- B) Mentors would conduct the field related functions involved in baseline assessment. Study and data should be of the highest quality to draw the information from the project and the High Risk Behaviour groups.
- C) Assisting in the analysis process so that outputs are standardised and reflect the reality. Project reports would then be utilised for providing support to further appraisal process.
- D) Continuous interaction with the consultants to seek guidance and draw support to the assessment process. This would involve:
  - An initial discussion for a day with the consultants and Project Coordinators
  - Training for a day or two for all field investigators to train then in application of tools. Ensuring best quality data from the field.
  - Answer queries raised by the investigators and project stakeholders
  - Crosscheck and validation of data
  - Submission of all collected data in time
  - Interpretation of data with consultants, data entry team, SACS/TSU.

- Report writing for the midline needs assessment and submission

#### **4.0 Composition and tasks for Teams of Baseline needs Assessment**

Field team under the Mentor would comprise of 1 Team Leader and 5 Field Investigators. Time for fieldwork completion would be about 5-10 days depending on the sample size and geographical locations covered by the baseline needs assessment. Immediately preceding the field work, Mentor would train the field workers so that tools are well understood by them

#### **5.0 Specific Outputs of the mentorship**

The mentors would work further and implement the research strategy developed by consultants, which would encompass training of field workers, application of the sampling frame and assuring quality of field activities where proper tools and instruments. At the end of the field study, mentors would immediately submit the raw data to an agency identified for entry, compilation and analysis. In other words, mentors would work specifically for the following.

1. Mentoring the assessment
2. Provide training to the field investigators
3. Concurrent support to the team and solving process related difficulties
4. Collection and analysis of qualitative data
5. Assuring quality of the information collected from the field
6. Timely submission of report of organisation specific BSS, ethnographic, organisational related data for analysis.
7. Interpretation of data collected from the various tools apart from KABP, epidemiological findings and writing the report for each organisation
8. Submission of reports before the due date.

#### **6.0 Timeframe**

Fieldwork would be completed in about 15 days for each project assigned to a mentor. A report on the mentoring process and outcome should be submitted at the end of the analysis/interpretation. Mentors would need to submit their reports within 15 days after the data analysis is completed by the identified agency.

#### **7.0 Competency and Expertise Requirement**

Each mentor should have knowledge about survey methodology and data collection and should have experience in in-depth interview, FGD and should have published work. Since the data on which they have to write reports are from the field of STD/HIV/AIDS prevention, people working in the field should be included. In exceptional cases, RCH/health experts may also be included who have worked in the field and have published work. Background in conducting behavioural studies as well as experience in project design of interventions of a STD / HIV / AIDS prevention would be necessary.

#### **8.0 Reporting**

They would be in touch with the TSU/SACS as the case may be. At the end of the consultancy they will submit a report on their outputs.

The tools that would be used and the outputs are given below:



### Tools, Tasks & Output in Needs Assessment

<b>Tools</b>	<b>Used by Org. applying for</b>	<b>Tasks of a mentor</b>	<b>Details of responsibilities for NGO</b>	<b>Output</b>
Organizational capacity assessment tool of the NGO/CBO	CSW, Truckers, IDU, Street children, Positive network, Hospice, WPI	Assessment of the organizational capacity	<b>Secretary/President</b> Managerial Staffs Accountant	Organizational capacity report
Ethnography tool to understand the cultural factors that promote risk behaviours	CSW, Truckers, IDU, Street children, except Positive network, Hospice, WPI	Assessment of the ethnographic characteristics, mapping	<i>Managerial Staffs, PC level employee</i> Supervisors	Report on ethnography of TG including map & mobility
KABP instrument for assessing the Knowledge, Attitudes, Behaviours of the target group	CSW, Truckers, IDU, Street children, Positive network, Hospice, WPI	Conducting KABP by training & facilitation	<b>PC level employee</b> Supervisors	KABP study conducted smoothly as per sampling methodology
Medical examination schedule for obtaining the baseline epidemiology of the target group	CSW, Truckers, WPI IDU, Street children	Medical examination, sample collection, testing, informing status, liaison with KABP	<b>Secretary/President</b>  <b>PC level employee</b> Supervisor	Epidemiological study conducted from same KABP group and results given
Focussed Group Discussion (FGD) guidelines	NBB CSW, IDU, truckers & street children	Conducting FGD, recording findings	<i>Supervisor, PC level employee</i>	Reports prepared on FGD
In-depth interview checklist of Key informants	Positive network & hospice	Conducting in-depth interviews & recording the findings	<i>Supervisor, PC level employee</i>	Reports prepared on in-depth interviews addressing specific need
Case study collection checklist	Positive network & hospice	Interviewing experiences of TG based on convenience & purpose	<i>Supervisor, ORW</i>	Case study reports addressing issue of specific need
Guideline for TG	MSM, CSW, IDU, Truckker	Conducting snow ball sampling,	<i>Supervisor, ORW, CKI</i>	TG average number stated

population estimation		recording of TG population		in the format
Checklist for secondary data collection	All	Probing stakeholders by secondary data and compilation	<b>MIS Staff,</b> Managerial Staffs	Compiled secondary data, reports (section 1-7) complementing the secondary data
Sampling methodology	All	Using the sampling technique for KABP/Epidemiology/FGD/ in-depth interviews	<i>PC level employee,</i> Supervisor	Cluster chosen during study as per technique

## Log Frame of Activities for Female Sex Worker Projects

<b>GOAL :</b> Reduce infection of STI among the female commercial sex workers of project area less than 10% within three years.					
<b>OBJECTIVES</b>	<b>OUTCOME</b>	<b>OUTPUT</b>	<b>ACTIVITIES</b>	<b>INDICATORS</b>	<b>MEANS OF VERIFICATION</b>
<b>Programme Management</b>					
<b>To increase effectiveness and efficiency of providers for strong governance to ensure quality service.</b>	Quality service delivery	Setting up an office to manage the programme	Hiring a space for running an office	Address of Project office	Rent Bill
	Team motivation increase	Work friendly environment in the office	Maintenance of office	No. of person appointed for maintaining office	Vouchers
		Team formation	Recruitments/Renewal of Project personnel	No. of post renewed No. of Personnel recruited	Appointment Letter Renewal Letter
		Well furnished office	Procurement of required furniture.	No. of furniture procured	Inventory List

		Maintaining telecommunication	Procurement of telephone	No. of telephone connected/retained	Telephone Bill
		Maintain networking through internet	Procurement of Internet connection	E-mail ID	Voucher and telephone bill
		Well equipped clinic	Procurement of required clinic equipments	No. of equipment procured	Inventory List
		Recruitment of staffs	Advertisement for the important posts	No. of advertisement made for required post	Paper Cuttings and Bills
	Quality STD management	To increase coverage of STD patients under counseling service.	Recruitment of two more counselor	No. of counselor appointed	Appointment Letter
		To provide confidentiality in counseling service.	Arrangement of infrastructure of quality counseling & STD Treatment	No. of counseling chamber developed	Inventory List

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VERIFICATION
<b>Behaviour Change Communication</b>					
<b>To provide innovative and effective B.C.C. to FCSWs and</b>	Development of health seeking behaviour among the community.	Newly appointed peers Oriented	Arranging orientation programme for the newly appointed staffs.	No. of programme arranged	Programme Books /Registers.

<b>stakeholders of the community</b>		Awareness will be given through one to one interaction.	Pay regular field visit through one to one interaction	No. of One to One interaction held through PEs / ORWs	Field Visit reports. Field Record Books
		Target communities responding to peer educators	Bring Patients suffering from STDs by Peer motivation to nearest clinic	No. of patients attended through PEs / ORWs in STD clinic	Supervisors Report
		Arrangement of training according to the need	Assessing the capacity need of the PEs & ORWs.	Number of assessment session held.	Session reports.
		Capacity increased of PEs / ORWs .	<u>Arranging Training for PEs and ORWs on sex &amp; sexuality, gendar, vctc etc.</u>	No. of PEs attended No. of PEs responded correctly during interaction session	Programme Register
		Capacity increased of Staffs. .	<u>Arranging Training for Staffs on sex &amp; sexuality, gendar, vctc etc.</u>	No. of Staffs attended No. of Staffs responded correctly during interaction session	Programme Register
		Community needs /community acceptance assessed.	Participatory planning of quality IEC materials relevant to TI	No. of planning /Pre testing session held	Planning and Pre testing Report
		IEC gaps addressed.	Pre testing of IEC in the field	No of community people expressed their opinions	Pre testing Reports
		Acceptance among the community.	Development of IEC	Type of IEC developed No. of IEC developed	IEC Register
	Risk perception increase	Availability of the IEC to the community.	Distribution of IEC among the community	No. of IEC distributed No. of person give a look to the IEC	IEC Register

<p><b>To increase STD/HIV/AIDS awareness knowledge score from existing 70% to 90% within three years.</b></p>		<p>Group awareness generation on various aspects of HIV/STD /AIDS prevention &amp; services.</p>	<p>Arranging GD with the community on various prevention issues of HIV/AIDS to promote BCC.</p>	<p>No. of person attended No. of person interacted</p>	<p>GD Report Book</p>
		<p>To spread information in a Small group on a particular topic.</p>	<p>Arranging FGD with the community on various prevention issues of HIV/AIDS to promote BCC.</p>	<p>No. of person attended No. of person interacted</p>	<p>FGD Report File</p>
		<p>Counselling service availability to the community.</p>	<p>Providing counseling service to the STD patients and to the general patients as per requirement.</p>	<p>No. of STD Patients counseled No. of Non STD patients counseled No. of followup counseling held</p>	<p>Counselling Records</p>
		<p>Impact of behaviour change assessed.</p>	<p>Recording case study for effective behaviour change.</p>	<p>No. of case study recorded.</p>	<p>Case study register</p>

OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VERIFICATION
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<b>Cost of Services</b>					
<b>To provide STD treatment to 1680 patients to reduce STD among the targeted community .</b>	Reduction in rate of infection of Sexually Transmitted Diseases.	Availability of essential equipments for promoting quality service delivery.	Development of quality Infrastructure of the clinic.	No. of infrastructural equipments purchased	Vouchers
		Drug availability in project.	Procurement of drugs	Types of drugs purchased. Amount of money expended on drugs.	Medicine stock register. Vouchers.
		Provide STD service through strategic clinic points.	To run 3 clinics in a week in five strategic points.	No. of STD clinic held	OPD Register
		Provide STD treatment by qualified doctors	Recruitment of part time qualified doctors	No. of doctors recruited	Appointment Letter
		Treatment of STD cases and general cases	Diagnosis and treatment of STD cases and general ailments	No. of STD patients treated No. of patients treated	OPD Register
		Availability of STD Treatment	Treatment of STD cases among CSWs.	No. of STD patients treated among CSWs	OPD Register
		Availability of STD Treatment	Treatment of STD cases among partners and clients	No. of cases of partners & clients treated among partners and clients	OPD Register
	Reduction in relapse rate of STDs.	Availability of STD Treatment	Treatment STD cases among stakeholders and spouses	No. of STD cases treated among KSF and Children.	OPD Register
		Physical examination facilities available	Physical examination of the STD cases	No. of cases examined	OPD Register

		Provide STD drugs at free of cost	Provision of Medicine free of cost	No. of medicine issued	OPD Register Patient Card Medicine Register.
		Provide follow up of STD cases	Follow up of treated cases	No. of STD cases followed up	Follow up register
		Strengthen networking of services	Provide Referral services	No. of cases referred to Govt. and other service provider	Referral formats
		Programme acceptance of patient.	Follow ups of referred cases	No. of feedback meeting occurred	Supervisors report.
		Availability of clinic services to the client group.	Health camps addressing specific client group.	No of Camp conducted	OPD registers

<b>OBJECTIVES</b>	<b>OUTCOME</b>	<b>OUTPUT</b>	<b>ACTIVITIES</b>	<b>INDICATORS</b>	<b>MEANS OF VERIFICATION</b>
<b>To promote consistent and correct use of condom among the communities through various channels.</b>	Sustained and proper usage of condom	Strategy of free distribution & SM finalized.	Participatory meeting for condom promotion planning.	No. of person expressed their opinion	Meeting registers
		Condom stock generated.	Procurement of good quality condoms for	No. of condom procured	Free condom stock register



			free distribution		
			Procurement of good quality preferred condoms for social Marketing through tendering.	No. of condom Purchased	CSM stock register Condom Quotation.
		Quality of condom is maintained	Safe Storage of Condom	No of condom damaged of expired	Condom stock registers.
		Availability in the community	Distribution of free condom by PE's and ORWs.	No. of condom Purchased	Free condom stock register
			Create CSM outlets in the Community.	No of outlets created	Supervisors Report
	Rate of reduction in relapsed STD cases.		Social Marketing of Condom through PEs and ORWs	No. of condom sold through social marketing	Condom stock register
			Create Non traditional outlets in the community.	No. of outlets created	Supervisors report

		Motivating peers by incentives through CSM.	Generation of profit from CSM	How much amount came as profit	Books of Accounts.
			Incentive to the peers for sale of condom	How much incentiveis given.	Vouchers, Books of Accounts.
		Condom visibility and acceptance increase.	BCC sessions for condom popularizations.	No. of meeting held for popularization of condom	Programme register
			Preparing & distributing IEC materials regarding	NO. of materials developed & distributed	IEC Registers

			condom.		
			Selling of condom in affordable price.	No. Of condom sold	Sale bill, vouchers, Books of Accounts. CSM Register.
			IEC support to the traditional outlets	No. of IEC distributed.	IEC register.
		Motivation increase in outlets owners.	Recognition by Gift to the outlet owner in half yearly basis.	No. of gift distributed	Voucher.
		Skill generation for proper use.	Condom demonstration by PEs & ORWs.	No. of demonstration made.	Supervisors report
		Enable them to demonstrate condom and to learn utilities of condom.	Retailer training and point of sale promotion	No. of retailer trained No. of points for Social Marketing	Programme Register Condom Outlet Register

<b>OBJECTIVES</b>	<b>OUTCOME</b>	<b>OUTPUT</b>	<b>ACTIVITIES</b>	<b>INDICATORS</b>	<b>MEANS OF VERIFICATION</b>
<b>To provide Care and Support to people living with HIV/AIDS within T.I. command area.</b>	Prevention of further infection	Deliver services to PLWHA	Identification of PLWHA	No. of PLWHA identified	Documents of Counsellor
		Deliver counseling services to PLWHA	Provide Counseling service to PLWHA	No. of PLWHA counselled	Counseling reports
		Deliver HBC services	Provide Home base	No of time HBC	Counsellors report.

		to PLWHA	care service to PLWHA	service provided	
		Deliver HBC services to PLWHA	Provide Nutritional service to PLWHA	No of time Nutritional service provided	Counsellors report .
		Deliver OI services to PLWHA	Provide medicine for Opportunistic infection PLWHA as per requirement.	No. of medicine given	Counsellors report Books of Accounts
		PLWHA are provided with quality services	Networking with the organization working with Positive people	No. of organizations working with PLWHA in the network	Referral Register  Letters of communication
	Increase quality of Life	Linkage between TI & Govt. Services for PLWA's established.	Testing support to PLWA's	No. of cases referred for testing in VCTC.	Counselling Supports
		Networking of the services by Govt. and NGO's.	Referral to Govt. Setup as & when required.	No. of cases referred other sevices such as DOTs.	Referral format.
		Documentation of counseled patients.	Keep records of counseled person	No. cases recorded for counselling	Counselling Report

<b>OBJECTIVES</b>	<b>OUTCOME</b>	<b>OUTPUT</b>	<b>ACTIVITIES</b>	<b>INDICATORS</b>	<b>MEANS OF VERIFICATION</b>
<b>Enabling Environment</b>					

<p><b>To create an environment supportive to service delivery and community development.</b></p>		<p>Awareness generation on HIV/STD among the target community through field visit</p>	<p>Arranging supervised field visit with condoms &amp; IEC by PEs 5 days in a week</p>	<p>No. of field visit held No. of condom distributed free No. of IEC distributed.</p>	<p>Field Visit Report Field Record Books Condom Registers IEC Registers</p>
	<p>Develop community participation</p>	<p>Infiltration of information among the target community through Street Drama.</p>	<p>Perform street theatre by expert and experienced group in B.C.C.</p>	<p>No. of person attended the programme</p>	<p>Report and Video documentation of Street Drama</p>
		<p>Generation of awareness through magic show</p>	<p>Arrange magic show for B.C.C.</p>	<p>No. of person attended No. of person interacted</p>	<p>Report and Video documentation of magic show</p>
		<p>Dissemination of information through Talking doll show</p>	<p>Arrange Talking doll show for B.C.C.</p>	<p>No. of person attended No. of person interacted</p>	<p>Report and Video documentation of Talking doll show</p>
		<p>Spread awareness through video show</p>	<p>Arrange video show</p>	<p>No. of person attended No. of person interacted</p>	<p>Report and Photography of video show</p>
	<p>Creation of supportive environment.</p>	<p>Administrative support in implementing TI activities.</p>	<p><u>Arrange advocacy with Local Administration &amp; political persons.</u></p>	<p>No. of person attended the meeting</p>	<p>Programme Register</p>
		<p>Strengthen networking with quacks</p>	<p><u>Arranging workshop for local quack practitioner</u></p>	<p>No. of quacks attended No. of quacks responded positively</p>	<p>Programme Register</p>
		<p>Decrease of Raids. Support in case of</p>	<p><u>Arranging orientation</u></p>	<p>No. of Policemen attended</p>	<p>Programme Register</p>

		social problems.	<u>programme with policemen and other securities.</u>		
	Community involvement in TI Activities	Capacity building and experience sharing	<u>Arrange Exposure visit</u>	No. of staff participated in the exposure visit	Programme Register
		Capacity building of Madam to promote behaviour change.	<u>Training of madams.</u>	No. of madams attended	Programme Register
		Learnt safe sexual practice and involve them in TI	<u>Sensitization program for the Babus.</u>	No. of attended	Programme Register
		Learnt safe sexual practice and involve them in TI	<u>Sensitization program for the industrial labors.</u>	No. of industrial labor attended	Programme Register
		Learnt safe sexual practice and involve them in TI	<u>Sensitization program for the Rickshaw puller.</u>	No. of industrial labor attended	Programme Register
		Learnt safe sexual practice and involve them in TI	<u>Sensitization program for the hawkers &amp; vendors.</u>	No. of industrial labor attended	Programme Register
		Learnt safe sexual practice and involve them in TI	<u>Sensitization program for the Jewellery Workers</u>	No. of industrial labor attended	Programme Register
		Mobilizing youths on the locality.	<u>Orientation program for the Local Youth club Members</u>	No. of LYC members attended	Programme Register
		Mobilizing youths for safe & responsible sexual behaviour.	<u>Orientation program for the College students.</u>	No. of college students attended	Programme Register

		Learnt safe sexual practice and involve them in TI	<u>Sensitization program for the Traders &amp; Business man association</u>	No. of Traders & Businessman attended	Programme Register
		Mass awareness among the target as well as general community	<u>Observance of World AIDS Day</u>	No. of Ralley conducted No. of stall arranged No. of participants in ralley	World AIDS Day Report Vouchers
<b>To ensure sustainability of the program.</b>	Economic sustainability of the community	Alternative source of income	<u>Arranging Vocational training programs</u>	No of persons trained on various trades	Training register
	Community empowerment	Awareness on human rights and women rights	<u>Arranging awareness program on legal issues</u>	No of persons participated in the program	Program register
		Literate community	<u>Literacy program for the sex workers</u>	No of persons become literate	Attendance register
			<u>Arranging child education program for the children of the sex workers</u>	No of children brought under education program	Attendance register
			<u>Running drop in center for the children of the sex workers</u>	No of children attending drop in center	Attendance register of drop in center
	Financial stability	Development of savings habit	<u>Formation of self help groups</u>	No of self help group formed	Bank account of the SHGs

	Healthy living	Hygienic atmosphere of life	<u>Developing community latrine and urinals</u>	No of latrine and urinals built	Completion certificate of the competent authority
		Hygienic atmosphere of life	<u>Arrangement for safe drinking water</u>	No of wells/water purifier provided	Bills and vouchers
<b>OBJECTIVES</b>	<b>OUT COME</b>	<b>OUTPUT</b>	<b>ACTIVITIES</b>	<b>INDICATORS</b>	<b>MEANS OF VERIFICATION</b>
<b>Monitoring and Evaluation</b>					
<b>To ensure quality of service.</b>	Effective Project implementation	Plan of action prepared	Preparation of monitoring plan through participatory meeting	No. of meeting held	Meeting books
		Review of MIS	<u>Analysis of inputs from field.</u>	No. of discussion held on field input analysis	Meeting Minutes Book
		Develop documents	<u>Documentation of activities.</u>	Types of documents available	Files of formats
		Review of strategy	<u>Dissemination of important and relevant analyzed inputs from fields to staffs.</u>	No. of meeting for Project Review	Meeting Minutes Book
		Find out gaps and identify quality of services	<u>Monitoring and evaluation of ongoing activities.</u>	No. of monitoring visit arranged	Monitoring Report

		Develop data bank	<u>Collection of data from fields.</u>	No. of schedules/ Formats filled	Field visit reports
		Designing and re strategies Programme	<u>Programme redesigning.</u>	No. of meeting for programme redesigning	Meeting Minutes Book
		Find out needs area and identification of gaps.	<u>Arranging meeting on review of programme activities.</u>	No. of meeting held on programme review	Meeting Minutes Book
		Impact analysis of T.I.	<u>Conduct KABP study quarterly basis to analyze the impact of TI.</u>	No. of beneficiaries interviewed No. of In-depth interview taken No. of Key informant's interview taken. No. of FGD conducted for data collection.	Schedule of KABP Field Note Books Survey Reports



## PROJECT LOGICAL FRAMEWORK FOR IDUS

Item	Indicators	Means of verification
<b>1. GOAL</b>		
To contribute to the reduction of HIV/AIDS incidence among injecting drugs users, their partners and families and reduces the pool of infection. This will in turn contribute to increased quality of life for IDUs in Calcutta and the Suburbs.	Efficient and client friendly risk reduction service centres Enabling community environment Safer drug use and sexual behaviours Healthy and prolonged survival	External evaluations
<b>1. OBJECTIVES</b>		
To increase the utilization of risk reduction services by IDUs in Calcutta and the Suburbs. The project will provide risk reduction services to at least 1000 IDUs and 800 shadow users & 200 partners in 4 different zones spanning the entire city.	No of IDUs befriended through Outreach programmes & Needle Exchange programmes. No. of Drug Users accessing 4 Substitution-cum-Day Care Centres No. of IDUs and families counseled No. of IDUs treated for abscess No. of referrals for TB to DOT programs No. of people counseled and investigated for STDs No. of people treated for STDs No of referral to VCTC No of clients undergone HIV Testing among counselled for	Internal and external evaluation NSEP registers Clinic registers Counseling case histories Abscess management registers. STD registers Referral registers Case studies
To bring about Behavioural Change by switching from Needle use/sharing to safer injecting practices and Oral Buprenorphine.	No of IDUs using disposable kits No of IDUs practising safe injecting methods No. of old needles returned No of IDUs receiving ADDNOK from DIC	KABP study report Outreach registers
To reduce the number of the people who are injecting	Percentage of IDUs shifting to oral Buprenorphine	Trend Analysis report (SPSS software)

	Percentage of IDUs undergone stepladder detoxification Percentage of IDUs on complete abstinence Percentage of shadow users shifting to injection	
To reduce the transmission of HIV/AIDS among the IDU community	Incidence of HIV positive cases (baseline and endline) in the IDUs No of HIV positive IDUs among referred cases	Sentinel surveillance report
To reduce the transmission of HIV/AIDS from IDUs to partners, offspring's and wider community.	Incidence of HIV positive cases (baseline and endline) in the community (partners, offspring's and wider community) No of HIV positive IDUs among referred cases	FGD findings from community/ sentinel
To create an enabling environment people already suffering from AIDS	No of families taking care of HIV/AIDS cases No of NGOs counseling or referring cases to VCTC No of PLWHAs employed No of PLWHAs getting treatment for O. I.	Evaluation report
<b>2. OUTPUTS</b>		
<ul style="list-style-type: none"> <li>• <i>Drop In Centre including clinics and counseling facilities established</i></li> <li>• <i>Care and support system for PLWHA initiated</i></li> <li>• <i>Partnerships with stakeholders established</i></li> <li>• <i>Community groups created</i></li> <li>• <i>Research and monitoring mechanisms</i></li> </ul>	No of efficient drop in centres established No of new outreach pockets identified and work started No of new groups created in each zone No of partnerships with various agencies No of PLWHA getting care and support at home and institutions	Reports from monitoring Donor report
<b>3. ACTIVITIES</b>		
<b>2. 1. Risk reduction service delivery for 1000 IDUs and</b>		Case studies

<p><b>800 shadow users &amp; 200 Partners</b></p> <ul style="list-style-type: none"> <li>• Befriend IDUs through Outreach programmes &amp; Needle Exchange programmes.</li> <li>• Setting up Substitution-cum-Day-Care-Centres</li> <li>• Provide counselling for IDUs and their families.</li> <li>• Focus group discussions</li> <li>• Abscess Management</li> <li>• Condom demonstration and distribution</li> <li>• Primary health care with sexual health check-up for STD Management</li> <li>• Training Peer groups</li> <li>• Set up user groups</li> <li>• Jobs Skills training (printing, nursing)</li> </ul>	<p>Amount of Buprenorphine distributed  No of condoms distributed  No of abscess managed at DIC  No of typologies and total number of job skills training</p>	
<p><b>2.2 Community mobilization through establishment of user groups in each zone.</b></p> <ul style="list-style-type: none"> <li>• Focus Group Discussions with clients</li> <li>• Capacity building of partners on community mobilization</li> <li>• User group development</li> <li>• Capacity building of user groups</li> </ul>	<p>No of outreach programmes  No. of Training Peer Educators/Volunteers  No of training for user groups  No of Focus Group Discussions with clients  No. of meetings with local community leaders  No of programmes to sensitize youth and community key informants</p>	<ul style="list-style-type: none"> <li>• Donor report</li> <li>• Internal monitoring report</li> </ul>
<p><b>2.3. Awareness programmes for the general population on IDU and HIV/AIDS.</b></p> <ul style="list-style-type: none"> <li>• Hold meetings with local community leaders</li> <li>• Sensitize youth and community key informants</li> </ul>	<p>No of meetings with community leaders  No of sensitization meetings  No of mass campaigns</p>	<p>Community participation in helping IDUs</p>
<p><b>2.4 Establishing linkages</b></p> <ul style="list-style-type: none"> <li>• Help the Police to stabilize and manage petty criminal users in lock-up and prison</li> <li>• Linkage with nearest government and private healthcare agencies</li> <li>• Linkage with Community Based Organizations</li> </ul>	<p>No of police stations and prisons linked  No of government institutions linked  No of community based NGOs linked</p>	<p>Report of meetings with police   Mode of care in treated referral cases</p>

<p><b>2.5 Monitoring and Evaluation</b></p> <ul style="list-style-type: none"> <li>• Continuous monitoring</li> <li>• Quality Assurance</li> <li>• Process and end term evaluation</li> </ul>	<p>No of supervisory visits Strengths and weaknesses identified</p>	<p>Internal reports Evaluation Client feedback</p>
<p><b>2.5 Research, documentation and dissemination</b></p> <ul style="list-style-type: none"> <li>• KABP study</li> <li>• Preparing reports</li> <li>• Dissemination best practices , project experiences</li> <li>• Innovative scaling up strategy</li> </ul>	<p>No of learnings added to add values from research findings</p>	<p>Research reports Published articles Replicable strategy document</p>
<p><b>2.5 Staff Capacity Building</b></p> <p>Participation in training and workshops Exposure visits Sharing experiences to fellows</p>	<p>No of total participation Areas of capacity enriched</p>	<p>Reports of training and workshops Reports of exposure visits</p>

### LOGICAL FRAME WORK for MSM Projects

<b>GOAL:</b> To improve the sexual health of 1000 males who have sex with males in and reduce the HIV infection				
<b>OBJECTIVES</b>	<b>ACTIVITIES</b>	<b>INDICATORS</b>	<b>OUTPUT</b>	<b>MEANS OF VERIFICATION</b>
<b>(A) Programme Management</b>				
<u>1. Project Implementation</u> To execute the smooth functioning of project design, implementation and monitoring feedback of male-to-male sexual	1. Design and Plan the implementation of the Project	1 Evaluation, 1 Debrief Meeting, 1 Approved Project Proposal, 1 <sup>st</sup> Staff Meeting after the proposal is passed	Project design and plan in-place	Design and plan Records from Evaluation Report, Debrief Meeting Minutes, Approved Project Proposal, 1 <sup>st</sup> Staff Meeting Minutes after the proposal is passed

health promotion project of 1000 population in overall				
	2. Execute Implementation of the Project	12 communication and travel, 12 documentation, 12 meeting covering all components of the project	Project plan executed	Communication and Travel Documents, Monthly Reports, Monthly Meeting Minutes
	3. Execute Monitoring of the Project	12 feedbacks	Project monitored	Feedback Reports
	4. Conduct Review / Evaluation of the Project	2 review / evaluation	Project reviewed / evaluated	Review / Evaluation Reports
2. <i>Systems and Information Management</i> To execute the smooth running of project systems and establish male-to-male sexual health promotion project in overall	6. Run Project Office, DICs and DEC's	1 Project Office, 1 DICs, 2 DEC's	Running Project office, DICs, DEC's	Rent Agreements, Rent Receipts / Rent Vouchers, Project Office / DICs / DEC's Registers
	7. Recruit TSOs (viz. 1 Finance Officer, 1 MIS & Doc. Officer, 1 Medicinal Officer, 1 BCC Officer), 1 Project Coordinators (PCs), 8 OSS Cum Accts, 1 Counsellors, 4 Supervisors, 4 Outreach Workers, 16 Peer Counsellors in the first 4 months from start	Recruit TSOs (viz. 1 Finance Officer, 1 MIS & Doc. Officer, 1 Medicinal Officer, 1 BCC Officer), 1 Project Coordinators (PCs), 8 OSS Cum Accts, 1 Counsellors, 4 Supervisors, 4 Outreach Workers, 16 Peer	Recruitment (viz. TSOs, Project Coordinators (PCs), OSS Cum Accts, Counsellors, Supervisors, Outreach Workers) over by next four months	Newspaper Ad, Short listed Candidates' list, Interview Process Documents, Score Sheets, Contract / Appointment letters, Staff Registers, Vouchers

		Counsellors		
	8. Carry on MIS jobs like collecting work-plan and reports	8 * (12 * 4) * 70 plan of work, work activities	Running Systematic and Methodical project activities	Telephone Records, Work-Plan, Monthly Reports
	9. Communicate with Project Office Staff, DICs, DEC's for maintaining files, registers and records as per project requirement	12 feedbacks	Documents and Records in place	Communication Records like Remarks / Feedback Reports
	10. Compile the collected data	12 data compilation	Updated data	Compiled Report
	11. Analyse the high scale of data collected through project activities	8 * 12 data analysis	Analysed data for feedbacks and re-plan	Data Analysis Reports
	12. Receive requisition, supply required materials, update the overall stocks	12 updated stocks	Requisition received, Required materials supplied, Stocks updated	Requisition Form, Stock Registers
3. <i>Finance/Accounts Management</i> To execute the proper financing of male-to-male sexual health promotion project in overall for 1000 population	13. Plan the finance / accounts for the project	12 budget plans	Financial estimates done	Monthly Financial Plan
	14. Receipt of advance / accounts budget requirement	1 * 12 advance / accounts budget	Advance / accounts budget received	Advance / Accounts Forms
	15. Checking / Verification of advance / accounts submitted	1 * 12 checking / verification	Checked / verified advance / accounts	Advance / Accounts Forms
	16. Clearing advance / accounts	1 * 12 advance / accounts clear	Cleared advance / accounts	Advance / Accounts Forms

	17. Accounting the activities	12 financial accounts	Updated financial accounts	Monthly Financial Reports
	18. Purchasing the required items for project activities	Purchased items	Items purchased	Bills, Receipts, Vouchers, Stock Register
<b>(B) BCC</b>				
<u>1. Outreach Work and Peer Education</u> To consolidate outreach work and peer education for 1,000 males who have sex with males in in one year	19. New recruitment of Peer Educators within first 4 month	16 Peer Educators (PEs) recruited	Recruitment of Peer Educators over by next 4 months	Contract / Appointment letters, Staff Registers, vouchers, Workshop / Training Reports
	20. Carry out outreach work and peer education in the Mapped Sites and Private Networks of males who have sex with males in throughout the year	The Covering Sites and Private Networks	Outreached and Peer Educated Sites and Private Networks	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	21. Identify more Private Networks of males who have sex with males	The newly identified Private Networks	Newly Penetrated Private Networks	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	22. Outreach / Befriend with males who have sex with males in Mapped Sites and Private Networks belonging to different subgroups viz. <i>Koti, Hijra, Dupli, Parik</i>	The Covering Individuals under each subgroup like <i>Koti, Hijra, Dupli, Parik</i> taking services	Reached all subgroups	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	23. Carry out outreach and peer education with vulnerable professions like <i>Commercial Male Sex Workers (CMSWs), Parlour Sex Workers (CMSWs), Parlour Boys, Hotel Boys</i> from all the	The covering <i>Commercial Male Sex Workers (CMSWs), Parlour Boys, Hotel Boys</i> taking services	Vulnerable professions like CMSWs reached	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards



	mentioned sub-groups of males who have sex with males			
	24. Carry out outreach and peer education with <i>Adolescent and Youth Males</i> , Hostel Boys, Folk Group Males having male to male sexual behaviour	The covering <i>Adolescent and Youth Males</i> , Hostel Boys, Folk Group Males with same sex behaviour taking services	Reached <i>Adolescent and Youth Males</i> , Hostel Boys, Folk Group Males having same sex behaviour	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	25. Carry out outreach and peer education with <i>Security Forces (i.e. Men In Uniform – MIU)</i> , Migrant Labourers, Truckers, Prison Inmates having male to male sexual behaviour	<i>The covering Security Forces</i> , Migrant Labourers, Truckers, Prison Inmates with same sex behaviour taking services	Reached <i>Security Forces</i> , Migrant Labourers, Truckers, Prison Inmates having same sex behaviour	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	26. Carry out outreach and peer education with <i>the female partners</i> of males having sex with males	<i>Female partners</i> of males who have sex with males taking services	Reached <i>female partners</i> of males who have sex with males	Outreach Work Reports, Outreach / Befriending Registers, Individual Cards
	27. Review outreach work and peer education	1 Review meeting on outreach work and peer education feedbacks in 4 months later	Reviewed	Review Meeting Minutes

<p><b>2. Drop-in Centre</b></p> <p>2. (a) To establish <i>model drop-in</i> facilities for males who have sex with males in One location (beyond the drop-in facilities mentioned under DICs)</p>	<p>27. Develop and maintain model drop-in centre in one location for males who have sex with males</p>	<p>1 model sexual health drop-in centre for males who have sex with males in One location.</p>	<p>Model Drop-in Centre established</p>	<p>Rent Agreement, Rent receipts, Vouchers</p>
	<p>29. Develop and maintain a <i>sexual health resource centre</i> with books, journals, newsletter, edutainment materials, audio-visual materials like compact disks, audio-cassettes, etc.</p>	<p>1 sexual health resource centre for males who have sex with males</p>	<p>Sexual health resource centre established</p>	<p>Resource centre Records</p>
	<p>30. Develop and maintain a centralised <i>sexual health help-line</i> as information dissemination centre for males who have sex with males with fixed time duration Also develop a sexual health help line in One location in next year</p>	<p>1 sexual health help-line for males who have sex with males in Kolkata 1 sexual health help line for males who have sex with males in One location in next year</p>	<p>Sexual health help-line established in Kolkata Sexual health help line established in One location in next year</p>	<p>Help-line Records</p>
	<p>31. Initiate and carry out a regular <i>face-to-face</i> psycho-social counselling facility with fixed time duration for staff, Peer Educators and Volunteers for overall development</p>	<p>200 face-to-face psycho-social counselling for staff members, Peer Educators and Volunteers</p>	<p>Psycho-social counselling for staff, peer educators and volunteers established</p>	<p>Counselling Register</p>
	<p>32. Initiate and carry out <i>vocational training classes</i> for</p>	<p>Vocational training classes for income</p>	<p>Effective scope for income generation</p>	<p>Vocational Training Documentations</p>

	income generation according to market needs for males who have sex with males	generation according to market needs		
	33. Develop <i>a space with supporting facilities</i> for special interaction with staff from all components like BCC, Advocacy and Networking, Medicines and Condoms, etc.	4 staff meeting held with representatives from all components of project	4 coordination meetings held	Coordination Meeting Records
	34. Conduct <i>audio-visual shows</i> and participatory programs on health issues of males who have sex with males	12 audio-visual shows and participatory programs on health issues	Audio-visual shows and participatory programs held	Drop-In Register, and Reports
2. (b) To consolidate <b>drop-in</b> facilities for males who have sex with males in designated locations	35. Run full fledged drop-in centres in designated locations	8 full fledged drop-in centres	Running drop-in centres	DIC Registers
	36. Promote the use of drop-in facilities among males who have sex with males in	4000 drop-In	Dropped In	Drop-In Registers
	37. Implement health promotion and supportive / facilitative activities for males who have sex with males through discussion (D), group discussion (GD), focussed group discussion (FGD)	5 * 1 * 12 or 60 (Approx) discussion (D), group discussion (GD), focussed group discussion (FGD),  1000 persons taking part in health promotion and supportive / facilitative	Discussion (D), group discussion (GD), focussed group discussion (FGD) done, People taken part in health promotion and supportive / facilitative	D / GD / FGD Reports

		activities	activities	
	38. Conduct cycle of celebration (COC), community event (CE), edutainment for greater participation	7 * 1 or 7 (Approx) occasional activities, 2000 persons taking part in the activities	Occasional activities done, People participated	Events Report
	39. Develop and continue appropriate peer counselling facility from four months (NB: To be started along with a formal training for six months after the lapse of 4 months)	200 peer counselling	200 peer counselling done	Peer Counselling Register
	40. Continue appropriate psycho-social counselling facility	1 * 100 or 100 (Approx) psycho-social counselling	800 psycho-social counselling done	Psycho-social counselling Register
	41. Continue appropriate STI Counselling facility	125 STI counselling	125 patients counselled on STIs	STI Counselling recorded in Clinical Report
<i>3. Capacity Building</i> To conduct Capacity Building Training / Workshop for staff, Peer Educators and Volunteers	46. Conduct External and/or Centralised Capacity Building Training / Workshop for staff, Peer Educators and Volunteers	2 External Workshop / Training, and /or, 2 Centralised Workshop / Training	Workshop / Training imparted	Workshop / Training Reports
	47. Conduct Centre-Based Capacity Building Training / Workshop for staff, Peer Educators and Volunteers	1 * 12 Centre-Based Workshop / Training	Workshop / Training imparted	Workshop / Training Reports
<i>4. Information Education Communication (IEC)</i>	48. Develop IEC Materials like Brochures, Leaflets / Handouts,	Needs Assessment had identified the	IEC Materials developed	IEC Materials of the Project

<p><i>Materials, Behaviour Change Communication (BCC) Materials</i></p> <p>To facilitate <b>“behaviour (Attitudinal) change”</b> among males who have sex with males (and their influencers / stakeholders in the context of sexual health and related aspect) through Communication Materials</p>	<p>Drop-In Cards, Articles, Listings, Newsletter, Posters, Boards, Wall Hangings, Bookmarks, Calendars, Greetings, Handicrafts, T Shirts, Bags, etc.</p>	<p>requirements</p>		
	<p>49. Develop BCC Materials like Print Materials, Exhibition Materials, Audio-Visual Materials, Photography Shows / Slide Shows, Video shows / Film Shows, Open Play / Dance Forms / Theatre Forms (TFD), Folk Songs, Quiz Performance, etc.</p>	<p>BCC Needs Identification and Strategy formulation through BCC Workshop two months from start, BCC Materials developed accordingly (e.g.  1 Condom and Lube Usage Flip Chart  1 STI Symptoms Flip Chart  1 HIV / AIDS Flip Chart  1 Condom and Lube Usage Flex  1 Theatre Form (TFD)  1 Safer Sex Poster for Male to Male Sexual</p>	<p>BCC Materials developed</p>	<p>BCC Materials of the Project</p>

		Behaviour along with Male to Female Sexual Behaviour, etc.)		
<b>(C) Treatment Support</b>				
<i>1. Non-stigmatised Clinic</i> To continue with non-stigmatised clinics (with appropriate counselling facility) and also encourage STI treatment and HIV testing referral systems sensitive to male to male sexual health and related issues	48. Continue clinics with doctors for STI Treatment	1 clinics, 1 doctors, 125 STI patients, referral systems, STI Treatment and HIV Testing referrals	Running Clinics, and established referral systems, referrals done	Clinical Reports and Registers, Referral System, Reports, Referral Registers (for STI treatment and HIV testing)
	49. Disburse medicines	Medicines for 125 STI patients	Medicines disbursed	Medicine Register and Stock, Clinical Report
	50. Develop and continue referral systems (for STI treatment and HIV testing) and make referrals	5 * 1 * 12 or 60 (Approx) referrals	Referrals made	Referral Register, Referral Cards
	51. Document <i>feedback on referral services</i> and use it for development of this service provision	Feedbacks on referral services	Feedbacks taken	Feedback Reports on Referral Services
	52. Implement <i>round the year VDRL at 1 Clinic</i> for males who have sex with males	800 VDRL Test at 1 centres	VDRL Test done	Clinical Registers, VDRL Test Registers
	53. Implement <i>round the year community-based VCCTC at One location</i> for males who have sex	400 Community-based VCCT at One location centre	Voluntary HIV test report	VCTC Registers

	with males			
2. <i>Condoms</i> To promote the proper use of condoms and awareness of sexual health issues related to condom use amongst males who have sex with males	54. Promote peer lead health education on condom use and safer sex for using in anal sex	5 * 1 * 12 or 60 (Approx) condom demonstration,  300 persons taking part in the condom demonstration	Condom demonstration done,  People participated	Condom and Lube Demonstration Report
	55. Distribute free condoms (NB: Subject to Free Condom availability)	Free distribution of 1,60,000 condoms	Free Condoms distributed	Outreach Report, Condom and Lube Distribution Register
	56. Launch a condom social marketing programme for males who have sex with males in the first 3 months of one year	Social marketing of 10,000 condoms	Condoms sold	Outreach Report, Condom Sale Register
	57. Initiate a dialogue with a condom manufacturer towards developing a condom with a tensile strength appropriate for use during anal sex	Dialogue with a condom manufacturer	Spoken to Condom manufacturer	Meeting Minutes and Records
	58. Document <i>feedback on attitudes to condom use</i> and use this information in Communications	Feedback on attitudes to Condoms	Feedbacks collected	Feedback Reports on Condoms
	59. Document <i>feedback on actual condom use</i>	Condom Usage, <b>Voluntarily</b> asking for condoms	Data on Condom Usage and <b>Voluntarily</b> asking for Condoms collected	Outreach Reports

<p>3. <i>Water based lubricants</i></p> <p>To promote the use of water based lubricants with condoms during anal sex amongst males who have sex with males</p>	<p>60. Promote peer lead health education on appropriate lubricants during anal sex and awareness of the issues relating to oil based and water based lubricants and condom use</p>	<p>5 * 1 * 12 or 60 (Approx) lubricant demonstration (along with condom demonstration for anal sex) 300 persons taking part in the demonstration</p>	<p>Lube demonstration along with condom demonstration (for anal sex) done</p> <p>People participated</p>	<p>Condom and Lube Demonstration Reports</p>
	<p>61. Supply 12,48,000 sachets of water based lubricants to males who have sex with males for using in anal sex (NB: Subject to Lube availability)</p>	<p>1, 60,000 water based lubricant sachets distributed</p>	<p>Free Lube distributed</p>	<p>Outreach Reports, Condom and Lube Distribution Registers</p>
	<p>62. Document <i>feedback on actual lubricant use</i></p>	<p>Lubricant usage (along with condoms in anal sex), People <i>voluntarily</i> asking for lubricant sachets</p>	<p>Data on Lube Usage and <i>Voluntarily</i> asking for Lubes collected</p>	<p>Outreach Reports</p>
<p>4. <i>PLWHA Support</i></p>	<p>63. Support PLWHA with male to male sexual behaviour through Drop-In, Counselling, Clinic, Referral and through Financial Support to the needy</p>	<p>No. of PLWHA Support</p>	<p>PLWHA Supported</p>	<p>PLWHA Support Document</p>
<p><b>(D) Enabling Environment</b></p>				
<p>To raise awareness</p>	<p>63. Conduct Sensitisation Workshop for Police personnel,</p>	<p>2 Sensitisation Workshops</p>	<p>Sensitisation Workshop</p>	<p>Sensitisation documentation Workshop</p>



among stakeholders / influencers in on issues relating to male-to-male sex, sexual health and HIV	Lawyers, Policy Makers and Administration (NB: To be conducted centrally)		Conducted	
	64. Conduct Orientation Workshop for Medical Practitioners, Clinicians, VCCTC Counsellors (NB: To be conducted centrally)	2 Orientation Workshops	Orientation Workshop Conducted	Orientation Workshop documentation
	65. Conduct Sensitisation Meeting at Police Station (NB: To be conducted by each centre)	20 * 1 or 20 (Approx) Sensitisation Meeting	Sensitisation Meeting Conducted	Sensitisation Meeting documentation
	66. Conduct 45 minutes (approx) Sessions on HIV / AIDS at educational institutions, NGOs and clubs (NB: To be conducted by each centre)	7 * 1 or 7 (Approx) Sessions	Sessions Conducted	Session documentation
	67. Develop referral system with sensitised counsellors, psychotherapists, psychiatrists, medical practitioners, lawyers	5 referral system	Referral system developed	Referral Document
	68. Interact with media for advocacy and sensitisation	4 media interaction	Interacted with media	Documentation, Media Reports
	69. Build networks and conduct sessions	3 new networks, 3 sessions	Networks built and sessions taken	Session documentation
	70. Conduct Community and Special Events	3 Events	Events Conducted	Events Report
	70. Address immediate needs	Immediate needs (as per	Immediate needs	Immediate Needs Report

		requirement)	met	
<b>(E) Monitoring and Evaluation</b>				
To monitor and evaluate the male-to-male sexual health project with 1000 population reach towards effective functioning of the project activities	71. Execute monitoring of staff, peer educator, field, drop-in, clinic and associated activities of the Project  Develop detailed evaluation and appraisal system	12 feedbacks  1 detailed evaluation and appraisal system	Monitored  Developed evaluation and appraisal system	Feedback Reports  Evaluation and Appraisal Format
	72. Conduct KABP Study	1 KABP Study	KABP Study done in the first 2 months	KABP Study Report
	73. Conduct Review / Evaluation	2 review / evaluation	Reviewed / Evaluated	Review / Evaluation Report
	74. Documentation	12 documents	Documented	Documentation Records
<b>(F) Desirable Support</b>				
To enhance the project quality and involvement through insurance cover, self help group, audio-visual equipments, etc.	75. Select Part Time Director or Mentor along with other recruitments	Part Time Director or Mentor along with other recruitments	Selected by next four months	Board Resolution in Board Meeting Minutes
	78. Conduct Audio-visual shows	12 Audio-Visual Shows	Audio visual shows conducted	Show documents
	79. Maintenance of equipments	2 equipment under maintenance	Running equipments	Maintenance Contract records
	80. Involve PLWHA (GIPA)	1 PLWHA as ambassador for Prevention and Care and Support	Advocated PLWHA	Advocacy Records on PLWHA

### Log Frame of Activities for Trucker Projects

GOAL : To facilitate behaviour change in the truckers by reducing their high-risk practices and create an environment favorable to such behaviour change in designated area.					
OBJECTIVES	OUTCOME	OUTPUT	ACTIVITIES	INDICATORS	MEANS OF VARIFICATION
To build the capacity of the service provider	(a)(i)Clarity between staff about vision and mission	(a)Keeping vision and mission of the org transparent to all	Organisational development through :	1.(a)Training organized	1.(a) training report
	(ii)all project will relate vision and mission of the organisation	(b)Revision of pay structure	(a) Orientation and induction training	(b)meeting organized	(b)minutes of the meeting
	(b)Reduce staff turnover	(c)Development of gender policy	(b)Meeting with different level management, HR, Board members on existing HR policy and leadership training	(c)Meeting with different levels held	(c)minutes of the meeting
	(c)Gender sensitive organisation and project design	(d) Development of exit policy	(c)Develop Gender policy with consultation of review documents, management staff, board members.	(d)Meeting with different levels held	(d) minutes of the meeting
	(d)Ensure project sustainability		(d) Develop Exit policy in project activity with consultation of review documents, management staff, board members.		
			(e)Capacity building on : (i)Counselling,		

			(ii)Communication, (iii)Sex & Sexuality, (iv)Gender and (v)Syndromic case management	(e)training organized as per annual training plan	(e) (i)training report (ii)Staff Post evaluation sheet
To reach 75% knowledge level on STD/HIV/AIDS and creating awareness towards adoption of safer sexual practices among target group in the target area during a year.	1. Knowledge level of truckers and CSWs on HIV/AIDS will be at least 75%  2.Promotion of VCTC  3.Reduce vulnerability towards STD/HIV	1.Awareness level on HIV/AIDS will increase among truckers and CSWs  Reduce alcoholism among truckers  Reduce stigma/ discrimination for PLWHAs  Partner notification will take place  Follow-up of STD patient will increase  2. Testing of HIV will increase  3.(a)Increase proper usage of condom  4.Risk perception will	1. (a)1800/month, i.e. 21600/year (36% of the total intn) One-to-one interaction with the targeted community  (b) 3600 One-to-group interaction with the targeted community every month i.e. 43200/year (72% of the total interaction).  2. Repeat visit for proper follow up  3. Monthly 1000 Condom demonstration will take place at the time of one interaction  4. (a)20 Audio visual show/month/centre  (b) 4 Mobile exhibition	1.(a)No of people reached through one to one interaction  (b) No of people reached through One to group interaction monthly/yearly  2.15%-20% of the total interaction.  3.no of condom /month  4. (a)No of shows	1., 2.,& 3.  (a)Daily IPC,  (b)Timesheet,  (c)Register  (d)MIS

	<p>4.Promotion of safe sexual practice among them</p> <p>6.Promotion of VCTC</p> <p>7.Mass level awareness</p>	<p>increase among truckers</p> <p>5.Develop proper knowledge on HIV/AIDS</p> <p>6.(a)Testing on HIV will increase (b)Early diagnosis</p> <p>7.Visibility of the program</p> <p>8.Reinforcement of the messages</p>	<p>/month/centre</p> <p>5.12 Small events</p> <p>6. 12 Community sensitization meeting/year/centre</p> <p>7.18wall painting &amp; 2 hoarding /centre Disseminating messages through wall painting and hoarding.</p> <p>8.Issue based BCC materials development like: (a)Condom promotion (b)STD (c) Partner treatment (d)Risk perception (e) VCCTC etc and distribution of BCC materials</p> <p>9. (a)Identification and selection of 70 peer educators.</p>	<p>(b) No of shows</p> <p>5.No of small events/year/centre</p> <p>6. No of CSM organised</p> <p>7.No of wall paintings and big hoarding for each centre</p> <p>8.50% of the total interaction</p> <p>9. (a)No of peer educators Identified</p>	<p>4.(a) BCC register (b)MIS</p> <p>5.(a)Daily IPC (b)MIS</p> <p>6. Report</p> <p>7.Physical verification</p> <p>8.(a)IPC (b)MIS</p>
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<p>transmitted diseases (STD) among truck drivers, helpers and their clients (primarily the sex workers) and maintain a low prevalence rate among them.</p>	<p>population (d)Quality assurance</p> <p>4.Ensure quality medical service</p> <p>5.Ensuring the clinic service at the door step of the community and targeted population 6. &amp; 7.(a) Maintain a low prevalence rate of STD (b)Reduce spread of HIV</p>	<p>(b)Ensure supply of medicine</p> <p>3.(a)Ensure complete treatment of STD (b)Reduce re-occurrence of STD</p> <p>4.Capcity building of medical practitioners and ground health care providers</p> <p>5. Visibility of the clinic service among the target population</p> <p>6. &amp; 7. (a)Early diagnosis of STD/HIV (b)HIV Testing will increase</p>	<p>(b) 8 Static camp/month /centre</p> <p>(c) 2 Mobile health camps/month in CPT</p> <p>2. 1800 STD cases treated/yr/centre.</p> <p>3. Counselling STD cases by duly trained Counsellors/outreach workers</p> <p>4. 4 Training/ yr/ centre on syndromic Case management for medical officers and RMPs</p> <p>5. 18 Clinic board display/centre.</p> <p>6. Organizing VCTC camps by 50 nos testing yearly</p>	<p>camps/month/centre</p> <p>(c) No of mobile camps/month</p> <p>2.No of patient/year/centre to be treated</p> <p>3.All STD cases will be counseled.</p> <p>4. No of training for doctors and RMPs</p> <p>5. No of display board/centre</p> <p>6. No of testing</p>	<p>(camp)</p> <p>(c)Medicine register</p> <p>2. (a)Doctors Register. (b)MIS</p> <p>3.counselling register</p> <p>4.Training report and register</p> <p>5.Physical verification.</p> <p>6.Meetings report and register.</p> <p>7. VCTC register</p>
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<p>To undertake social marketing of condoms to ensure 40% of condom usage by generating demand and ensuring supply of condoms.</p>	<p>1.(a)Ensuring more condom promotion (b)Promotion of safe sexual behaviour. (c)Healthy competition and social responsibility build up.</p> <p>3. Develop ownership by local people</p> <p>4. Ensure sustainability on condom promotion</p>	<p>1.(a)Availability of condom at their door step</p> <p>2.(a)Increase condom usage (b)Involvement of target group through selling condom by them.</p> <p>3.(a)Community's perception (liking/dislikings) about condom usage/ brand promotion (b) Develop marketing strategy on social marketing of condom</p>	<p>1. 50 condom selling outlets</p> <p>2. 1,00,000 condom sold through Clinic, direct selling, peer, outlet selling</p> <p>3. 2 Condom retailers meet.</p> <p>4. 3 Awareness program on condom promotion.</p> <p>5. 2 Training of condom retailers on Social marketing techniques/</p> <p>6. Once in 15 day Monitoring social marketing outlets by Social workers /outreach workers</p>	<p>1. No of active condom outlets.</p> <p>2.No of condom sold from two centers.</p> <p>3. No of meet/centre.</p> <p>4. No of awareness program /centre</p> <p>5. No of training/year/centre</p> <p>6. PC will visit condom outlets</p>	<p>1.(a)Condom Retailer register (b)MIS</p> <p>2.(a)IPC (b)MIS and register</p> <p>3.Meeting register</p> <p>4.Program report</p> <p>5.Meeting register</p> <p>6.IPC</p>
<p>To create an enabling environment for the project at a long term basis by involving/sensitising trucking and</p>	<p>Create an enabling environment for the beneficiaries</p> <p>Community participation in the programe</p> <p>Ensure program</p>	<p>1. (a)Sensitizing community (b)Develop Capacity at all levels. (c)Visibility and community initiative</p>	<p>1. Organizing yearly 2 big advocacies meets with primary and secondary stakeholders.</p> <p>2. 2 Training program for CISF and 4 for BSF</p>	<p>1. No of advocacy/centre</p> <p>2. No of training</p>	<p>1.(a)Advocacy report (b)MIS (c)Photo Documentation</p> <p>2.Training report</p>



<p>allied industry, local civic, health industry people and enforcement authorities to various issues related to STD/HIV/AIDS</p>	<p>sustainability</p> <p>6. Develop resource team for capacity building of others and better project implementation</p>	<p>(d)Stake holder involve as decision-makers</p> <p>6.Better program implementation</p>	<p>personnel/yr/centre</p> <p>3. Half yearly Meeting/centre with other important stakeholders like other NGOs, CBOs, and health officials, ICDS Works etc.</p> <p>4. Organising 1 community mobilization events/year/centre like sports, football tournament, local mela</p> <p>5. Organising international days</p>	<p>program held for men in uniform</p> <p>3. No of meeting held /centre</p> <p>4.No of program organized yearly/centre</p> <p>5. (a)World AIDS Day (b)Condom day and world health day</p>	<p>3.&amp;4.Meeting report</p> <p>5. (a)Photo documentation, (b)Report</p>
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<p>To develop an internal system for monitoring and reviewing the effectiveness and the quality of the program.</p>	<p>1. Incorporation corrective/ Preventive action to make the program appropriate for beneficiaries</p>	<p>1. Ongoing program monitoring by beneficiaries and by implementing agency  2. Evaluation of the program</p>	<p>1. 4 Focus Group discussion/per yr/centre 2. Weekly Monitoring field visit by PC  3. Quarterly Monitoring visit by Program manager/Director.  4. Half yearly Review meetings</p>	<p>1. No of FGD organized  2. No of visit by PC  3. No of monitoring visit done by PM and PD  4. No of review meeting done.</p>	<p>1. FGD report  2. &amp; 3 Filled in Monitoring format    4. Minutes of Review meeting</p>
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**PROPOSAL FORMAT**

Please use formats provided – add extra photocopies if necessary.

The proposal must include all the following sections in the order listed:

1. Cover Page
2. Proposal Summary
3. Review of past one year's work
4. What do you propose to do in the current year? What are your strategies for the different aspects of interventions?
5. Organisational analysis
6. Goals and objectives of the intervention
7. Project implementation: activities, time frame, staff requirement and work plan
8. Monitoring and evaluation
9. Detailed budget, inputs and human resources

Attachments (if any)

**1. Cover Page**

The cover page must show

1. Name(s) of the implementing organisation(s)
2. Title of the project
3. Location of the project
4. Amount of funding requested

**2. Proposal Summary (Maximum 1 page)**

This section provides the key information about the intervention. It should be clear and short, but it should provide information on the following:

- Achievements and lessons learnt from last year's work

- 
- A brief analysis highlighting significant changes from last year's approach/strategy (if any)
  - Current year's strategies and organisational analysis
  - Objectives
  - Activities
  - Inputs i.e., staff and requested budget
  - Expected outputs

### **3. Review of Past One Years' Work (Maximum 4 pages)**

The information for this section needs to be drawn from the self-appraisal by the Grantee on its previous year's work. The Grantee needs to provide information regarding the changes observed (if any) in the background and knowledge- attitude of the target audience. Differences as observed regarding the following should be explained:

- Any change in their knowledge level regarding (any one or few of the following areas):
  - Transmission modes of STD/HIV
  - Transmission and treatment relationship between HIV & STDs
  - Myth & misconceptions related to STD/HIV
- Any change in their attitude towards (any one or few of the following areas):
  - Use of condoms for safe sex
  - Perception of self at risk of acquiring STD/HIV
  - Reducing the number of sex partners
- Any change in their behaviour related to (any one or few of the following areas):
  - Seeking health care from qualified and trained health care professionals
  - Seeking general health care services from the services provided by the project
  - Buying condoms for their use

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The information on change in the knowledge, attitude and behaviour can be gathered through focus group discussions and key informant studies that may have been carried out as a part of review process in the past year. The reports of the field staff may also be used as another source of information to identify these changes

- Any change in demographic profile relating to:
  - Information related to the target audience
  - Any visible changes in the population of the target group and reasons for it
  - Participation level of the secondary stakeholders in the project during the past year.
  - Any information gathered on sex partners
  
- Constraints
  - Constraints faced by the project in the past one-year and the strategy adopted to overcome these.
  
- Differences/Changes Observed in the Project Area

This needs to be provided in terms of:

  - Involvement of community in the project
  - Availability of target audience & sites for conducting BCC intervention
  - Availability of sites for condom outlets
  - Distance and feasibility for providing BCC intervention and health care services
  - Participation/involvement of secondary stakeholders and the potential of initiating peer education
  
- Other Analysis to be carried out
  - The Grantee can analyse its achievements (process indicators as part of PIF) and arrive at reasons for inability to meet its targets in technical strategies. Even if targets have been achieved, then the effectiveness of the intervention needs to be analysed.
  - Coverage from BCC to STD

A denotes the number of people intervened through BCC

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B denotes the number of STD cases provided treatment through STD services of the project

Then the, percentage of people intervened through BCC utilising STD services is given by  $B/A * 100$

If this percentage is very low, then during the current year the organisation needs to identify methods of improving it.

- Effectiveness of referral services

A denotes the number of persons referred from the field to Project Services such as clinic, camps, vans, etc.

B denotes the number of persons utilising services

Then percentage of referred persons attending clinic/Camps/mobile services is  $B/A * 100$

If this percentage is low, then during the current year the organisation needs to identify methods of improving it.

- Condom Distribution

A denotes the number of condoms distributed

B denotes the number of people contacted through BCC intervention

Then Per capita condoms distributed =  $B/A$

If this is very high, then the organisation needs to think in terms of repackaging and relocate condom outlets itself.

- Cost of STD services

If the cost of provision of STD services is higher than what has been envisaged then the reasons needs to be analysed and presented.

#### **4. Technical Strategies for Interventions**

##### **4.1 BCC**

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Based on the analysis of the past year's work in the project area, the Grantee should provide a narrative on the strategies in the three technical areas of BCC, STD Services and Condom Promotion.

- **BCC Objective**

- Set an objective for BCC (i.e. what does the Grantee want to achieve through BCC).
- Write the activities to be performed which would help achieve these objectives. Identify the means by which the success or otherwise of these activities can be verified (output & process indicators).

- **BCC Plan**

BCC plan for the current year: A matrix describing the factors, target audience (primary & secondary), desired behaviour and/or attitude changes, messages, communication channels and media and intervention strategies. The Grantee should add a narrative on peer education (PE) component and its future plans.

- **BCC Intervention**

**What BCC interventions would the Grantee use? The strategy can be a combination of the following options- interpersonal communication –one to one, one-to- many, out-reach, peer education, small media and special events. The Grantee should also identify the behavioural characteristics of the target audience and the changes proposed to be achieved at the end of one year.**

- **BCC – Peer Education**

If the Grantee is planning to use peer educator (PE) based interventions in BCC, a clear narrative is to be provided in the following critical areas:

- Activities expected of PE by organisation
- Qualities to look for in recruitment and selection

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- Comprehensive training of PE to match the desired level of behaviour change in target audience
  - Support and supervision of PE by ORWs
  - Community acceptance and support to PE

A peer education approach may lead to some difficulties from the community. A brief listing of these difficulties / problems may be provided and strategies to address the same listed.

If the organisation has used PE as part of health promotion work in the previous year, the impact of the same in planning the current intervention may be stated.

#### **4.2 STD Care Facilities**

The Grantee needs to develop an objective for the STD care facilities, and clearly provide the steps for improving it from the previous year, such as:

- Improving the visibility of services in the project area
- Improving the effectiveness of the referral system
- Locating the services in a place that is convenient for the target audience, to access services from. Timing the services so as to encourage the target audience to avail of them.

The Grantee should provide a narrative covering the below:

- Describe the rationale for the choice of services at each point
- Describe the strategies to be adopted by the Grantee to address the barriers to use of existing health care services
- Describe how the project's services are likely to increase the access of target population to quality health care.
- Describe the strategies proposed by the Grantee to improve the quality of communication between health care providers and the target audience.



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- Enumerate the services that are to be provided by the health care facility of the project.
  - How the BCC interventions are likely to support/strengthen STD service delivery
  - Availability of trained staff (medical doctors & RMPs) to adopt Syndromic approach to diagnose and treat STDs
  - Availability of trained staff to do counseling as an integral part of syndromic case management
    - System for maintaining privacy and confidentiality
    - System for maintaining case records
    - Development of MIS at the service locations
    - Training needs of the staff (if trained staff are not available)

#### **4.3 Condom Promotion and Distribution Programme**

The Grantee should provide a narrative describing the following:

- Sales plan for condoms, based on the target audience's willingness or ability to pay
- Assessment of current condom distribution systems, including storage facilities, wholesale/retail distribution, i.e. number of shops selling condoms and the brands being sold there.
- The community's experience in using condoms (as reported by the community itself)
- Condom brands preferred by the target audience
- Condom events and other promotional activities to be planned
- Steps to be followed for introducing brands at affordable prices
- Source and method of procurement/storage space and means of re-packaging of condoms
- Number of outlets proposed to be set up
- System to be developed for recording condom distribution
- Accessibility of proposed condom outlet sites to the target audience
- Mechanism to prevent stock-out situations at condom outlets and replenish the stock

#### **4.4 Staff Capacity Building**

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The Grantee should provide a narrative on the training/capacity building needs of its staff to provide quality services in the project. The Grantee should also make suggestions regarding the following:

- The steps involved in planning a training programme
- Identification of resource person/organisations for training
- Proposed frequency for conducting training
- Coverage of the training

If the Grantee is not able to identify the exact training needs at that juncture, a separate proposal may be sent for the same later in the year.

#### **4.5 Addressing the Other Issues**

The Grantee should outline its strategies to make the intervention gender sensitive. It should also present its strategies to reach out to the sexual partners of the primary stakeholders. The Grantee should also list the organisational changes it proposes to carry out to strengthen service delivery. It should also list the monitoring and information system it proposes to adopt. The processes to be adopted for monitoring the quality in each technical area should also be listed. In case the Grantee is planning to expand its operations to other geographical areas, it should list the following- the methodology to be adopted (already adopted) for need's assessment and the report on the same.

#### **5. Organisational Analysis: (One Page)**

The Grantee should also provide a one-page write- up on the following:

- Strengths of the Grantee and how they relate to the intervention being planned.
- Weaknesses of the Grantee, how they would impact the execution of the SACS intervention and the plans to overcome the same.

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- Classification of weaknesses into those that can be addressed internally and those that require external support

The organisation's strength could be in terms of:

- Sufficient field experience and understanding of grassroots realities
- Availability of trained, qualified, experienced, motivated, committed and skilled staff
- Presence of and ability to build a good network
- Availability of good project management systems
- Strong training capability
- Leadership.

In each of the cases the proposal needs to reflect, how the Grantee proposes to translate these in implementing the intervention. Similarly, the Grantee needs to analyse its weaknesses and provide plans for overcoming these. The weaknesses could be:

- Absence of systems
- Planning
- Project management
- Documentation and recording
- Finance and accounting
- Monitoring and evaluation
- Purchasing and inventory system
- Training needs identification & capacity building system
- High turnover of staff
- Overburdening of staff as the operations expand
- Lack of formal structures and clearly defined roles

## **6. Goal And Objectives**

The Grantee should think through the design of the proposal to ensure that it is realistic and logical. It should be clear about its goals and objectives

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## **6.1 Define the Goal of the Intervention**

The Grantee should frame the goal in such a way so as to define the scope of the intervention.

## **6.2 Defining the Objectives**

The Grantee should state its objectives in a positive and active way, be realistic, answer who, what, when, and how many/much, and be a logical step towards accomplishing the goal.

## **6.3 Defining the Activities**

Activities are the tasks that are to be performed to accomplish objectives. Each objective will have multiple activities. The Grantee should describe, in the proposal and work plan, the three or four primary activities that will lead to the achievement of the objective.

It is advisable to make sure that the activities proposed match the strengths of the organization.

## **6.4 Develop a Work Plan**

Work plan is a detailed schedule that describes how the activities will be accomplished, by whom and when. The Grantee should think through in detail who would accomplish the activities, when, how and with what these resources.

## **7. Monitoring And Evaluation**

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## 7.1 Development of Output Indicators for Activities

Output indicators that are measures that will help you determine the level of achievement of the activities can be developed. They are standard measures that can be tracked over time to see how effectively the activities are accomplished. Clear measurable output indicators can both be qualitative and quantitative.

An activity output indicator is a quantified statement of what has been accomplished by the activity. Each activity needs to be translated in terms of an output-qualitative or quantitative. If the activity deals with a qualitative factor then the output would be in qualitative terms, but whenever possible, this can be quantified. For example – if the activity were to train the staff, then the indicator can be induction training completed for all the newly recruited staff.

Example:

The activity is 20 community workers trained in condom use for 2 days.

The indicator is 20 community workers attended the training and can correctly demonstrate condom use, by end of first quarter.

## 7.2 Monitoring Systems

The Grantee would be required to think through their information generation system. The information system needs to describe the information they expect to periodically capture at the field level, through whom and how it will be gathered. Further, the flow of information and periodicity of reporting would have to be identified. The responsibility for consolidation, analysis and reporting also needs to be planned and presented. Therefore, this part of it needs to provide:

- The parameters that the organisation wants to monitor.
- What information would be gathered, at what level and by whom.
- The formats for gathering information.

- 
- The periodicity of information gathering, flow and analysis needs to be specified.
  - The type of analysis that would be carried out would also have to be specified.

The information tracked needs to be able to assess, for example:

- The basic media which are most effective and preferred by the target audience
- Priority prevention indicators, such as number of target audience being able to cite at least two ways to protect themselves from STD/HIV, number of people who sought STD services, and who received appropriate advice on condoms and partner notification.
- Establish the effectiveness and linkage between BCC, STD care and condoms.

## **8. Detailed Budget and Staffing Pattern**

The detailed budget and staffing pattern may be provided as per formats to be developed by SACS .

## CRITERIA FOR SCORING PROPOSALS

In order to enable the scoring for each of the factor blocks the breakdown of factors is provided below:

### **1. Reflection of the understanding of the needs of the target population and district scenario**

- Out of 5                      Understanding the socio-demographic profile of the target community.
- Out of 5                      Understanding of the district profile including prevalence, health infrastructure and services including development programs
- Out of 5                      Understanding of the target communities knowledge attitude and practices in HIV/AIDS prevention
- Out of 5                      Proposed intervention design based on the needs of the target community and the geographical characteristics.
- Out of 20                      Total points for factor block 1**

### **2. Clarity in drawing up goals, objectives and activities including output and outcome indicators**

- Out of 5                      Developing goals, objectives, outputs and outcomes based on the needs assessment.
- Out of 5                      Clearly stated measurable goal, objectives, output and outcome indicators
- Out of 5                      Linkages between goals, objectives, outputs and outcome indicators
- Out of 15                      Total for factor block 2**

### **3. Demonstrate linkages between prevention to care continuum projects**

- Out of 5                      Has the proposal listed out the agencies providing prevention, care and treatment services and other developmental programs / schemes.
- Out of 5                      Does the proposal indicate the approaches that would be adopted for seeking support.

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-- Out of 5 Does the proposal articulate appropriate mechanism for networking, referral and follow-up.

-- **Out of 15** **Total for factor block 3**

#### **4. Clear Sustainability and exit strategies**

-- Out of 10 Does the proposal have a section on sustainability and exit strategies

-- Out of 10 Is the strategies proposed for sustainability logical with clear milestones during the life of the project.

-- **Out of 20** **Total for factor block 4**

#### **5. Monitoring and Evaluation Plan**

-- Out of 5 Whether the Logframe of activities for each TI strategy has been made in the proposal as per key TI indicators?

--Out of 5 Whether the monitoring mechanisms (staff meeting, field based information system including documentation, deliverables, benchmarks etc.) has been clearly listed out in proposal along with timeline ?

--**Out of 10** **Total for Factor block 5**



**GRANT AWARD LETTER SPECIMEN(on letterhead of Project Director)**

**STATE AIDS CONTROL SOCIETY**

**GRANT AWARD LETTER**

Memo No. \_\_\_\_\_

Dated \_\_\_\_\_

To,

\*\*\*\*\*

Dear Sir/Madam,

Subject: **Grant Award Letter**

We are pleased to convey the approval for your Project Proposal titled –\*\*\*\*\*for Grant Award at a total cost of Rs. \_\_\_\_\_/- of which State AIDS Control Society Grant Fund Rs. \_\_\_\_\_ ( Rs. \_\_\_\_\_/-) and NGO Contribution Rs. \_\_\_\_\_/-. Your **Project ID No.** is \_\_\_\_\_. Please quote your Project ID No. given above for all future correspondence with the State AIDS Control Society.

The following documents are enclosed along with this Grant Award Letter:

1. Grantee Contract between State AIDS Control Society and your Organization
2. Grantee Manual for State AIDS Control Funds with Annexure
3. Agreed Project Proposal
4. Agreed Budget
5. Performance Bond

The details of our Grant support are as follows:

1. Duration of the Project : One year
2. Date of commencement of the Project : \_\_\_\_\_
3. Date of end of the Project : \_\_\_\_\_
4. Total grant from State AIDS Control Society for the Year I from DD/MM/YY to DD/MM/YY : Rs. - \_\_\_\_\_/-

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The terms and conditions of release of Grant is as mentioned in the Grantee Agreement.

The following members shall be the one point contact for assisting your project:

**Technical Assistance:**

1. Team Leader, Technical Support Unit

**Financial Assistance:**

1. Finance Controller/ Finance Officer

Kindly let us know the one point contact from your side.

The grant will be given in quarterly installments and release of installments will be based on satisfactory progress of the project as given in the agreed proposal and achievement of output as given in the project Summary Sheet

You are requested to send the other documents duly signed by the chief functionary of the NGO with official seal. Each page shall be initialed and affixed with official seal.

On receipt of your signed documents, we will arrange to release the 1<sup>st</sup> Installment.

In case if you need any clarification, you can call on us during official working hours.

Kindly arrange to send us a copy of this letter duly signed and sealed as a token of your acceptance of the terms and conditions.

Thanking you and with all good wishes,

Yours sincerely,  
For **State AIDS Control Society**

( \_\_\_\_\_ )  
**Project Director**

Encl: as above

**AGREEMENT FORMAT BETWEEN NGO/CBO AND THE SACS FOR IMPLEMENTATION OF TARGETED INTERVENTIONS AND/OR CARE, SUPPORT & TREATMENT SERVICES**

AGREEMENT BETWEEN <SACS> AND <NAME OF NGO/CBO>

AGREEMENT NUMBER < \_\_\_\_\_>/Date/ Month/Year

This AGREEMENT (hereinafter called this AGREEMENT) is made on the < Date/Year/Month> between <NAME of NGO/CBO>, a society registered under Societies Act.....and having its office at -----, in the State of \_\_\_\_\_ hereinafter called the GRANTEE, which unless repugnant to the contrary shall include its successors, administrators, heirs, assigns and nominees OF FIRST PART

AND

<NAME OF SACS> having its office at <ADDRESS> hereinafter called the GRANTOR, which expression shall unless repugnant to the context be deemed to include its successors-in-interest.

WHEREAS

- (a) The Government of India (GOI) has received a credit from the International Development Association (the BANK) and a grant from the Department for International Development (DFID) towards the cost of the Third National Aids Control Program (NACP-III) and the GRANTOR intends to apply a part of the proceeds of the said credit and grant made available to it for the purpose of certain Targeted Interventions and/or Care, Support & Treatment Services as defined in this AGREEMENT (hereinafter called the “SERVICES”) on the terms and conditions set forth in this AGREEMENT ;
- (b) the GRANTEE has represented to the GRANTOR that it has the required professional skills, and personnel and technical resources, to provide the SERVICES on the terms and conditions set forth in this AGREEMENT;

NOW THEREFORE the parties hereto hereby agree as follows:

**1. Documents**

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The following documents shall be deemed to form an integral part of this AGREEMENT:

- (a) SECTION I - Terms and Conditions of this AGREEMENT;
- (b) SECTION II - Approved Project Proposal and Detailed Implementation Plan describing the SERVICES to be performed;
- (c) Section III - Schedule of Grant Disbursements
- (d) The NGO/CBO Guidelines of National Aids Control Organisation (NACO) dated \_\_\_\_\_.

## **2. Previous Communications**

This AGREEMENT between the parties supersedes all previous communications, whether oral or written, in relation to the implementation of the SERVICES to be undertaken in accordance with this AGREEMENT.

## **3. Implementation of the SERVICES**

The GRANTEE shall in accordance with the terms and conditions as specified in Section I of this AGREEMENT implement the SERVICES as described in Section II of this AGREEMENT. The GRANTEE shall submit to the GRANTOR necessary documents and reports as specified in this AGREEMENT.

## **4. Financial Limit**

The total financial grant for the SERVICES shall not exceed Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ Only).

## **5. Disbursement**

The GRANTOR shall disburse grants to the GRANTEE for the SERVICES in such manner as provided in Section III - Schedule of Grant Disbursements, within the financial limit specified in Clause 4 above. The disbursement shall be subject to receipt of grant funds by the GRANTOR from NACO.

## **6. Duration of this AGREEMENT**

This AGREEMENT shall remain in FORCE from \_\_\_\_\_ to \_\_\_\_\_ unless terminated earlier in accordance with the provision of this AGREEMENT or in the event the period is extended through a mutually agreed amendment to this AGREEMENT. The total duration of the AGREEMENT including extension, if any, shall not exceed a period of one year.

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IN WITNESS WHEREOF, the parties hereto have caused this AGREEMENT to be signed in their respective names as the day and year first above written.

FOR AND ON BEHALF OF THE GRANTEE

Signed by (1) \_\_\_\_\_  
Name  
Designation

Address  
Date  
Signed by (2) \_\_\_\_\_  
Name  
Designation  
Address  
Date

In the presence of  
Signature of Witness 1 \_\_\_\_\_  
Name  
Address  
Date

Signature of Witness 2 \_\_\_\_\_  
Name  
Address  
Date

FOR AND ON BEHALF OF THE GRANTOR

Name  
Position  
Signature  
Date

In the presence of

Signature of Witness 1 \_\_\_\_\_  
Name  
Address  
Date

Signature of Witness 2 \_\_\_\_\_  
Name  
Address  
Date

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Location:

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## **Section I. Terms and Conditions of this AGREEMENT**

### **1. Construction of this AGREEMENT**

1.1 This AGREEMENT shall be governed by and construed in accordance with the laws of India.

### **2. Definitions**

2.1. "GRANTEE" means the Non-Government Organization (NGO) or non-profit institution or non-profit association or Community Based Organization (CBO) that is a party to this AGREEMENT. In case of a NGO network implementing this AGREEMENT, the Lead GRANTEE shall be a party to this AGREEMENT.

2.2. "GRANTOR" means the State Aids Control Society (SACS) of the State that is a party to this AGREEMENT

2.3. "AGREEMENT" means this AGREEMENT between the GRANTOR and the GRANTEE consisting of this AGREEMENT and the documents listed in Clause 4 therein.

2.4. "SERVICES" means those activities related to targeted interventions and/or care, support and treatment (as defined hereinafter) that shall be performed by the GRANTEE for which the GRANTOR has agreed to provide funds and which are specifically defined in Section II of this AGREEMENT.

2.5. "Approved Budget" means the budget sanctioned by the Executive Committee of the GRANTOR for the implementation of the SERVICES based on which, the grant funds shall be released in installments.

2.6. "Quarter days" means the quarter days referred in the contract letter notified by the GRANTOR to the GRANTEE.

2.7. "The NGO/CBO Guidelines" means NACO's guidelines dated \_\_\_ as referred to in Clause 1 of this AGREEMENT.

### **3. Instructions and Approvals**

3.1 The GRANTEE shall carry out the SERVICES with due diligence and efficiency and in conformity with appropriate administrative, technical, financial, economic, environmental and social standards and practices, and in accordance with the provisions of this AGREEMENT.

3.2 No variation in the Approved Proposal and/or the Implementation Plan and/or the budget shall be valid or binding unless expressly agreed to in writing by the GRANTEE and the GRANTOR in the form of an Amendment. Each Amendment shall be allotted a distinctive number and shall constitute a part of the current agreement.

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3.3 The GRANTOR shall not provide grant funds in respect of work done outside the scope of work and/or the geographical area as defined in Section II of this AGREEMENT and takes no responsibilities whatsoever for such work.

#### **4. General Provisions**

4.1 Nothing contained in this AGREEMENT shall be construed or have effect as constituting a relationship of employer and employee or principal and agent between the GRANTOR and the GRANTEE. The GRANTEE for this purpose refers to its own employees, whether permanent or contractual and any persons, association, institution and organization acting on behalf of the GRANTEE.

4.2 The GRANTEE shall be responsible for all acts and omissions of its employees and any persons, associations, institutions or organizations engaged by the GRANTEE including the GRANTEE's network partners (if any) and service providers (if any), whether or not in the course of implementing the SERVICES and for the health, safety and security of such persons or entities and their property.

4.3 The GRANTEE shall indemnify the GRANTOR in respect of any claims made against the GRANTOR pursuant to the implementation of the SERVICES including legal costs incurred by the GRANTOR in defending such claims.

#### **5. Financial Limit**

5.1 The financial limit under this AGREEMENT shall be the amount stated in Clause 4 on second page of this AGREEMENT.

5.2 Subject to availability of grant funds from NACO, the funds shall be released to the GRANTEE in installments in accordance with Section III of this AGREEMENT, but in no case shall exceed the financial limit laid down in Clause 4 of this AGREEMENT.

5.3 If the GRANTOR becomes aware of the misuse of funds by the GRANTEE or its employees or agents, the GRANTOR reserves the right to stop all future disbursements and shall initiate action to recover all the amounts disbursed to the GRANTEE under this AGREEMENT

5.4 Grant funds are only to be used for the purpose stated in the Section II of this AGREEMENT and shall not be used as a source of profit.

5.5 In such cases where the GRANTOR is not able to meet the disbursement schedule as stated in Section III the same shall be notified to the GRANTEE and the expected delay be agreed upon. Any additional costs incurred by the GRANTEE for generating funds to keep the SERVICES operational during the period of delay shall be reimbursed on an agreed basis (bank interest rate of lending) by The Grantor over and above the financial limit agreed upon.

5.6 Budget revisions may not necessarily increase the financial limit and if any agreed revisions results in a financial limit increase/decrease the same may be made operational through an amendment to this AGREEMENT and appropriately serially numbered.



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## **6. Disbursements**

6.1 On signing of this AGREEMENT by the GRANTEE, the GRANTOR shall release the grant amount approved for the SERVICES in three installments. The first installment will cover the estimated expenses as provided in SECTION II of this AGREEMENT that are likely to be incurred by the GRANTEE during the first six months of the implementation of the SERVICES.

6.2 Subject to the GRANTOR being satisfied with the progress of implementation of the SERVICES in accordance with the Approved Proposal and/or the Implementation Plan, the second grant installment duly approved, shall be disbursed in accordance with the Schedule of Grant Disbursements.

6.3 Disbursements to the GRANTEE shall be made in Indian Rupees. The funds so disbursed shall be deposited by the GRANTEE in a separate registered bank account of the GRANTEE.

6.4 In the event the implementation of the SERVICES is not as per this AGREEMENT, the GRANTOR reserves the right to - withhold or reduce the grant installment approved for the SERVICES to the GRANTEE or- stop further disbursement of grant installments to the GRANTEE. In such event, the GRANTOR shall identify the particular activities which are not implemented in accordance with this AGREEMENT together with the effect thereof and inform the GRANTEE in writing. Release of grant installments shall be made upon remedying of the unsatisfactory work, and on resolution of the outstanding queries by the GRANTEE, to the satisfaction of the GRANTOR.

6.5 Should the GRANTOR notice a lack of progress in implementing the SERVICES by the GRANTEE, and the GRANTEE fails to take corrective steps to implement the SERVICES within 30 days of a written notice being served to this effect to the GRANTEE by the GRANTOR; the GRANTOR may terminate this AGREEMENT in accordance with the terms of this AGREEMENT. The GRANTEE shall refund the grant funds received in excess of the cost of implementation as determined after an Audit of the accounts of GRANTEE is carried out by the GRANTOR or on its behalf.

## **7. Procurement**

7.1 The GRANTEE shall carry out all procurement required for implementation of the SERVICES in accordance with the requirements set forth or referred to in Section I and Sections I and IV of the BANK's Procurement Guidelines and Consultant Guidelines respectively, published in May 2004, and the NGO/CBO Guidelines.

7.2 The GRANTEE shall carry out procurement of pharmaceuticals and medical supplies, if required under this AGREEMENT, in accordance with the following:

(a) The GRANTEE shall purchase pharmaceuticals and medical supplies that are manufactured by firms included in list of WHO GMP certified firms included in the NGO/CBO Guidelines at Annexure 11;

(b) The GRANTEE shall not spend an amount greater than Rs.1,50,000 per annum on procurement of such pharmaceuticals and medical supplies;

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(c) The GRANTEE shall obtain the receipt from the medical store/ supplier clearly indicating the name of the pharmaceuticals and medical supplies procured and the name of manufacturing firm. Such invoices and other records evidencing the expenditures on pharmaceuticals and medical supplies shall be properly maintained by the GRANTEE and furnished to the GRANTOR or the BANK/DFID, as and when required for review ; and

(d) The GRANTEE shall purchase pharmaceuticals and medical supplies in accordance with the Shopping and Direct Contracting procedures as listed in the NGO/CBO Guidelines.

7.3. Notwithstanding the provisions of paragraph 7.2 above, the expenditures on procurement of pharmaceuticals and medical supplies by the GRANTEE shall remain eligible for financing in accordance with the provisions of this AGREEMENT, except that, after the completion of the detailed implementation review being carried out by the BANK, the BANK and the GOI shall discuss the conclusions of said review with a view to formulating a mutually acceptable solution to the issues identified thereunder, pertaining to procurement of pharmaceuticals and medical supplies under this AGREEMENT. In the event the BANK and the GOI are unable to formulate, within a reasonable time-frame, a mutually acceptable solution, the BANK may notify the GOI that the expenditures referred to hereinabove shall no longer remain eligible for financing until a mutually acceptable solution is formulated by the BANK and the GOI. Upon such notification by the BANK, the expenditures on pharmaceuticals and medical supplies by the GRANTEE shall not be eligible for financing under this AGREEMENT.

7.4. The compliance to above agreed procurement procedure shall be monitored through various reviews/audits as listed in this AGREEMENT or through other special review if so commissioned by the BANK/DFID.

## **8 Accounts, Records and Audit**

8.1 The GRANTEE shall maintain financial management system, accurate accounts and records, prepare financial statements (“The Accounts, Records and Financial Statements”) in respect of the SERVICES and carry out financial audit, in such form and detail which identifies all expenditures incurred for the SERVICES, all in a manner satisfactory to the GRANTOR and the BANK/DFID and in accordance with the NGO/CBO Guidelines. The GRANTEE shall furnish the financial statements to the GRANTOR in accordance with the NGO/CBO Guidelines.

8.2 The GRANTEE shall abide by all the terms and conditions specified in this AGREEMENT and the GENERAL FINANCIAL RULES, July 2005 as amended from time to time and any orders or instructions that may be issued by the Government of India or the State Government, where the GRANTOR is situated, from time to time.

8.3 The GRANTOR or its representatives and/or Auditors appointed by the GRANTOR (Panel of Auditors) and/or the BANK/DFID shall, on giving reasonable notice to the GRANTEE, visit the GRANTEE’s offices to review and audit the Accounts and Records including review of the adherence to terms and conditions of this AGREEMENT or to

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inspect the pharmaceuticals, medical supplies, other goods or services procured for the SERVICES. The GRANTEE shall

- co-operate with such teams during the review and inspection
- provide access to the Accounts and Records pertaining to the SERVICES whether on computer or in manual form
- provide copies of accounts and records
- provide oral or written explanations of the Accounts and Records as may be reasonably required during the review and audit.

8.4 In the event the review and audit undertaken by the GRANTOR identifies any errors or inaccuracies in the Accounts and Records of the GRANTEE, the GRANTEE shall within 30 days of a written demand served by the GRANTOR, carry out suitable rectification in its Accounts and Records. The GRANTOR shall either adjust excess disbursements arising from errors in accounting by the GRANTEE from future installments or the GRANTEE would refund the excess disbursement arising from errors in accounting to the GRANTOR.

8.5 The GRANTOR shall appoint a panel of auditors who shall visit the GRANTEE once in six months to carry out the audit of the accounts and the financial records and the audit certificate issued by the auditor jointly signed by the Head of GRANTEE, Finance Officer of the GRANTEE and the auditor would form the basis of further release of grants.

## **9. Review, Monitoring and Reporting**

9.1 The GRANTEE shall prepare and furnish to the GRANTOR, reports on progress (financial and physical progress) in implementation of the SERVICES as may be required by the GRANTOR from time to time and in a manner and substance satisfactory to the GRANTOR.

9.2(a) The GRANTOR shall review and monitor annually the performance and progress of the GRANTEE in implementation of the SERVICES using third party monitoring focusing, inter-alia, on purchases of pharmaceuticals and medical supplies by the GRANTEE according to the list of firms referred to in paragraph 7.2(a) of this Section I. The GRANTEE shall participate in and facilitate such review by the GRANTOR; and

(b) The GRANTEE shall take all actions to improve performance and progress in implementation of SERVICES, as may be required by the GRANTOR on the basis of review referred to in (a) above.

9.3 The GRANTEE shall, at the request of the BANK/DFID, (a) exchange views with the BANK/DFID with regard to the progress of carrying out the SERVICES and other matters relating to this AGREEMENT; and (b) furnish all such information related thereto as may reasonably be required by the BANK/DFID.

9.4 The GRANTEE shall promptly inform the GRANTOR, the GOI, the BANK and DFID of any condition which interferes with or threatens to interfere with the progress of its obligations under this AGREEMENT.

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## **10. Amendment**

10.1 This AGREEMENT shall be amended by written mutual consent of the parties to this AGREEMENT. The amendments shall be documented and allotted a distinctive number.

## **11. Suspension and Termination**

11.1 In the event of this AGREEMENT being terminated, the GRANTEE shall take such steps as are necessary to bring the SERVICES to a close in a cost effective, timely and orderly manner.

11.2 The GRANTEE shall not be entitled to payment of any amount by way of compensation for termination of this AGREEMENT.

11.3 The GRANTEE shall submit full accounts of all the receipts and payments and commitments incurred for the purposes of the AGREEMENT, which shall be audited by the GRANTOR or its representative

11.4 Provided that payments are within the Financial Limit and not subject to dispute, the GRANTOR shall disburse funds to the GRANTEE to meet approved expenses and commitments related to the SERVICES up to and including the date of termination including expenses necessarily incurred by the GRANTEE after the date of termination in winding up the SERVICES.

11.5 In the event of excess disbursement to the GRANTEE, the GRANTOR shall demand and recover from the GRANTEE such excess disbursements and the GRANTEE would be liable to refund the excess disbursements within a period of 30 days of ascertainment of the final amount. The GRANTOR reserves the right to appoint an Auditor to ascertain the amount to be paid to or received from the GRANTEE.

11.6 Without prejudice to any other remedies, the GRANTOR may, by notice in writing to the GRANTEE, suspend or terminate the right of the GRANTEE to use the proceeds of the grant under this AGREEMENT upon the happening of any of the following events

(a) The GRANTEE shall have failed to carry out the SERVICES or any part thereof to the satisfaction of the GRANTOR in accordance with the provisions of this AGREEMENT; or

(b) The GRANTEE shall have failed to perform any of its obligations under this AGREEMENT; or

(c) The GRANTOR shall have determined on the basis of the review referred to in paragraph 9 of this Section that the performance of the GRANTEE under this AGREEMENT is not satisfactory; or

(d) Upon suspension by the BANK of the financing under the agreement dated \_\_\_\_\_ between the GOI and the BANK (Credit No. \_\_\_\_\_) for the purposes of financing the Third National HIV/AIDS Control Project supporting NACP-III or upon issuance of a notice by the BANK declaring an intent to suspend such financing.

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11.7 The GRANTOR shall terminate this AGREEMENT with immediate effect by serving a notice in writing to the GRANTEE in case of the following events:

- GRANTEE becomes bankrupt
- GRANTEE is wound up.
- GRANTEE is blacklisted by CAPART or by Ministry of Home Affairs or any other government agency and the same is notified.
- Upon occurrence of any of the events listed under paragraph 11.6.

11.8 If at any point of time during period of implementation of the SERVICES it comes to notice of the GRANTOR that the GRANTEE is receiving multiple funding for SERVICES or any part thereof, then the AGREEMENT shall be terminated forthwith without any further notice.

11.9 If at any point of time it is noted that the full time staff being funded by this AGREEMENT are being used on multiple projects by the GRANTEE then the GRANTOR reserves the right to terminate this AGREEMENT forthwith.

11.10 It is essential that the GRANTEE maintains the staff having adequate qualification and experience satisfactory to the GRANTOR throughout the period of this AGREEMENT as has been provided in the proposal failing which the GRANTOR may require the GRANTEE to ensure such staff is provided. If the GRANTEE does not comply with the requirement the GRANTOR may proceed to terminate this AGREEMENT.

11.11 Notwithstanding the causes for termination of this AGREEMENT, Clauses 13.2, 20.1, 20.2, 20.5, 20.6 and 20.7 shall survive the termination of this AGREEMENT

## **12. Force Majeure**

12.1 If the performance of this AGREEMENT by either party is delayed, hindered or prevented or is otherwise frustrated by reason of force majeure, which shall mean war, civil commotion, fire, flood, action by any Government or any event beyond the control of the parties to this AGREEMENT, then the party so affected shall promptly notify the other party in writing specifying the nature of the force majeure and of the anticipated delay in the performance of this AGREEMENT. From the date of the notification the GRANTOR shall at its discretion, either terminate this AGREEMENT forthwith or suspend the performance of this AGREEMENT for a period not exceeding 6 months. If at the expiry of such period of suspension, any of the reasons for the suspension still remain, the GRANTOR and the GRANTEE shall either agree to a further period of suspension or treat this AGREEMENT as terminated.

12.2 If at the expiry of the second period of suspension, the reasons for the suspension still remain, the GRANTOR and the GRANTEE shall treat this AGREEMENT as terminated.

## **13. Indemnity**

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13.1 The GRANTEE shall exercise reasonable skill, care and diligence in the performance of its obligations under this AGREEMENT.

13.2 The GRANTEE shall indemnify and keep indemnified the GRANTOR in respect of any loss, damage or claim howsoever arising out of or related to the breach of this AGREEMENT or legal provisions or negligence by the GRANTEE or the GRANTEE's employees, agents, partners or service providers, in relation to the performance or otherwise of this AGREEMENT.

#### **14. Assigning to Others**

14.1 The GRANTEE shall not, without the prior written consent of the GRANTOR, assign or transfer or cause to be assigned or transferred, whether actually or as the result of take over, merger or other change of identity or character of the GRANTEE, any of its rights or obligations under this AGREEMENT or any part, share or interest therein. Upon any such assignment or transfer, the GRANTOR shall forthwith terminate this AGREEMENT.

#### **15. Settlement of Disputes**

15.1 All disputes arising out of the meaning or interpretation of any of the Clauses of this AGREEMENT or any other matter arising out of this AGREEMENT will be attempted to be sorted out in mutual consultation between the Project Director of the GRANTEE and the Joint Director of the GRANTOR within 15 days of the matter being referred to one party by the other in writing.

15.2 Should the parties be unable to settle disputes through mutual consultations as mentioned in Clause 15.1 or within a period of 15 days from the time the matter is referred by one party to the other, the Grievance Redressal Cell (GRC) comprising a retired High Court Judge (as Chairperson), the Project Director of GRANTOR, the Finance Officer and/or the Joint Director (NGO Co-ordination) from the GRANTOR and the GRANTEE's representative elected to represent the GRANTEE in the Executive Committee of the GRANTOR shall discuss the matter in dispute with both the parties in the next monthly meeting of the GRC and take a decision on the same. The decision of the GRC will be binding on both parties.

15.3 Should either party have cause to disagree with the decision of the GRC, the matter in dispute shall be referred to a panel of 3 Arbitrators of which one Arbitrator shall be nominated by the GRANTEE, one by the GRANTOR and the third Arbitrator shall be chosen by the two Arbitrators and will act as the presiding arbitrator of the tribunal. The decision of the Arbitrators will be on the basis of a simple majority (i.e. at least 2 of the 3 Arbitrators should be in favor of any decision). The decision of the panel of Arbitrators shall be final and binding on both the parties. The Arbitration proceedings shall be conducted in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

15.4 The place of arbitration shall be the city where GRANTOR is located.

15.5 All disputes arising between the parties shall be subjected to the jurisdiction of the Courts in the city where GRANTOR is located only and in no other courts.

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## **16. Evaluation**

16.1 The GRANTOR shall undertake or cause to be undertaken, evaluation of the impact and cost-effectiveness of the SERVICES. Such evaluation shall be carried out during the tenure of this AGREEMENT. The GRANTEE shall,

- co-operate with such teams during the review
- provide access to the Accounts and Records pertaining to the SERVICES whether on computer or in manual form
- provide copies of accounts and records
- provide oral or written explanations of the records as may be reasonably required during the evaluation.

## **17. Conflict of Interest**

17.1 Neither the GRANTEE, their personnel, agent, network partner or service provider nor their personnel shall engage in any personal business/professional activities, either during the course of or after the termination of this AGREEMENT, which conflict with or could potentially conflict with the object of the SERVICES.

17.2 The GRANTEE shall notify the GRANTOR immediately of any such activities or circumstances, which give rise to or could potentially give rise to a conflict and shall advise the GRANTOR how, they intend to avoid such a conflict.

17.3 In the event of a conflict as described above arising during the tenure of this AGREEMENT, the GRANTOR reserves the right to terminate this AGREEMENT on giving written notice to the GRANTEE.

## **18. Prevention of Corruption**

18.1 The Bank requires that the GRANTEE (including SUB-GRANTEE, if any), as well as GRANTOR participating in Bank-financed projects adhere to the highest ethical standards, both during the selection process and throughout the execution of a contract. In pursuance of this policy, the Bank:

- (a) defines, for the purpose of this paragraph, the terms set forth below as follows:
  - (i) “corrupt practice” means the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of a public official in the selection process or in contract execution;
  - (ii) “fraudulent practice” means a misrepresentation or omission of facts in order to influence a selection process or the execution of a contract;
  - (iii) “collusive practices” means a scheme or arrangement between two or more GRANTEES with or without the knowledge of the GRANTOR, designed to establish prices at artificial, noncompetitive levels;

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- (iv) “coercive practices” means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a selection process, or affect the execution of a contract.
- (b) will reject a proposal for award if it determines that the recommended for award has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for the contract in question;
- (c) will cancel the portion of the credit allocated to a contract if it determines at any time that representatives of the GRANTOR or of a beneficiary of the credit were engaged in corrupt, fraudulent, collusive or coercive practices during the selection process or the execution of the contract, without the GRANTOR having taken timely and appropriate action satisfactory to the Bank to remedy the situation.
- (d) will sanction a GRANTEE, including declaring the GRANTEE ineligible, either indefinitely or for a stated period of time, to be awarded a Bank-financed contract if at any time determines that the GRANTEE has, directly or through an agent, engaged in corrupt, fraudulent, collusive or coercive practices in competing for, or in executing, a Bank-financed contract; and
- (e) will have the right to require that, in contracts financed by the Bank, a provision be included requiring GRANTEE to permit the Bank to inspect their accounts and records and other documents relating to the submission of proposals and contract performance, and have them audited by auditors appointed by the Bank.

## **19. Commissions and Discounts**

19.1 The GRANTEE shall not accept for their own benefit any commission, discount or similar payment or benefit, in connection with this AGREEMENT. In addition, the GRANTEE shall use their best endeavors to ensure that persons and organizations associated with the implementation of the SERVICES shall not receive any such additional remuneration or benefit.

## **20. Disclosure of Information, Intellectual Property Rights and Official Secrets Act**

20.1 The GRANTEE shall not during or after the termination of this AGREEMENT disclose to any third party any confidential information arising from this AGREEMENT (other than in the proper performance of their duties hereunder or as may be required by a court or arbitration panel of competent jurisdiction) except with the prior written permission of the GRANTOR.

20.2 For the purposes of this clause, “confidential information” shall mean information relating to proprietary, technological, economic, legal, administrative business and technical matters of the GRANTOR that is not available in the public domain. The GRANTEE shall not use any information in a way, which would cause embarrassment to the GRANTOR or to the NACO or to the BANK/DFID, or to the Government of India.



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20.3 Before any publication is made, the approval of the GRANTOR shall be obtained. Any publication shall contain an express acknowledgement of the relevant copyright.

20.4 The GRANTEE shall within 10 days of the date of publication, supply the GRANTOR with as many copies of any publication as the GRANTOR may reasonably request.

20.5 Reports and any other document or materials prepared or inventions or information produced as a result of the performance of this AGREEMENT and all intellectual property rights therein, unless otherwise specifically stated in this AGREEMENT, shall be and remain the property of the GRANTEE. The GRANTOR shall have the right to request for copies and access documents and materials stated above.

20.6 Where the GRANTEE is in agreement with the GRANTOR to supply Project Reports to a Recipient, the reports shall be addressed to the GRANTOR. All intellectual property rights in such reports and any other documentation or materials prepared or inventions or information produced as a result of the performance of this AGREEMENT shall be and remain the property of the GRANTEE.

20.7 When the Project Reports are supplied directly to the GRANTOR, the GRANTEE shall take all reasonable steps to ensure that personnel engaged on The Intervention have notice that the provisions of the Official Secrets Act apply to them and will continue to apply after completion or earlier termination of this AGREEMENT.

## **21. Blacklisting - Deleted**

## **22 Notices**

22.1 All notices, demands, and other communications in connection to this AGREEMENT shall be deemed to have been duly given if personally delivered or sent through registered post, or through speed post, or by overnight courier with package tracing capability as provided elsewhere in this AGREEMENT, to the address set forth below. Either party may change the addresses set forth for it herein upon written notice thereof to the other.

Notices to GRANTOR

<NAME & DESIGNATION OF CONCERNED OFFICER IN THE SACS>  
<ADDRESS OF SACS>

Notices to GRANTEE

<NAME & DESIGNATION OF CONCERNED OFFICER IN THE NGO>  
<ADDRESS OF NGO>

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## SECTION II

Attach the Approved Project Proposal and Detailed Implementation Plan describing the SERVICES to be performed;

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Section III

Attach the Schedule of Grant Disbursements

<b>Stage</b>	<b>Month</b>	<b>Disbursement%</b>	<b>Conditions</b>
Start	Month 1	45%	Advance (This will cover 100% Non Recurring Expenditure and 5 months RE)
SOE for Qtr 1	Month 4		Review SOE and recommend for release 2 <sup>nd</sup> installment by end of month 4.
	Month 5	35%	2 <sup>nd</sup> Installment for RE for the months 6,7,8,9
	Month 6		Audit
SOE for Qtr 2	Month 7		Review SOE and recommend for release 3 <sup>rd</sup> installment by end of month 7.
	Month 8	20%	3 <sup>rd</sup> Installment for RE for the months 10,11 12
SOE for Qtr 3	Month 10	Nil	Review SOE.
SOE for Qtr 4	Month 13	Nil	Review SOE & Audit

**PERFORMANCE BOND SPECIMEN (on stamp paper)**

This bond made this day the \_\_\_\_\_ between \_\_\_\_\_ a Non Governmental Organisation registered under The Societies Registration Act 1860/ The Bombay Trusts Act 1950 and having its registered office at \_\_\_\_\_ hereinafter called 'the obliger' (which expression shall, unless excluded by or repugnant to the context, be deemed to include its successor-in-interest ) of the First Part and

(1) \_\_\_\_\_ son of \_\_\_\_\_ resident of \_\_\_\_\_,

(2) \_\_\_\_\_ son of \_\_\_\_\_ resident of \_\_\_\_\_, hereinafter jointly called the sureties ( which expression shall unless excluded by or repugnant to the context be deemed to include their respective heirs, executors, administrators and legal representatives) of the second part and \_\_\_\_\_ State AIDS Control Society a registered society, a Joint Project of Government of \_\_\_\_\_ (State) and the National AIDS Control Organisation (NACO) launched for HIV/AIDS prevention and control in the state of \_\_\_\_\_ of the third part.

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Whereas at the request of the obliger, State AIDS Control Society has sanctioned a grant-in-aid of Rs. \_\_\_\_\_/- and as \_\_\_\_\_ Contribution . The total amount of the grant in aid is Rs \_\_\_\_\_/- (Rupees: \_\_\_\_\_ only) vide their Grant Award letter no \_\_\_\_\_ dated \*\*\*\* hereinafter referred to as the said letter, which forms an integral part of these presents and a copy whereof is annexed hereto and marked with the letter 'A' for the purpose of and on condition of the obliger executing along with two sureties a bond in favour of State AIDS Control Society on the terms and conditions and in the manner hereinafter contained which the obliger has agreed to do.

Now this bond witnesseth and it is hereby agreed and declared as follows:

1. That the obliger shall utilize the said grant-in-aid of Rs \_\_\_\_\_/- (Rupees: \_\_\_\_\_ only) for the purpose specified in the said letter and for no other purpose whatsoever.
2. That the obliger shall abide by all the terms and conditions specified in the Grantee agreement and the General Financial rules, and any orders or instructions that be issued by State AIDS Control Society from time to time.
3. That in the event of any failure in the part of the obliger to abide by any of the terms and conditions of the grant-in-aid specified in the said letter or his committing any breach thereof State AIDS Control Society will be at liberty to order the obliger and to repay in full forthwith the State AIDS Control Grant amounting to Rs. \_\_\_\_\_/- Rupees: \_\_\_\_\_ only) or any part thereof with interest thereon at the rate of 6 % percent per annum and any order made by the State AIDS Control Society in this respect will be final and binding on the obliger and on receipt of the said order, the obliger shall forthwith and without any objection pay to State AIDS Control Society such sum not exceeding a sum of Rs. \_\_\_\_\_/- Rupees: \_\_\_\_\_ only) plus interest thereon as may be fixed by State AIDS Control Society and the amount so decided will be final and conclusive.
4. \_\_\_\_\_ agrees and undertakes to surrender/pay to State AIDS Control Society the monetary value of all such pecuniary or other benefits which it may receive or derive/ have received or derived through unauthorized use such as letting out the premises for adequate or less than adequate consideration or use of premises for any purpose other than that for which grant was intended of the property/building created/acquired constructed largely from out of the grant. The decision of the State AIDS Control Society as regards the monetary value aforementioned to be

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surrendered/paid to the State AIDS Control Society will be final and binding to \_\_\_\_\_.

5. Upon the obliger utilizing the grant-in-aid only for the purpose specified in the said letter and abiding by fulfilling and performing all the terms and conditions of the said letter the written obligation shall be void and of no effect but otherwise it shall be and remain in full force, effect and virtue.

Provided always and it is hereby agreed and declared that the decision of State AIDS Control Society as to whether the obliger had or has not performed and observed the obligations and conditions herein before received shall be and binding.

The stamp duty on the bond borne by State AIDS Control Society.

IN WITNESS WHEREOF these presents have been signed by Shri./ Smt. \_\_\_\_\_ and Shri. / Smt. \_\_\_\_\_ for and on behalf of the obliger as witnesses

1. Witness

\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of the witness of obliger)

2. Witness

\_\_\_\_\_  
\_\_\_\_\_  
(Name and address of the witness of obliger)

Dated \_\_\_\_\_ Signed by (Project Director) for and on behalf of State AIDS Control Society in presence of

1. Witness : \_\_\_\_\_
2. Witness : \_\_\_\_\_

#### GENERAL CONDITIONS FOR THE RELEASE GRANT-IN-AID TO ORGANISATIONS

1. In the event of any failure to comply with these conditions or committing any breach of the bond will be liable to refund to State AIDS Control Society the entire amount of the grant together with interest at such rate as is stipulated in the bond.
2. The grant-in-aid is to be utilized within the period of six months from the date of receipt of the money for the purpose for which it is sanctioned.

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If the grant or any part thereof is proposed to be utilized for a purpose other than that for which it is sanctioned, prior approval of State AIDS Control Society should be obtained by \_\_\_\_\_ .

The payment of the grant-in-aid will be made by State AIDS Control Society through demand draft /cheque after all the requirements mentioned in this sanction letter have been fulfilled by the grantee. A separate account exclusively for this purpose should be opened in a bank if not done before, the name of which may kindly be intimated to State AIDS Control Society.

The payment of grant is subject to the following condition.

- a) \_\_\_\_\_ should furnish a certificate that a person signing the understanding is duly authorized to operate upon and bind the funds of the grantee organization
- b) \_\_\_\_\_ should furnish the certificate that \_\_\_\_\_ is not involved in any proceedings relating to the account or conduct of its office bearers. A certificate to the effect that the organization is not involved in corrupt practices should also be furnished.
- c) \_\_\_\_\_ should furnish the certificate to the effect that \_\_\_\_\_ has not been sanctioned grant-in-aid for the same purpose by any other organization during the period to which the grant relates.
- d) \_\_\_\_\_ will not, without the prior sanction of State AIDS Control Society, dispose of, or divert or use for any other purpose of permanent and semi-permanent assets that may be created or acquired of the grant. If and when such body is dissolved the assets are to be reverted to the government.
- e) \_\_\_\_\_ should maintain a register in G.F.R. Form 19 of all assets acquired out of this grant. This register is required to be maintained separately in respect of each sanction and two copies of the same duly signed by \_\_\_\_\_ be furnished to State AIDS Control Society annually
- f) The register of assets maintained by \_\_\_\_\_ be available for scrutiny by audit or any other person authorized on this behalf by State AIDS Control Society.
- g) \_\_\_\_\_ should forward to State AIDS Control Society a signed utilization certificate (copy enclosed) along with three copies of the Audited Statement of Accounts duly certified by a Chartered Accountant as mentioned in item nos. (i), (ii), & (iii) below as soon as possible after the close of the current financial year and in any case not later than six months of its closing.

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- i. The receipts and payments accounts of the body as a whole for the year in which the grant has been received
  - ii. The income and expenditure accounts of the body as a whole for the financial year in which the grant has been received.
  - iii. The balance sheet at the end of the current financial year for the body as a whole.

\_\_\_\_\_ would give an undertaking in writing that \_\_\_\_\_ agrees to be governed by the condition of the grant mentioned in this annexure and the sanction letter.

Certificate / Undertaking to be given by \_\_\_\_\_ in terms of State AIDS Control Society's Grant Award letter No: \_\_\_\_\_ dated \_\_\_\_\_

1. We undertake that our organization namely \_\_\_\_\_ agrees to the conditions of the grant as laid down in the above mentioned letter.
2. We certify that our organization is not involved in any proceedings relating to the account or conduct of any of its office bearers.
3. We certify that all the Rules and regulations are being followed and the prescribed documents are being maintained.
4. We certify that the office bearers signing/ Undertaking are duly authorized to operate upon and bind the funds of the organization.
5. We certify that our organization namely \_\_\_\_\_ is not engaged in any corrupt practice.
6. We certify that our organization namely, \_\_\_\_\_ has not received grants from any other Organisation for the same purpose during the period of the grant.
7. We, \_\_\_\_\_ undertake that the funds made available by State AIDS Control Society under the grant award for Targeted Intervention project with \_\_\_\_\_ (Target group & location) for the period from DD/MM/YY to DD/MM/YY shall not be used for any purpose spelt out in the contract. Any violation of this shall be ground for unilateral termination of the grant award by State AIDS Control prior to the end of the grant period.

Signed & sealed for and on behalf of \_\_\_\_\_

Name of the Official:

Designation :



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**NGOS PARTICIPATORY SITE VISIT (PSV) INFORMATION****THIS APPEARS VERY FSW ORIENTED**

<b>I. General Details</b>	
<b>Name of the Organization</b>	
<b>Project Title</b>	
<b>Address</b>	
<b>Date of commencement of Project</b>	
<b>Renewed date</b>	
<b>Date of Desk Review</b>	
<b>Date of PSV</b>	
<b>Conducted by</b>	
<b>Debriefing Date</b>	
<b>Methodology</b>	
<b>PSV No.</b>	

**II. Background of the project:**

- Past experience in number of years and types of programs. This information is already available with the SACS. Why is this being repeated here?
- Geographical area covered for the project
- Size of target population covered

**III. Desk Review:****a. Past Observation:**

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**b. Current Desk Review:**

**IV. Participatory Site Visit**

**A. Behaviour Change Communication (BCC)**

(1-1, 1-group, events, IEC distribution, numbers reached, how this reach is achieved, quality of these activities, what are the organization quality assurance and quality improvement plan, how are these activities monitored and other observations should be noted)

- BCC program
  - One to one sessions (Achievements/barriers)
  - One to group (Achievements/barriers while dealing with specific population)
  - Events (With primary, secondary and tertiary target population)

The understanding of the NGO of the concept of the BCC activities should be based on the inputs given by the consultants in the earlier PSV and further reiterated during various review meetings.

**B. STI Program**

**(how are client identified, process, how is the counseling done, how are referrals made, how are follow-ups done, review the case records of counselor and the method of preparing individual case sheets etc, how is complete treatment assured)**

Identification of HCPs

Referral system (hand hold on the establishment of effective referral system)

Acquaintance of the staff with STI symptoms identification

Partner treatment

STI counseling (Training needs)

Availability and accessibility of STI services.

**C. Counseling: has the counselor received training, how was the training, what improved can be seen. Type of counseling done by counselor, how are the report/case sheet maintained, how is the follow-ups done etc.)**

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#### **D. Condom Promotion**

**No. of condom distributed, demo & re-demo done, quality of the CP, no. of outlets, how they are functioning, availability and accessibility of condoms, is the community desensitized on the use of condoms)**

Condom demonstration  
Availability of penis models  
Addressing myths and misconceptions with regard to condom usage  
Establishment of NTOs for priced condoms and their sustenance  
Availability and accessibility of condoms. Free and priced  
System for gathering information on condom sale and distribution.  
(Handholding on the entire processes involved in condom promotion)

#### **E. Enabling Environment**

**(Type of Advocacy & networking meetings, community mobilization, mass events done to promote EE. Its impact, as it helped in referrals to police, STI clinics, PHCs, VCTC etc.)**

Understanding of the NGO on the difference and the interconnection between Advocacy and EE. (Inputs given to be reiterated)  
Various advocacy initiatives undertaken  
Role clarity in terms of initiatives. Who should do what

#### **F. Peer Educators System**

**(have they received training from BIRDS, was it useful, review the trainings they have conducted, quality of training, type of additional value, PEs render to the project etc)**

Process of identification  
Nature of training  
Role of PE  
Monitoring of the PE  
Sustenance of the PE  
PE turnover  
Graduation of PE

#### **G. Organizations structure**

**(involvement of Project holder in the organization, timings of work, how other activities are feeding into this program,)**

Number of staff per the project requirement

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Training programs undergone  
Further training needs  
Staff turnover  
Job descriptions  
Involvement of senior management in the project  
Autonomy given to the projects staff

## **H. Observations of Systems and processes**

**Meeting with Project holder, staff meeting, how frequent, minutes maintained. Attendance registers, do all have appointment letter, what does the appointment letter say, how are files maintained. MIS system, how are registers filled, time taken in filling. Etc)**

Documentation system (how frequent is the documentation, how is quality analyses ensured)  
Reporting system (Clarity on accountability and reporting to whom and how)  
Internal monitoring system (Vertical and horizontal communication)

## **I. Summation and Follow up**

Observations and recommendations to be shared with NGOs during debriefing  
Handholding done during visit should be reiterated by the NGO during debriefing  
The consultants are expected to follow the given guidelines during PSV. Apart from the components listed above, if there are any other issues of concern the same should be first clarified with the concerned technical officer at Avert and then resolved during debriefing.

PSV Consultant:  
Signature:  
Date:

**MANUFACTURING UNITS HAVING WHO GMP  
CERTIFICATION**

MANUFACTURER	ADDRESS
M/s. Ozone Pharmaceuticals Limited.	EPIP, Amingain, Guwahati-31
M/s. Hindustan Latex Limited.	Peroorkada Factory, Thiruvananthapuram-69005
M/s. Vysali Pharmaceuticals Limited.	34/74/755 Edappally, Cochine-682024
M/s. Vysali Pharmaceuticals Limited.	IX/639, Edathala, Ernakulam-68361
M/s. Hoch Remedies (P) Limited.	VI/228, Kadukutty Panchayath, Annanad P.O., Chalakudy, Thrissur District. – 680324.
M/s. Careon Medical Disposables (P) Limited.	VI/99B/Development Plot, Kalamasuary P.O., Cochin-683109
M/s. Sangrose Laboratories (P) Limited.	Industrial estate, Kollakadavu, Kallinel P.O., Mavelikara-690570
M/s. Capsulesulation Pharmaceuticals (P) Limited.	Keltron Road, Aroor P.O., Alappuzha District., Kerala-68834
M/s. Ive Links,	Kizhuvamkulam P.O., Chenpumpkal, Pala, Kottayam-68684
M/s. Sance Laboratories Private Limited.	P.B. No. 2, Elepunkal, Kazlurvenel-68623, Kottayam District.
M/s. Chethana Pharmaceuticals	Ambalakkat Road, Pefinthalamanna Malappuram District-679322, Kerala
M/s. Chethana Drugs and Chemicals Private Limited.	IV/292B, Vellakkode, Mundoor, Thrissur-68041, Kerala
M/s. Variety Pharmaceuticals Private Limited.	Industrial Estate, Kulapally, Shoranur-679122
M/s. Variety Formulations Private Limited.	1/403, Industrial Estate, Kulapally, Shoranur-679122
M/s. Ahlcon Parenteral (I) Limited.	SP-918, Phase IIIrd, Ind. Area, Bhiwadi
M/s. Welcure Drugs Pharmaceuticals Limited.	A-1129, Phase IIIrd Ind. Area, Bhiwadi
M/s. Cachet Pharmaceuticals Private Limited.	C-582, Ind. Area, Bhiwadi
M/s. X.L. Laboratory Private Limited.	E-1223, Ind. Area, Phase I, Ext. (Ghatal) Bhiwadi
M/s. Vivek Pharmaceuticals (I) Limited.	N.H.-8, Chimanpura, Amer
M/s. Seagull Pharmaceuticals Private Limited.	E-1190, Phase- IIIrd, Riico Ind. Area, Bhiwadi
M/s. Amol Pharmaceuticals Private Limited.	E-1-363, Sitapura Ind. Area, Bhiwadi
M/s. G.S. Pharmabutor Private Limited	B-172, Ind. Area, Behror
M/s. Gracure Pharmaceuticals Limited.	E-1105, Phase-IIIrd Ind. Area, Bhiwadi
M/s. Lark Laboratories (I) Limited	SP-1105-E, Phase-IIIrd Ind. Area, Bhiwadi

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Medicamen Biotech Limited.	SP-1192, A&B, Phase-IVth Ind. Area, Bhiwadi
M/s. Venus Remedies	Plot No. 51-52, Ind. Area, Phase-I, Panchcula
M/s. Mechenil & Argas Pharmaceuticals	Rampur, Sarsehari Road, Amabala Cantt.
M/s. Zee Laboratories Limited	Uchani Road, Karnal
M/s. Cure Quick Paharmaceuticals	HSIDC Industrial Estate, Karnal
M/s. Nitin Pharmaceuticals	92-93, HSIDC Industrial Estate, Sector-3, Karnal
M/s. Laborate Pharmaceuticals,	Industrial area, Panipat
M/s. Coral Drugs	55-56, HSIDC Industrial Estate, Murthal Sonipat
M/s. Belco Pharmaceuticals	515, MIE, Bahadurgarh
M/s. B.B. India Limited	Bawal (Rewari)
M/s. Peenam Laboratories	Jaipur Highway, Dhahera
M/s. Vitalife Laboratories	Village, Petherai Bilaspur Tawru Road, District (Gurgaon)
M/s. Martin & Heris	Pachgaon (Gurgaon)
M/s. Mega International Limited.	Beam pur Kahatola (Gurgaon)
M/s. Chinar Pharmaceuticals	376, Phase-II, Udyog Vihar, Gurgaon
M/s. Eastern Medikit Limited.	292, Phase-II, Gurgaon
M/s. Advik Laboratories Private Limited.	138, Roj Ka Mea Sohna, Gurgaon
M/s. Mankind Pharmaceuticals Private Limited.	490, Phase-V, Gurgaon
M/s. Baxter (India) Private Limited	183, Sector-5, IMT, Manaser, Gurgaon
M/s. Nester Pharmaceuticals Private Limited	11 Western Extension Area, Faridabad
M/s. Symedic Laboratories	166, DLF, Industrial Area, Faridabad
M/s. Jagsonpal Pharmaceuticals	320 KM Stoen, Mathura Road, Faridabad
M/s. Hindustan Syringes Limited	Sector-24, Ballabgarh, Faridabad
M/s. Polimedicare Limited.	105, Sector-15, HSIDC, Industrial Area, Faridabad
M/s. Alchem Laboratories	Village Kaili, Ballabgarh, Faridabad
M/s. Mitra Industries	Mathura Road, Faridabad
M/s. Brown Laboratories	13 NIT, Industrial Area, Faridabad
M/s. P.I. Pharmaceuticals Private Limited	DLF Industrial Area, Faridabad
M/s. Wings Pharmaceuticals Private Limited	D-6, Udyog Nagar, Delhi-41
M/s. Arbro Pharmaceuticals Limited.	6/14, Kirti Nagar Industrial Area, New Delhi-110015
M/s. Cyper Pharma	63, Rama Road, New Delhi-110015
M/s. Bionova Pharmaceuticals Private Limited	C-66/1, Okhla Indl. Area, Phase-II, New Delhi-110020
M/s. J. Mitra & Co.	A-180, Okhla Indl. Area, New Delhi-110020
M/s. Panacea Biotec Limited	(Vaccine Division), A-241, Okhla Indl.

MANUFACTURER	ADDRESS
	Area, New Delhi-110020
M/s. Panacea Biotec Limited	B-1/E-12, Mohan Co-op. Indl. Area, Mathura Road, New Delhi-110044
M/s. Stericat Gutstrings Private Limited	E-25/B-1, Mohan Co-op. Indl. Area, Mathura Road, New Delhi-110044
M/s. Best Laboratories	C-53, , Okhla Indl. Area, New Delhi-110020
M/s. Ranbaxy Laboratories Limited	B-84/1, Okhla Indl. Area, Phase-II New Delhi-110020
M/s. Accure Labs Private Limited	2/24, 3 <sup>rd</sup> Floor, Sarai Julene, New Delhi C/o Best Laboratories
M/s. Ranbaxy Laboratories Limited.	Marcaim Ind. Estate, Marcaim Goa
M/s. Blue Cross Laboratories Limited	Plot No. L-17, Verna Ind. Estate, Verna, Goa
M/s. Unichem Laboratories Limited	Pilerma Bardez, Goa
M/s. Meditab Specialities Private Limited	Kundaim, Goa
M/s. Okasa Pharma c/o M/s. Meditab Specialities Private Limited	Kundai Industrial Estate, Kundai Ponda, Goa
M/s. Cipla Private Limited c/o M/s. Meditab Specialities Private Limited	Kundai Industrial Estate, Kundai Ponda, Goa
Mediorals c/o M/s. Meditab Specialities Private Limited	Kundai Industrial Estate, Kundai Ponda, Goa
M/s. Wyeth (I) Limited	Verna Industrial Estate, Verna Salcete, Goa
M/s. Indoco Remedies Limited (I)	Verna Industrial Estate, Verna Salcete, Goa
M/s. Nestor Pharmaceuticals Limited.	Verna Industrial Estate, Verna Salcete, Goa
M/s. Indoco Remedies Limited (I)	Verna Industrial Estate, Verna Salcete, Goa
M/s. Zydus Cadila Health Care Limited	Kundai Industrial Estate, Kundai Ponda, Goa
M/s. Centaur Pharmaceuticals Private Limited	Karaswada Mapusa, Goa
M/s. Aventis Pharma Limited	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Okasa Private Limited	Kundaim Ponda, Goa
M/s. Cipla Limited c/o M/s. Okasa Private Limited	Kundaim Ponda, Goa
Medioras Lab Private Limited c/o M/s. Okasa Private Limited	Kundaim Ponda, Goa
Mediorals c/o Cipla Limited (II)	Verna Industrial Estate, Verna, Salcete, Goa
A.C.I Pharma Limited c/o Cipla Limited (II)	Verna Industrial Estate, Verna, Salcete, Goa
Cipla Limited (II)	Verna Industrial Estate, Verna, Salcete,



MANUFACTURER	ADDRESS
	Goa
Okasa Pharma Limited c/o Cipla Limited (II)	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Kare Labs Limited	Verna Industrial Estate, Verna, Salcete, Goa
M/s. DCI Pharmaceuticals Private Limited. c/o Kare Labs Limited	Verna Industrial Estate, Verna, Salcete, Goa
Star Formulations	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Medispray Laboratories	Kundaim Ponda, Goa
M/s. Cipla Limited. c/o M/s. Medispray Laboratories	Kundaim Ponda, Goa
M/s. DCI Pharmaceuticals Private Limited.	Vidyanagar Aquem Margao
M/s. F.D.C. Limited (I)	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Sigma Laboratories Private Limited. c/o M/s. Adelphi Pharmaceuticals	Tivim Industrial Estate, Karasawada, Mapusa
M/s. Adelphi Pharmaceuticals Private Limited	Tivim Industrial Estate, Karasawada, Mapusa
M/s. Cipla Limited (I)	Verna Industrial Estate, Verna, Salcete, Goa
Mediorals c/o Cipla Limited (I)	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Okasa Pharma Private Limited c/o M/s. Cipla (I) Limited	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Centaur Drugs House Private Limited	Plot No. 39, Tivim Ind. Estate, Tivim, Goa
M/s. Cosme Remedies Limited c/o M/s. Centaur Drugs House Private Limited	Tivim Ind. Estate, Tivim, Bardez, Goa
M/s. Centaur Pharma P. Limited. (I), Parenteral Section	Tivim Industrial Estate, Karasawada, Mapusa
M/s. Wallace Pharmaceutical Limited	Curti Ponda, Goa
Dr. Reddy Laboratories Limited	Verna Industrial Estate, Verna, Salcete, Goa
M/s. Indi Pharma Private Limited	Bethora Ponda, Goa
M/s. Encube Ethicals Private Limited	Marcaim Ponda
M/s. Aventis Pharma P Limited c/o M/s. Encube Ethicals P Limited	Marcaim Ponda
M/s. Glenmark Pharmaceuticals	Colvale Bardez
M/s. Abbot India Limited	Block No. 42, B-2, Kanchan Pharma House, National Highway Aslali, Ahmedabad
M/s. Accumen Pharmatech Private Limited	O/21, Oasis Ring Road, Surat
M/s. Acron Pharmaceuticals P. Limited	38/2, Main Road GIDC, Naroda,

MANUFACTURER	ADDRESS
	Ahmedabad
M/s. Agio Pharmaceuticals Limited	Building No. 2, 1 <sup>st</sup> Floor, 75/1, GIDC, Vapi
M/s. Ajanta Pharma Limited	39, Punitnagar, 1 <sup>st</sup> Floor, Setelite, Ahmedabad
M/s. Alembic Limited	Panelav, PO Tajpura, NR. Baska, Tal. Halol, Godhra
M/s. Alferez Private Limited	25/3, Suvernpuri Society, Chikoowadi, Jetalpur Road, Vadodara
M/s. Alferez Private Limited	25/3, Suvernpuri Society, Chikoowadi, Jetalpur Road, Vadodara
M/s. Alkem M/s. Laboratories Limited	N.H. No. 8, Andva, Ankleshwar
M/s. Almas Lifecare Private Limited	1314, Vishnunagar, Vadsar, Tal.Kalol, Gandhinagar
M/s. Ambalal Sarabhai Ent. Limited	Opp. Railway Station, Ranoli, W.Rly, Baroda
M/s. Amoli Organics P. Limited	Plot No. 322/4,40 Shed Area, GIDC, Vapi
M/s. Amsal Chem P. Limited	A-1/401/402, GIDC, Ankleshwar
M/s. Amsal Chem P. Limited	A-1/401/402, GIDC, Ankleshwar
M/s. Aquarius Pharma Private Limited	Devkunj Society, NR. Satadhar Bus Stop, Sola Road, Ahmedabad
M/s. Asence Inc.	Sarabhai Campus, Dr. Vikram Sarabhai Marg, Wadi Wadi, Vadodara
M/s. Asoj Soft Cap Private Limited	Vadodara halol Highway, Vadodara
M/s. Astral Pharmaceuticals Industries	911, GIDC Makarpura, Baroda
M/s. Aventis Pharma Limited	Plot No. 3501, 3503-15, 6310B-14, GIDC Estate P. No. 136, Ankleshwar
M/s. Aventis Pharma Limited	Plot No. 3501, 3503-15, 6310B-14, GIDC Estate P. No. 136, Ankleshwar
M/s. Aventis Pharma Limited	Plot No. 3501, 3503-15, 6310B-14, GIDC Estate P. No. 136, Ankleshwar
M/s. Bharat Parenteral Limited	PO. Haripura, TA, Salvi, Baroda
M/s. BioDeal Laboratories P. Limited	508, GIDC Estate Wadhwan City, Wadhwancity
M/s. Blue Cross Laboratories Limited	Vithalpress Road, Street No. 3, S. Nagar
M/s. Cadila Pharmaceuticals Limited	294, GIDC, Ankleshwar
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad
M/s. Cadila Healthcare Limited	291, GIDC Estate, Ankleshwar
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad
M/s. Cadila Healthcare Limited	244, Ghodasar, Maninagar, Ahmedabad
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad
M/s. Cadila Pharmaceuticals Limited	Plot No. 1389, Dholka, Ahmedabad
M/s. Cadila Pharmaceuticals Limited	342, Nani Kadi, Tal.Kadi, Mehsana
M/s. Cambrigde Healthcare Limited	257, GIDC, Phase-I, Modhera Road, Mehsana
M/s. Casil Health Product Limited	342, Nani Kadi, Tal.Kadi, Mehsana
M/s. Chiron Behring Vaccines Limited	Plot No. 3502 GIDC Estate, B.No. 136, Ankleshwar
M/s. Cipla Limited	Survey No. 269/2 & 70 Manibhai & Brother Estate Sanand, Ahmedabad
M/s. Cipla Limited	Manibhai & Brother Estate Sarkhej Sanand Cross Road, Ahmedabad
M/s. Cipla Limited	Syrvet No. 269/2 & 70 Manibhai & Brother Estate Sanand, Ahmedabad
M/s. Claris Lifesciences Limited	Sangeeta Complex, NR. Parimal Crossing, Ellisbridge, Ahmedabad
M/s. Claris Lifesciences Limited	Chacharwadi Vasna, Tal. Sanand, Ahmedabad
M/s. Comed Chemical Limited	359, Rania, TA.Savli, Baroda
M/s. Coral Laboratories	308/5, Village & Post Poicha, TA. Savli, Baroda
M/s. Core Healthcare Limited	Village Rajpur TA. Kadi, Mehsana
M/s. De Vats (I) Private Limited	Room No. 4, Jalaram Ind. Estate, P.O. Ranoli, Vadodara
M/s. Defi Healthcare Private Limited	301, Shapath-III, Nr. Grand Bhagwati Hotel, Sarkhej Highway, Gandhinagar
M/s. Deutsche Labs Inc.	19, Nishant Bunglow-1, Setelite, Ahmedabad
M/s. Dolphine Laboratories Limited	Kailash Industrial Estate, Sanand, Ahmedabad
M/s. Dr. Reddys Laboratories Limited	Block No. A-5&6, Kanchan Pharma House, Bye Pass, NH. No. 8, Aslali, Ahmedabad
M/s. Dupen Laboratories P. Limited	C1-49 & 36, Degam Road, Industrial Township, Vapi
M/s. Elysium Pharmaceuticals Limited	At. PO. Dabhasa, TA. Padra, Baroda
M/s. Endurance Healthcare Limited	Plot No. 823, Devpath, 8 <sup>th</sup> floor, NR. Lal Bunglow, C.G. Road, Ahmedabad
M/s. FDC Limited	Godown No. 1 to 4, A-One Estate, Sarkhej Bavla Highway, Ahmedabad
M/s. Falma Laboratories P. Limited	F/203, Alembic Colony, Alembic Road, Baroda
M/s. Famy Care Limited	Plot No. 1608 & 1609 Sarigam Industrial Area, GIDC Sarigam, Valsad
M/s. Finecure Pharmaceuticals	6/5/1, Caliconagar, Narol, Ahmedabad

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Galpha Laboratories Limited	A-1, 6104/3, GIDC Ind. Estate, Ankleshwar
M/s. Genvista Pharmaceuticals P. Limited	K 1389, Dholka, Ahmedabad
M/s. Glenmark Pharmaceuticals Limited	Plot No. 3109/C GIDC Estate, Ankleshwar
M/s. Greencross Life Sciences P Limited	11, Miral Shopping Centre, Isanpur Vatva Road Isanpur, Ahmedabad
M/s. Gujarat Liquid Pharmaceuticals	Plot No. 662-666, GIDC, Waghodia, Baroda
M/s. Gujarat Themis Biosyn Limited	69, GIDC Ind. Estate, Vapi
M/s. Harson Laboratories	12, R.C. Patel Industrial Estate, Akota, Baroda
M/s. Helix Life Sciences Inc	Jayshree, A-9, Shraddha Housing Society, Opp Sparc, Akota, Baroda
M/s. ICPA Laboratories Limited	Godown No. 1&2 Pirana Road Village Pirana, Ahmedabad
M/s. Intas Pharmaceuticals	Plot No. 457& 458, Village, Matoda Atal.Sanand, Ahmedabad
M/s. Intas Pharmaceuticals	7/3 GIDC Vatva, Ahmedabad
M/s. Intas Pharmaceuticals	Plot No. 457& 458, Village, Matoda Atal.Sanand, Ahmedabad
M/s. Intas Pharmaceuticals	Plot No. 432/P/A/ GIDC Sarkhej Bavla Highway Village Moraiya TA.Sanand, Ahmedabad
M/s. Intas Pharmaceuticals	Plot No. 457& 458, Village, Matoda Atal.Sanand, Ahmedabad
M/s. ICPA Laboratories Limited	PLOT No. 69072M(B) Sector-II Kandla Special Economic Zone, Gandhidham
M/s. ICPA Laboratories Limited	Godown No. 1&2 Pirana Road Village Pirana, Ahmedabad
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot No. 128/A GIDC Industrial Estate
M/s. J.B. Chemicals & Pharmaceuticals Limited	215, 216 GIDC, Panoli, Ankleshwar
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. J. N. Chemicals	C-1/8 GIDC Phase-1, Near Manekchowk co-op Bank, Vatva, Ahmedabad
M/s. Jay Formulations Limited	1301, GIDC, Kerala (Bavla), Ahmedabad
M/s. Jenburkt Pharmaceuticals	Plot No. 11-12, GIDC Phase-I, Bhavnagar Road, Sihor, Bhavnagar
M/s. Kusum Healthcare	B-125, Adhishwarnagar, Ground Floor,

<b>MANUFACTURER</b>	<b>ADDRESS</b>
	Naroda, Ahmedabad
M/s. Lactose India Limited	At: Poicha (Rania) Tal.Savli, Vadodara
M/s. Lactose India Limited	Survey No. 6, Village PO. Poicha Rania TA.Savli, Vadodara
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Lifesource Healthcare	Vapi
M/s. Lincon Parenterals P. Limited	11, Trimul Estate Khatraj, Gandhinagar
M/s. Lincon Pharmaceuticals Limited	Trimul Estate Khatraj, Tal. Kalol, Gandhinagar
M/s. Lincon Pharmaceuticals Limited	Trimul Estate Khatraj, Tal. Kalol, Gandhinagar
M/s. Lyka Labs Limited	4801/B, 4802/A, GIDC Industrial Estate, Ankleshwar
M/s. Lupin Limited	124, GIDC Estate, Ankleshwar
M/s. M.J. Pharmaceuticals Limited	Halol Baroda Highway, Baroda
M/s. Maan Pharmaceuticals Limited	Plot No. 1, GIDC Phase-2, Modhera Road, Mehsana
M/s. Macleods Pharmaceuticals Limited	5, N.H. Estate, B/HA/1, Motor Garage, Sarkhej, Ahmedabad
M/s. Macson Pharmaceuticals P. Limited	Rajkot Highway, Su'Nagar
M/s. Marck Parenteral (I) Limited	876, N.H. 8, Hariyala
M/s. Mars Life Sciences Limited	Mona App. Nr. Gayatri Mandir, Vapi
M/s. N.K. Pharma Industries	Plot No. 2203, Phase-IV, GIDC, Vatva, Ahmedabad
M/s. Nicholas Piramal India Limited c/o M/s. Biodeal Laboratories P. Limited	508, GIDC Wadhwancity, Su'Nagar
M/s. Nirayu Private Limited	Panelav, PO. Tajpura, Nr. Tal.Halol, P.M.
M/s. Noble Laboratories	Plot No. 862, GIDC Industrial Estate, Waghodia, Baroda
M/s. Norris Medicines Limited	Plot No. 801/P, GIDC Estate, Ankleshwar
M/s. Orchid Healthcare	9, Aslali Estate of No. H.No. 8, Aslali, Ahmedabad
M/s. Organon (India) Limited	257, GIDC Phase-1, Modhera Road, Mehsana
M/s. Oxford Laboratories P. Limited	13 Kamboll Nagar Society Prashant Road, Mehsana
M/s. Prime Pharmaceuticals Limited	2/3 Surya Complex, C.G. Road, Swastik Char Rasta, Navrangpura, Ahmedabad
M/s. Promed Exports Private Limited	58/690, Anand Nagar App. Nava Wadaj, Ahmedabad
M/s. Potech Biosystema Private Limited	24, Namrata Society Barrage Road Vasna,

<b>MANUFACTURER</b>	<b>ADDRESS</b>
	Ahmedabad
M/s. Potech Biosystema Private Limited	24, Namrata Society Barrage Road Vasna, Ahmedabad
M/s. R.P.G. Life Science Limited	3102/A, GIDC Estate, Ankleshwar
M/s. Rajat Pharmachem Limited	House No. 3492, Godown No. 93/A, Shree Raghuvir Estate, Aslali, Ahmedabad
M/s. Reliance Formulation	7/2-A, GIDC Phase-I, Pharmaceuticals Zone, Vatva, Ahmedabad
M/s. Royal Labs	Grudula Sadan, Pratap Road, Faopura, Baroda
M/s. Rusan Pharma Limited	Plot No. 59 to 65, Sector-II, Kandla Special Economic Zone, Gandhidham
M/s. Rusan Pharma Limited	703 2 <sup>nd</sup> Floor, GIDC Makarapura, Baroda
M/s. S. Kant Healthcare Limited	Plot No. 1802-1805, GIDC Phase-III, Vapi
M/s. Saga Laboratories	Plot No. 1409, Phase-III, GIDC Tatwa, Ahmedabad
M/s. Sandoz Private Limited	A/16, Kanchan Pharma House, N.H. No. 8, Aslali, Ahmedabad
M/s. Skymax Laboratories Private Limited	Plot No. G-1445/46, GIDC Lodhika Kalawad Road, Metoda, Rajkot
M/s. SNG Pharmaceuticals P. Limited	101/B, 1 <sup>st</sup> Floor, K.B. Complex, Opp. Mahavir Nagar, N.H. No. 8, Vapi
M/s. Solvay Pharma (I) Limited (Duphar Pharma)	2, Nar Narayan Estate, N.H. No. 8, Aslali, Ahmedabad
M/s. Solvay Pharma (I) Limited (Duphar Pharma)	2, Nar Narayan Estate, N.H. No. 8, Aslali, Ahmedabad
M/s. Span Diagnostics Limited	Plot No. 336-338, 340, Road GIDC Sachin, Surat
M/s. Sparsh Bio-Tech P. Limited	Plot No. 1, Survey No. 242/243/244 Village Lakhabavad PO. Khodiayr, Jamnagar
M/s. Sri Pharma Care	27A, Mangalam Society, Ring Road, Ghodasar, Ahmedabad
M/s. SRS Pharmaceuticals P. Limited	1, Charan Kripa Society Vighag-1 Satellite Road, Ahmedabad
M/s. Stallion Laboratories P. Limited	Plot No. C1B-305, 2&3, GIDC Kerala, Bavla, Ahmedabad
M/s. Stallion Laboratories P. Limited	Plot No. C1B-305, 2&3, GIDC Kerala, Bavla, Ahmedabad
M/s. Sun Pharmaceuticals Industries Limited	C-1/2710, GIDC Phase-III, Vapi
M/s. Sun Pharmaceuticals Industries Limited	Plot No. 25, Phase IV, Chemicals Zone GIDC Panoli, Bharuch
M/s. Sun Pharmaceuticals Industries Limited	Plot No. 25, Phase IV, Chemicals Zone GIDC Panoli, Bharuch



MANUFACTURER	ADDRESS
M/s. V.S. International Private Limited	Room No. 106, Banner PharmaCapsules P. Limited. Plot No. 811, GIDC Sarigam, Valsad
M/s. Vapi Care Pharma	Plot No. 225/3, GIDC Morarji Circle, Vapi
M/s. Ved Pharmaceuticals P. Limited	A/9, Shraddha Housing SoCIETY, Opp. RC Patel Industrial Estate, Akota, Baroda
M/s. Wexford Laboratories Private Limited	169/2023 Pratiksha Appt. Sola Road, Naranpura, Ahmedabad
M/s. Wilson Tapes P. Limited	Plot No. 11/12, GIDC Estate, Gosaria, Mehsana
M/s. Wockhardt Limited	Plot No. 138 GIDC, Ankleshwar
M/s. Wyth Lederal Limited	P.O. Atul 396020, Valsad
M/s. Yash Laboratories	216/6 Village Khundh TA. Chikhli, Navsari
M/s. Zen Pharma P. Limited	75/1, GIDC, Vapi
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Intas Pharmaceuticals	Plot No. 457/458, Village Matoda Tal. Sanand, Ahmedabad
M/s. Cipla Limited	Survey No. 269/2 & 70 Manibhai & Brother Estate Sanand, Ahmedabad
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad
M/s. Cadila Healthcare Limited	Sarkhej Bavla N.H. No. 8, Moraiya TA.Sanand, Ahmedabad
M/s. Umedica Lboratories	221, GIDC, Vapi
M/s. Unique Pharmaceuticals Laboratories	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Troikka Pharmaceuticals Limited	Thol, Mehsana
M/s. Jay Formulation Limited	130 GIDC Kerala Bavla, Ahmedabad
M/s. Torrent Pharmaceuticals	Indrad, Mehsana
M/s. Torrent Gujarat Biotech Limited	Maser, Tal. Padra, Vadodara
M/s. Tuton Pharmaceuticals	85, GIDC, Naroda, Ahmedabad
M/s. Mercury Laboratories Limited	Village Jarod TA. Waghodia, Baroda
M/s. Swiss Pharma Private Limited	3709, GIDC Phase-IV, Vatva, Ahmedabad
M/s. Ved Pharmaceuticals	Jayshree A-9 Shraddha Housing Society Akota, Baroda
M/s. Cadila Pharmaceuticals Limited	294, GIDC Estate, Ankleshwar
M/s. Jenburkt Pharmaceuticals Limited	Plot No. 11/12, GIDC Phase-1, Bhavnagar
M/s. Tonira Pharma Limited	Plot No. 4722/4723/4731, GIDC Industrial Estate, Bharch
M/s. Cabridge Healthcare Limited	257, GIDC Phase-1, Modheera Road, Mehsana
M/s. Ajanta Pharma Limited	39, Punit Nagar First Floor, Satelite Road, Ahmedabad



<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Famycare Limited	Plot No. 1606/1609, Valsad
M/s. Baroque Pharmaceuticals Limited	Sokhada, Tal. Kahambhat, Sokhada
M/s. Umedica Laboratories Private Limited	221, GIDC Vapi, Vapi
M/s. Aarya Lifesciences Private Limited	306, Sapath-2, Sarkhej, Gandhinagar Highway, Bodakdev, Ahmedabad
M/s. Maan Pharmaceuticals	Plot No. 1, GIDC Phase-II, Modhera Road, Mehsana
M/s. Ved Pharmaceuticals	Jayshree A-9 Shraddha Housing Society Akota, Baroda
M/s. Comed Chemicals Limited	359, Rania, Tal. Savli, Baroda
M/s. Torrent Pharmaceuticals	Indrad, Mehsana
M/s. Cadila Pharmaceuticals Limited	1389, Dholka, District, Ahmedabad
M/s. Vapicare Pharma Private Limited	Plot No. 225/3, GIDC Morarji Circle, Vapi
M/s. UCB India Private Limited	Plot No. 133/2, GIDC, Selvas Road, Vapi, Valsad
M/s. Themis Medicare Limited	Plot No. 69/A, GIDC Industrial Estate, Vapi
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. J.B. Chemicals & Pharmaceuticals Limited	215, 216 GIDC, Panoli, Ankleshwar
M/s. Euphoric Pharmaceuticals Private Limited	A1/173, GIDC Estate, Ankleshwar
M/s. Organon (India) Limited	257, GIDC Phase-1, Modhera Road, Mehsana
M/s. Unique Pharmaceuticals Laboratories	Plot No. 216/219, Industrial Area, Panoli
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Amoli Organics P. Limited	Plot No. 322/4,40 Shed Area, GIDC, Vapi
M/s. Asoj Soft Cap Private Limited	Vadodara halol Highway, Vadodara
M/s. Alembic Limited	Post Tajpur, Tal Halol District. Panchmahal, Godhra
M/s. Tonira Pharma Limited	Plot No. 4722/4723, GIDC Industrial Estate, Ankleshwar
M/s. Intas Pharmaceuticals	7/3 GIDC Vatva, Ahmedabad
M/s. Troikka Pharmaceuticals Limited	Thol, Mehsana
M/s. Unique Pharmaceuticals Laboratories	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. S. Kant Healthcare Limited	Plot No. 1802-1805, GIDC Phase-III, Vapi

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Core Healthcare Limited	Village Sachana, Tal. Viramgam, Ahmedabad
M/s. M.J. Pharmaceuticals Limited	Halol Baroda Highway, Halol, Godhra
M/s. Ved Pharmaceuticals	Jayshree A-9 Shraddha Housing Society Akota, Baroda
M/s. Helix Life Sciences Inc	Jayshree, A-9, Shraddha Housing Society, Opp Sparc, Akota, Baroda
M/s. Core Healthcare Limited	Village Sachana, Tal. Viramgam, Ahmedabad
M/s. Ranbaxy Laboratories Limited	2018 Kanjan Pharma House, Aslali, Ahmedabad
M/s. Sun Pharmaceuticals Industries Limited	C-1/2710, GIDC Phase-III, Vapi
M/s. Torrel Cos. Private Limited	Samudra Annexe, Off C.G. Road, Ahmedabad
M/s. Lupin Limited	116, 1 <sup>st</sup> Floor, K.B. Complex, Opp Mahavir Nagar, GIDC, Vapi
M/s. Elysium Pharmaceuticals Limited	At. PO. Dabhasa, TA. Padra, Baroda
M/s. Claris Lifesciences Limited	Sangeeta Complex, NR. Parimal Crossing, Ellisbridge, Ahmedabad
M/s. Yes Medicare Private Limited	Near Sabar Dairy, Talod Road TA. Himatnagar District. SABARKANTHA, Hajipur
M/s. Unimark Remedies Limited	41, GIDC, Ist Phase, Valsad
M/s. Sweta Pharma Private Limited	Plot No. 221, GIDC, Vapi
M/s. Sidmak Laboratories I Limited	NH. 8, P.O. Box No. 121, Aframa, Valsad
M/s. Claris Lifesciences Limited	Sangeeta Complex, NR. Parimal Crossing, Ellisbridge, Ahmedabad
M/s. Mepro Pharmaceuticals Private Limited	Q-Road, GIDC Estate Wadhwan City, Sundernagar
M/s. Green Cross Lifesciences Private Limited	11, Miral Shopping Centre, Isanpur Vatva Road Isanpur, Ahmedabad
M/s. Cipla Limited	Syrvet No. 269/2 & 70 Manibhai & Brother Estate Sanand, Ahmedabad
M/s. Defi Healthcare Private Limited	301, Shapath-III, Nr. Grand Bhagwati Hotel, Sarkhej Highway, Gandhinagar
M/s. Mepro Pharmaceuticals Private Limited	Q-Road, GIDC Estate Wadhwan City, Sundernagar
M/s. Aarya Lifesciences Private Limited	306, Sapath-2, Sarkhej, Gandhinagar Highway, Bodakdev, Ahmedabad
M/s. Torrent Pharmaceuticals Limited	Indrad, Mehsana
M/s. Selvok Pharmaceuticals Company	147, GIDC, Antalia, Bilimora
M/s. Mars Life Sciences Limited	Mona App. Nr. Gayatri Mandir, Vapi
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Unique Pharmaceuticals Laboratories	Plot No. 128/1, GIDC Industrial Area,

MANUFACTURER	ADDRESS
	Ankleshwar
M/s. Lekar Pharma Limited	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Sunij Pharma Private Limited	4228, 4229, 4230 Phase IV, GIDC, Vatva, Ahmedabad
M/s. Arbour Biotec	A/85, Subha Darshan Flats, Nr. Prernatirth Darshan Satelite, Ahmedabad
M/s. SRS Pharmaceuticals P. Limited	1, Charan Kripa Society Vighag-1 Satelite Road, Ahmedabad
M/s. LAA Novachem	12, Shantibag Society Near Municipal School, Ahmedabad
M/s. Sri Pharma Care	27A, Mangalam Society, Ring Road, Ghodasar, Ahmedabad
M/s. Crown Exports	J/214, Srinandnagar, Part-I, 2 <sup>nd</sup> Floor, Vejalpur, Ahmedabad
M/s. Mercury health Care Private Limited	GIDC Estate, Baroda
M/s. Asence Inc	Sarabhai Campus, Dr. Vikram Sarabhai Mag, Wadi Wadi, Baroda
M/s. Galpha Laboratories Limited	A-1, 6104/3, GIDC Ind. Estate, Ankleshwar
M/s. Sunij Pharma Private Limited	4228, 4229, 4230 Phase IV, GIDC, Vatva, Ahmedabad
M/s. Mark Parenterals India Limited	Plot 876, Village Hariyala, N.H. No. 8, TA. Matar, Kheda
M/s. Sun Pharmaceuticals Industries Limited	C-1/2710, GIDC Phase-III, Vapi
M/s. Stallion Laboratories P. Limited	Plot No. C1B-305, 2&3, GIDC Kerala, Bavla, Ahmedabad
M/s. Unimed Technologies Limited	Baska Ujeti Road Ujeti, Halol, Godhra
M/s. Dupen Laboratories P. Limited	C1-49 & 36, Degam Road, Industrial Township, Vapi
M/s. Unimark Remedies Limited	337, Kerala Nalsarovar Road, Kerala Diabad
M/s. Accure Labs Private Limited	7, Basement Shreeji Complex, Sarkhej, Ahmedabad
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Greencross Life Sciences P Limited	11, Miral Shopping Centre, Isanpur Vatva Road Isanpur, Ahmedabad
M/s. Unique Pharmaceuticals Laboratories	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Unique Chemicals	Plot No. 5, Phase IV, GIDC, Panoli, Ankleshwar
M/s. Unique Pharmaceuticals Laboratories (Division J.B. Chemicals)	Plot No. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Unique Pharmaceuticals Laboratories	Plot No. 128/1, GIDC Industrial Area,

<b>MANUFACTURER</b>	<b>ADDRESS</b>
(Division J.B. Chemicals)	Ankleshwar
M/s. J.B. Chemicals & Pharmaceuticals Limited	Plot no. 128/1, GIDC Industrial Area, Ankleshwar
M/s. Themis Medicare Limited	69/A, GIDC Industrial Estate, Vapi
M/s. Pharmachem Internationals	15 Patelvas, Bardolpura, Ahmedabad
M/s. Euphoric Pharmaceuticals Private Limited	A1/173, GIDC Estate, Ankleshwar
M/s. Glenmark Pharmaceuticals Limited	Plot No. 3109/C GIDC Estate, Ankleshwar
M/s. Venky Parenterals	Yaman
M/s. Surien Pharmaceuticals	Pondicherry
M/s. Dr. Reddy's Laboratories Limited	Yaman
M/s. Universal Pharmaceuticals Limited	Pondicherry
M/s. Healkraft Remedies (I) Private Limited	Pondicherry
M/s. Lessac Research Laboratories Private Limited	Pondicherry
M/s. Shasun Chemicals & Drugs Limited	Pondicherry
M/s. Appasamy Ocular Device Private Limited	Pondicherry
M/s. Brown & Burk Pharmaceuticals Limited	Pondicherry
M/s. Micro Labs Limited	Pondicherry
M/s. Micro Labs Limited-Unit-III	Pondicherry
M/s. Caplin Point Laboratories Limited	Pondicherry
M/s. Alkaloids Private Limited	Gundlapochampally Medchal, R.R. District
M/s. Andhra Organics Limited	Plot No. 110A, IDA, Phydibhimavaram, Srikakulam District
M/s. Arandy Laboratories Limited	Bollaram, Jinnaram (M), Medak District
M/s. Aurabindo Pharma Limited	Sy. No. 11/22, 2/1 to 18, 61 to 69, Pydibhimavaram, Bheemunipatnam, Visakhapatnam
M/s. Aurabindo Pharma Limited-Unit-III	Bachupally, R.R. District
M/s. Aurabindo Pharma Limited-Unit-IX	Sy. No. 374, Gundlamachanoor Village, Hatnoor Mandal, Medak District
M/s. Aurabindo Pharma Limited-Unit-VI	Sy. No. 329/39 & 329/47, Chitkul, Patancheru, Medak District
M/s. Aurabindo Pharma Limited-Unit-XII	Bachupally, R.R. District
M/s. Aurabindo Pharma Limited-Unit-I	Sy. No. 388 & 389, Borapatla Village, Hatnoor Mandal, Medak District
M/s. Aurabindo Pharma Limited-Unit-V	Plot No. 79-91, Pashamyalar, Patancheru (M), Medak District
M/s. Aurabindo Pharma Limited-Unit-VII	Plot No. 10, Gaddpotharam (V), IDA, Kazipally Ninnaram (M), Medak District
M/s. Aurabindo Pharma Limited-Unit-	Sy. No. 13, Gaddpotharam (V), IDA,

<b>MANUFACTURER</b>	<b>ADDRESS</b>
VIII	Kazipally Ninnaram (M), Medak District
M/s. Aurabindo Pharma Limited-Unit-I	Sy. No. 388 & 389, Borapatla Village, Patnoor Mandal, Medak District
M/s. Aventis Pharma on M/s. Gland Pharma Limited	D.P. Pally, R.R. District
M/s. Bharat Biotech Internatinal Limited	Turkapally, R.R. District
M/s. Bhavishya Pharmaceuticals Private Limited	Plot No. 120 B, S.V. Co-operative Industrial Estate, Bollaram, Jinnaram Mandal, Medak District
M/s. Biological E. Limited	Azamabad, Hyderabad
M/s. Biological E. Limited	Gaganpahad, R.R. District
M/s. Brilliant Industries Limited	Pashamylaram, Medak District
M/s. Burroughs Wellcome India Limited on M/s. Greesha Laboratories Private Limited	Kothur
M/s. Cheminnova Remedies Private Limited	15, IDA, Balanagar, Hyderabad
M/s. Cipla Limited on M/s. SIRIS Private Limited	Vijayawada
M/s. Contech Devices Private Limited on M/s. Biological E. Limited	Plot No. 7 & 8, Phase-II, IDA, Patancheru, Medak District
M/s. Covalent Laboratories Private Limited	Sy. No. 374, Gundla Manchnoor Village, Hatnoor Mandal, Medak District
M/s. Covalent Laboratories Private Limited	Sy. No. 374, Gundla Manchnoor Village, Hatnoor Mandal, Medak District
M/s. Deepthi Formulation Private Limited	Uppal, Hyderabad
M/s. Divi's Laboratories Limited (unit-II)	Chippada Village, Bheeminipatnam, Visakhapatnam
M/s. Divi's Laboratories Limited	Lingojigudem, Nalgonda District
M/s. Domagk Pharmaceuticals	Shed No. 3 & 4, Phase-III, Autonagar, Vijayawada
M/s. Dr. Reddy's Laboratories Limited (Generic Division)	Bachupally, R.R. District
M/s. Dr. Reddy's Laboratories Limited	APIIC, IE, Pydibhimavaram, Srikakulam District
M/s. Dr. Reddy's Laboratories Limited	Bachupally, Quthbullapur, R.R. District
M/s. Dr. Reddy's Laboratories Limited on M/s. Stan Biotech Private Limited	Nacharam, Hyderabad
M/s. Dr. Reddy's Laboratories Limited	Peddavarapalli, Nalgonda District
M/s. Dr. Reddy's Laboratories Limited (Unit-1)	Sy. No. 137, 138 & 146, Co-operative, I.E., Bollaram, Jinnaram (M), Medak District
M/s. Dr. Reddy's Laboratories Limited (Unit-1)	Sy. No. 137, 138 & 146, Co-operative, I.E., Bollaram, Jinnaram (M), Medak District
M/s. Dr. Reddy's Laboratories Limited	Plot No. 116, IDA, Bollaram, Jinnaram

<b>MANUFACTURER</b>	<b>ADDRESS</b>
(Unit-III)	(M), Medak District
M/s. Dr. Reddy's Laboratories Limited	Plot No. 116, IDA, Bollaram, Jinnaram (M), Medak District
M/s. Dr. Reddy's Laboratories Limited	Sy. No. 137, 138 & 146, Co-operative, I.E., Bollaram, Jinnaram (M), Medak District
M/s. East India Pharmaceuticals Works Limited on M/s. Espi Industries & Chemicals Private Limited	Uppal, Hyderabad
M/s. Elegant Chemicals Enterprises Private Limited	Uppal Hyderabad
M/s. Espi Industries & Chemicals Private Limited	Uppal Hyderabad
M/s. FDC Limited on M/s. Bhavishya Pharmaceuticals Private Limited	Plot No. 120 B, Bollaram, Medak District
M/s. Fulford (I) Ltd on M/s. Gland Pharma Ltd	D.P. Pally, R.R. District
M/s. Gland Pharma Ltd	D.P. Pally, R.R. District
M/s. Gland Pharma Ltd	Plot No. 9, Anrich Industrial Estate, Bollaram, Jinnaram (M), Medak District
M/s. Glaxo Smithkline Pharmaceuticals Ltd on M/s. Mekidon Laboratories Ltd	No. 45 A & B, Anrich Industrial Estate, Bollaram, Medak District
M/s. Glochem Industries Ltd	Sy. No. 174 to 176, IDA, Bollaram, Jinnaram (M), Medak District
M/s. Glochem Industries Ltd	Sy. No. 174 to 176, IDA, Bollaram, Jinnaram (M), Medak District
M/s. Glochem Industries Ltd	Sy. No. 174 to 176, IDA, Bollaram, Jinnaram (M), Medak District
M/s. Granules India Ltd	Jeedimetla, Hyderabad
M/s. Greesha Laboratories Pvt Ltd	Kothur
M/s. Hetero Drugs Ltd	Jeedimetla, Hyderabad
M/s. Hetero Drugs Ltd	Jeedimetla, Hyderabad
M/s. Hi-Tech Pharmaceuticals Pvt Ltd	134-B, IDA., Bollaram, Medak District
M/s. Hy-Gro Chemicals Pvt. Ltd	Plot No. 174, Prograssive Industrial Estate, Bollaram, Narsapur T.Q., Medak District
M/s. Indian Genomix Pvt Ltd	B-23/A, Electronics Complex, Kushaiguda, Hyderabad
M/s. Indian Immunologicals Ltd	Gachibowli, R.R. District
M/s. Indus Medicare Ltd	Ramayapally, Medak District
M/s. Inga Laboratories Pvt. Ltd on M/s. Tini Pharma Ltd	Plot No. 6, IDA, Renigunta, Tirupati
M/s. Inventa Chemicals Ltd	Keesara Village, Kanchikacherla Madal, Vijayawada
M/s. Kandelwal Laboratories Pvt. Ltd on M/s. Tini Pharma Ltd	Plot No. 6, IDA, Renigunta, Tirupati

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Klar Shahan Pharmaceuticals Ltd	Jeedimetla, Hyderabad
M/s. Krebs Biochemicals & Industries Ltd	Regadichilaka, Talamanchi Panchayat, Kodavaluru Mandal, Nellore District
M/s. Lee Pharma Pvt Ltd	Sy. No. 10/G1, Gaddapotharam, Jinnaram (M), Medak District
M/s. Lee Pharma Pvt Ltd	Sy. No. 10/G1, Gaddapotharam, Jinnaram (M), Medak District
M/s. Legend Drugs & Formulations Pvt Ltd	Jeedimetla, Hyderabad
M/s. Life Care Exim Pvt. Ltd on M/s. Smith & Kenner Pharmaceuticals Pvt Ltd	Malakpet, Hyderabad
M/s. M.K. Pharma Pvt Ltd on M/s. Tini Pharma Ltd	Plot No. 6, IDA, Renigunta, Tirupati
M/s. Makson Industries Pvt Ltd	182-183, Annaram (V), Bonthapally Post, Medak District
M/s. Makson Industries Pvt Ltd	182-183, Annaram (V), Bonthapally Post, Medak District
M/s. Malladi Drugs & Pharmaceuticals Ltd	Plot No. S 49/50/55/56, IDA, Gajulamandyam, Attur (PO), Renigunta, Chittoor-District
M/s. Matrix Laboratories Ltd	Unit-3.1 IDA, Jeedimetla, Hyderabad
M/s. Matrix Laboratories Ltd	Unit-3.2 IDA, Jeedimetla, Hyderabad
M/s. Matrix Laboratories Ltd	Unit-II Sy. No. 10 & 42, Gaddapotharam Village, Kazipally Industrial Area, Jeedimetla, Hyderabad
M/s. Matrix Laboratories Ltd	Unit-VII, Plot No. 14, 99 & 100, IDA, Pashamylaram, Phase-II, Patancheru, Medak District
M/s. Medchem International on M/s. Yeluri Formulations Pvt. Ltd	IDA, Bollaram, Medak District
M/s. Medreich Sterilab Ltd on M/s. Natco Pharma Ltd	Nagarjunasagar, Nalgonda District
M/s. Medreich Sterilab Ltd on Medikon Laboratories Ltd	No. 45 A & B, Anrich I.R., Bollaram, Medak District
M/s. Natco Pharma Ltd	Nagarjunasagar, Nalgonda District
M/s. Neo Medichem Pvt Ltd	216, Bonthapally Village, Jinnaram Mandal, Medak District
M/s. Neuland Laboratories Ltd	Unit-I, Bonthapally Village, Jinnaram Mandal, Medak District
M/s. Orchid Health Care on M/s. Yeluri Formulations Pvt Ltd	Sy. No. 296/7/6, IDA, Bollaram, Medak District
M/s. Organon (I) Ltd on M/s. Biological E. Ltd	Plot Nos. 7 & 8, Phase-II, Patancheru, Medak District
M/s. Pharmasia Ltd	Jeedimetla, Hyderabad
M/s. Pulse Pharmaceuticals Pvt Ltd	Jeedimetla, Hyderabad
M/s. Qualicare Pharmaceuticals	Plot No. 107/C, S.V. Co-op, I.E., Medak

MANUFACTURER	ADDRESS
	District
M/s. Ranbaxy Laboratories Ltd on M/s. Deepthi Formulations Pvt Ltd	Uppal, Hyderabad
M/s. Ranbaxy Laboratories Ltd on M/s. Natco Pharma Ltd	Kothur
M/s. Ranbaxy Laboratories Ltd on M/s. Natco Pharma Ltd	Nagarjunasagar, Nalgonda District
M/s. Reddy's Laboratories on M/s. Espi Industries & Chemicals Pvt Ltd	Uppal, Hyderabad
M/s. Sai Parenterals Pvt Ltd Unit-I	Jeedimetla, Hyderabad
M/s. Sai Parenterals Pvt Ltd Unit-II	Jeedimetla, Hyderabad
M/s. Sain Medicaments Pvt Ltd	Uppal, Hyderabad
M/s. Sangam Health Care Ltd	Jeedimetla, Hyderabad
M/s. Saraca Laboratories Ltd	Sy. No. 10, Gaddapotharam, Jinnaram (M), Medak District
M/s. Sarvotham Care Ltd	Jeedimetla, Hyderabad
M/s. Savan Pharmaceuticals Pvt Ltd	Plot No. 13, ALEAP Estate, Kukatpally, Hyderabad
M/s. Shata Biotechnic Pvt Ltd	Medchal, R.R. District
M/s. Smith & Kenner Pharmaceuticals Pvt Ltd	Malakpet, Hyderabad
M/s. SMS Pharmaceuticals Ltd	Sy. No. 24 & 24B, S.V. Co-op. Industrial Estate, Bollaram, Medak District
M/s. SMS Pharmaceuticals Ltd	Sy. No. 24 & 24B, S.V. Co-op. Industrial Estate, Bollaram, Medak District
M/s. Sodhana Laboratories Ltd	IDA, Jeedimetla, Hyderabad
M/s. Specific Laboratories	Secundarabad
M/s. Sreenivasa Pharma Pvt Ltd	IDA, Jeedimetla, Hyderabad
M/s. Sri Krishna Pharmaceuticals Ltd	Uppal, Hyderabad
M/s. Srini Pharmaceuticals	Coutuppal, Nalgonda District
M/s. Stan Biotech Pvt Ltd	Nacharam, Hyderabad
M/s. Steriles Specialities India Pvt Ltd	1-174 B, Enikepadu, Vijayawada
M/s. Suven Pharmaceuticals Ltd	Suryapet, Nalgonda District
M/s. Synthokem Labs Pvt Ltd	8-5, Industrial Estate, Sanathnagar, Hyderabad
M/s. Taurus Chemicals (P) Ltd	Sy. No. 133, S.V. Co-operative Industrial Estate, Bollaram, Medak District
M/s. Taurus Chemicals (P) Ltd	Sy. No. 133, S.V. Co-operative Industrial Estate, Bollaram, Medak District
M/s. Tini Pharma Ltd (Unit-II)	No. 6, IDA, Renigunta, Tirupati
M/s. Tini Pharma Ltd (Unit-I)	No. 6, IDA, Renigunta, Tirupati
M/s. Tini Pharma Ltd (Unit-II)	No. 6, IDA, Renigunta, Tirupati
M/s. Tini Pharma Ltd (Unit-II)	No. 6, IDA, Renigunta, Tirupati
M/s. Tsar Pharmaceuticals	Plot No. 32, CIEE, Balanagar, Hyderabad
Uni Sankyo Pvt Ltd	Gagan Pahad, Hyderabad
M/s. V.S. International Pvt Ltd on M/s.	No. 6, IDA, Renigunta, Tirupati



MANUFACTURER	ADDRESS
Tini Pharma Ltd	
M/s. V.V.S. Pharmaceuticals & Chemicals Pvt Ltd	IDA, Jeedimetla, Hyderabad
M/s. Vani Chemicals & Industries	Kompally, Hyderabad
M/s. Vasudha Pharma Chem Ltd	IDA, Jeedimetla, Hyderabad
M/s. Vaya Jayanthi Drugs Pvt Ltd	625, Tample Street, Bonthapall Village, Jinnaram Mandal, Medak District
M/s. Vins Bio-products Pvt Ltd	Erdanoor, Medak District
M/s. Vipra Pharmaceuticals on M/s. Steriles Specialities India Pvt Ltd	1-174 B, Enikepadu, Vijayawada
M/s. Virchow Laboratories	IDA, Jeedimetla, Hyderabad
M/s. Vizag Pharmaceuticals Pvt Ltd on M/s. Pharmasia Ltd (Unit-I)	IDA, Jeedimetla, Hyderabad
M/s. Wyeth Ltd on M/s. Espi Industries & Chemicals Pvt Ltd	Uppal, Hyderabad
M/s. Wyeth Ltd on M/s. Natco Pharma Ltd	Nagarjunasagar, Nalgonda District
M/s. Bal Pharma Ltd.	Plot No. 21 & 22, Bommasandra Ind. Area, Hosur Road, Bangalore-562158
M/s. Bal Pharma Ltd	Plot No. 61-B Bommasandra Ind. Area, Hosur Road, Anekal Tq., Bangalore-560158
M/s. Banner Pharmacaps (I) Pvt Ltd.	Sy. No. 24,26/3, Yadavanahaili Village, Anekal Tq., Attibele Hobli, Bangalore Dist
M/s. Bioken International Pvt. Ltd.	34 <sup>th</sup> K.M. Tumkur Road., (NH 4) Teppada Begur, Nelamangala. Bangalore Rural-562123.
M/s. Biocon India Ltd.	20 <sup>th</sup> K.M. Hosur Road, Hebbgodi-562158, Bangalore Dist.
M/s. Brown & Burk Pharmaceuticals	Verasandra Industrial Area, Bangalore-100
M/s. Cipla Ltd.,	Virgonagar, Industrial Estate, 10 <sup>th</sup> Main Old Madras Road, Bangalore-49
M/s. Falma Labs Private Limited	Plot No. 54-A, Ind. Area, Hoskote, Bangalore Dist
M/s. Health Line private Limited	24C & D< Kumbalgod Ind., Area, 1 <sup>st</sup> Phase, Mysorre Road, Bangalore-74
M/s. Hikal Limited	Plot No. 82/A, K.I.A.D.B65B Industrial Area, Jigani, Anekal Taluk, Bangalore Dist.
M/s. Indira Chemical & Pharmaceuticals Works	Plot No. 13-B & 13-B, Sedam Road, Extension, Gulburga-5
M/s. Juggat Pharma (A Pharma Division of M/s. Jagadale Ind. Ltd)	No.47/1, Anchepalya, Kumbalgodu, Bangalore
M/s. Kumar Organic Products Ltd.	Plot No. 62, Jigani Industrial Area, 1 <sup>st</sup>

MANUFACTURER	ADDRESS
	Phase, Anekal Taluk, Bangalore,562106
M/s. Lake Chemical Private Limited	21M, Attibele Ind. Area, Anekal Taluk, Bangalore Dist
M/s. Medreich Sterilab Ltd.	Sy. No. 4/3, Avalahaili, Anjanapura Post Off, Kanakapura Road, Bangalore-62
M/s. Medreich Sterilab Ltd.	49 (B&C) Bommasandra Indl. Area, Anekal Taluk, Bangalore-562158
M/s. Medreich Sterilab Ltd.	12 <sup>th</sup> Mile, Virgonagar, Bangalore
M/s. Micro Labs Ltd.	Plot No. 121-124, Bommasandra industrial Area, Anekal Taluk, Bangalore
M/s. Natural Capsules Ltd.	Plot No., 7A2, KIADB Indl. Area, Attibele-562107, Bangalore
M/s. Ontop Pharmaceuticals Llytd.	9D, Bommasandra Indl. Area, Hosur Road, Bangalore-562158
M/s. Pharmed Medicare private Limited.	Pharmed Gardens White Field Road, Bangalore-48
M/s. Resonance Labs. Private Limited	8C & 9A, KIADB Indl. Area, Doddaballapur, Bangalore Dist.
M/s. S.M. Pharmaceuticals	No. 31/9, Annappa Reddy Block, Ramamurthynagar, Bangalore-16
M/s. Sami Labs Limited	Plot No. 30-35, KIADB Industrial Area, Kunigal Taluk, Tumkur District
M/s. Shilpa Antibiotics Ltd.	4-A Deosugar Indl. Area, Deosugar, Raichur
M/s. Strides Arcolab Ltd.	152/16 & 154/16, Doresanipalya, Bilekahali, Bannerghatta Road, Bangalore
M/s. Strides Arcolab Ltd.	(SPD) Opp. IIM, Bilekehalli, Banneghatta Road, Bangalore
M/s. Strides Arcolab Ltd.	No. 36/7, Suragajakkanahalli, Indalvadi Cross, Anekal Taluk, Bangalore Dist.
M/s. Surtex prophylactics India Limited	Plot No. 74-91, Jigani Ind. Area, 2 <sup>nd</sup> Phase, Anekal Taluk, Bangalore
M/s. Tumkur Pharmaceuticals Research Lab. Private Limited	93-B, KIADB Antharasanahalli, Sira Road, Tumkur
M/s. Wintac Ltd.,	54/1, Boodhihal Village, Nelamangala, Bangalore Dist
M/s. Meyer Health care Private Limited	No.10D, 3 <sup>rd</sup> A Main Raod, Peenya II Phase, Bangalore-58
M/s. Micronova Pharmaceuticals Ltd.,	#167 Industrial Subrub, Yeshavanthpura, Bangalore
M/s. Medopharm	No. 34B, Malur Industrial Area, Kolar
M/s. Nandu chemical Industries	M-12, Industrial Estate, Hubli-30
M/s. P.S.K. Pharma Private Limited	No. 71, IB-2B, Mahajenahalli, Shimoga Road, Harihar 57601, Chithradurga Dist
M/s. RL Fine Chemicals	No. 15, K.H.B. Industrial Area, Yelahanka, Bangalore-64

MANUFACTURER	ADDRESS
M/s. Supreme Pharmaceuticals	Plot No.429 (P0 Hebal Indl. Area, Metagalli, Mysore-16
M/s. Reckitt & Benckiser Ltd.,	Plot No. 61 & 62, Hootagalli Indl. Area, Mysore-571186
M/s. Astrazenaca Pharma India Limited	12 <sup>th</sup> Mile Bellary Road, Kottigenahalli Village, Yelahanka, Bangalore
M/s. Eros Pharma Private Limited	67, 3 <sup>rd</sup> Phase, Indl. Area, Peenya, Bangalore-9
M/s. Bangalore Pharmaceuticals & Research Laboratory Limited	45/2, 9 <sup>th</sup> Block, Jayanagar, Bangalore-9
M/s. Elegant Drugs Private	RS No. 59/359/3A, Chalamatti Village, Kalghatgi Tq., Dharwad Dist
M/s. Ce-chem Pharmaceuticals	No. 336, 4 <sup>th</sup> Phase, 9 <sup>th</sup> Cross, Peenya Indl. Area, Bangalore
M/s. Group Pharmaceuticals Limited,	Plot No. 41, Kasaba Hobli, KIADB Malur-563130
M/s. Bio-Gen Extracts Private Limited	167/168, 10 <sup>th</sup> Main, IIIrd Phase, Peenya Industrial Area, Bangalore
M/s. Kemwell Ltd	No. 11, Ind Suburb, Yeshwanthapur, Bangalore-22
M/s. Hindustan Latex Ltd	Hukkeri Taluk, Kanagala-591225
M/s. Mahendra Labs Pvt. Ltd	371 & 372, 4 <sup>th</sup> Phase, Peenya Ind. Area, Bangalore-58
M/s. M Apotheke Pvt. Ltd	RS No. 56-B/1, Chalamatti Village, Kalgatgi Tq, Dharwad Dist.
M/s. Orchid SpA Pvt. Ltd	Village, Singapur, Vidyaranyapura post, Bangalore-560097
M/s. Stericon Pharma Pvt. Ltd	17, 18, 22 & 21, Begur Road, Bommanahalli, Bangalore-68
M/s. Vibhava Chemicals	CTS No. 92 B/4, Ward No. 3, Gokul Road, Ist cross, Hosur, Hubli
M/s. Varsha Labs	No. 257/357, BM Shankarappa Ind Estate, Sunkadakatte, Vishwaneedam Post, Bangalore-91
M/s. Vetcare Organicas Ltd	C-26, KSSIDC Ind. Estate, Doddaballapur, Bangalore
M/s. Vesper Pharmaceuticals	Sy. No. 61/1, 61/4, Solvanahalli, Sasuveghatta, Hesarughatta, Hobli, Bangalore
M/s. Windlass Biotech Limited	Mohabbewala, SBI Road, Dehradun
M/s. Aglowmed Limited	Khasra no. 50,51, Raipur, Bhagwanpur, Roorkee, Dist. Haridwar.
M/s. Ranbaxy Laboratories Limited	A-11, Ph-3 S.A.S. Nagar (Mohali), Dist. Ropar
M/s. Ranbaxy Laboratories Limited	A-8, Ph-3 S.A.S. Nagar (Mohali), Dist. Ropar

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Ind-Swift Limited	Vill. Bhagwan Pur, Barwala Road, Derabassi, Dist. Ropar
M/s. Neclife Science	Derabassi, Dist. Patiala
M/s. Parabolic Drugs Limited	Vill. Sundhran, Dist. Patiala
M/s. Punjab Formulations Limited	Jalandhar
M/s. Capsugel India Limited	Vill. Fatehpur, Tehsil Balachaur, Dist. Nawanshahr.
M/s. Sun Pharmaceuticals Industries Limited	Survey No. 214, Govt. Ind. Estate, Ph-II, Silvassa-396230
M/s. Sun Pharmaceuticals Industries Limited	Plot No. 20, Govt. Ind. Estate, Ph-II, Silvassa-396230
M/s. Sun Pharmaceuticals Industries Limited	Survey No. 259/15, Dadra-396191
M/s. Khandelwal Laboratories Private Limited	Survey No. 277/3/6, Demni Road, Dadra-396191
M/s. Ipca Laboratories Limited	Athal, DNH (UT)
M/s. Ipca Laboratories Limited	Piparia, Silvassa
M/s. Naxpar Lab. Private Limited	120, Masat Indl. Estate, DNH (UT)
M/s. Parnax Labs. Private Limited	Plot No. 74 & 121, Masat Indl. Estate, Masat
M/s. Ipca Laboratories Limited	89-A.B/90-91, Industrial Estate, Indore
M/s. Nicholas Piramal Limited	67-70, Sector-II, Pithampur, Dist. Dhar
M/s. Zyg Pharma Limited	Plot No. 810, Sector-III, Pithampur, Dist. Dhar
M/s. Ranbaxy Laboratories Limited	Industrial Area-III, Dewas
M/s. Lupin Laboratories Limited	202, New Industrial Area No.2, Mandideep, Dist-Raisen
M/s. Parenteral Drugs India Limited	Vill-Asrawad, P.O. Dudhia, Indore
M/s. Aristo Pharmaceuticals Limited	Plot No. 208, New Industrial Area No. 2, Mandideep, Dist-Raisen
M/s. Pure Pharma Limited	41-42 & 44, Industrial Estate, Pologround, Indore
M/s. Promed Laboratories private Limited	35A/4, Laxmibai Nagar, Indore-
M/s. Ives Drugs India Private Limited	504, Chetak Centre, 12/2, Ravendra Nath Tagore Marg, Indore
M/s. Albert David Limited	207, New Industrial Area, Mandideep, Dist. Raisen
M/s. Alpa Laboratories Limited	3/2, A.B. Road, Pigdambar, Indore
M/s. Anglo-French Drugs & Industries Limited	Plot No. 1101 & 1101-A, Sector-III, Pithampur, Dist.Dhar
M/s. Endolabs Limited	A.B. Road, Pigdambar Rao, Indore
M/s. Fulford India Limited	Neeta Chamber, 412-418, Lasudia Mori, Dewas Naka, Indore
M/s. Plethico Pharmaceuticals Limited	A.B. Road, Mangalia, Indore
Syncorn Formulations	256-57, Sector-1, Industrial Area, Pithampur, Dhar

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Cipla Limited	98A, 98B, SDA Compound, Indore
M/s. Symbiotec Pharma Labs Private Limited	385, Pigdambar, Near Mashal Holed, Indore
M/s. Makson Healthcare Private Limited	Mandideep, Dist Raisen
M/s. Ranbaxy Laboratories Limited	A-11, Ph-3 S.A.S. Nagar (Mohali), Dist. Ropar
M/s. Ranbaxy Laboratories Limited	A-8, Ph-3 S.A.S. Nagar (Mohali), Dist. Ropar
M/s. Ind-Swift Limited	Vill. Bhagwan Pur, Barwala Road, Derabassi, Dist. Ropar
M/s. Neclife Science	Derabassi, Dist. Patiala
M/s. Parabolic Drugs Limited	Vill. Sundhran, Dist. Patiala
M/s. Punjab Formulations Limited	Jalandhar
M/s. Capsugel India Limited	Vill. Fatehpur, Tehsil Balachaur, Dist. Nawanshahr.
M/s. Polar Pharma India Limited	Bhubhneswar
M/s. Kems Pharma	Abhiyanta Nagar, Patna
M/s. Rathi Laboratories (Hindustan) Pvt. Ltd	Industrial Estate, Patna
M/s. Hindustan Medicine Products	Barauni
M/s. Hindustan Medicine Products	Barauni
M/s. Hindustan Medicine Products	Barauni
M/s. Albert David Ltd	5/11, D. Gupta Lane, Kolkata
M/s. Organon (I) Ltd	7, Wood Street, Kolkata
M/s. Electro Medical & Allied Industries Ltd	DN-54 A, Sector-V, Bidhannagar, Kolkata
M/s. Alkem Laboratories Ltd	Sr. No. 167/2, Dabhel, Daman
M/s. Indchemie Health Specialties Pvt Ltd	Plot No. 659/B, Somnath Road, Dabhel, Daman
M/s. Meditab Specialties c/o M/s. Okasa Pharma Pvt. Ltd	NA
M/s. Golden Cross Pharma Pvt Ltd	Plot No. 17&18, Golden Industrial Estate, Dabhel, Daman
M/s. MeCleods Pharmaceuticals Ltd	Plot No. 25-27, Sr. No. 366, Premier Industrial Estate, Dabhel, Daman
M/s. Olive Health Care	197/2, Athiawad, Dabhel, Daman
M/s. USV Limited	H/17, H/18, OI DC, Mahatma Gandhi Udyog Nagar, Dabhel, Daman
M/s. Advanced Remedies Pvt Ltd	Plot No. 646/1, Agarwal Industrial Estate, Dabhel, Daman
M/s. Indchemie Health Specialties Pvt Ltd Unit-II	Plot No. 7, OI DC, Mahatma Gandhi Udyog Nagar, Dabhel, Daman
M/s. Unique Pharmaceuticals Laboratories	Sr. No. 101/2, 102/1, Daman Industrial Estate, Kadaiya, Daman
M/s. J.B. Pharmaceuticals Ltd	Sr. No. 101/2, 102/1, Daman Industrial Estate, Kadaiya, Daman

MANUFACTURER	ADDRESS
M/s. Raman & Weil Pvt Ltd Unit-II	Gali No. 4, Chirag Ind Complex, Somnath Road, Daman
M/s. Alkem Laboratories Ltd Unit-III	Sr. No. 167/1, Mahatma Gandhi Udyog Nagar, Dabhel, Daman
M/s. Famy Care Ltd	Sr. No. 688/10 & 11, Siddhivinayak Industrial Estate
M/s. Medley Pharmaceuticals Pvt Ltd	U-1, 367/9, Plot No. 11, Kachigam, Nani Daman
M/s. Wockhardt Ltd	87-A, Silver Industrial Estate, Bhimpore, Daman
M/s. Yash Pharma Laboratories Pvt Ltd	Plot No. 11, SR. No. 168, Dabhel Industrial Co-op Society Ltd, Dabhel, Daman
M/s. Aristo Pharmaceuticals Ltd	Sr. No. 371/1-8, Dabhel, Daman
M/s. Biochem Pharmaceuticals Industries Ltd	Sr. No. 48, Ringanwada, Daman
M/s. Alkem Laboratories Ltd Unit-II	Sr. No. 333/1, Kachigam, Daman
M/s. Hagel Capsules Industries Ltd	57, 59 & 61, 63, GDDIDC Industrial Estate, Dabhel, Daman
M/s. Wockhardt Ltd Unit-II	S. No. 106/4-5-7, Daman Industrial Estate, Kadaiya, Daman
M/s. Aman Medical Products Pvt Ltd	Sr. No. 336/1, Bhimpore, Daman
M/s. Jupiter Remedies Pvt Ltd	Sr. No. 646/2, Agarwal Industrial Estate, Dabhel, Daman
M/s. Softech Pharma Pvt Ltd	Plot No. 708/6, Dabhel, Daman
Careon Medical Disposables (P) Ltd	VI/99B, Development Plot, Kalamassery P.O. Cochin
M/s. Ajanta Pharma Pvt. Ltd. Factory add: - 31-O, MIDC, Industrial Area, Chikhalthana, Aurangabad-431 210. Tel.: (0240) 2484995-96-97.	<b>Off:</b> - Ajanta House, 98, Govt.Indl, Area, Charkop, Kandivli (W). Ph.: (022) 28683945/378 Mumbai.
M/s. Ajanta Pharma Ltd. B-4/5/6, MIDC Indl. Area, Paithan – 431 128. Dist- Aurangabad. Ph: (02431) 32077, 32123. Fax: 91(02431) 32088. Email: aplpt@ajantapharma.com	<b>Off:</b> - Ajanta House, 98, Govt.Indl, Area, Charkop, Kandivli (W). Ph.: (022) 28683945/378 Mumbai.
M/s Concept Pharma Ltd.  A 28/3,MIDC, Chikalhana, Aurangabad	<b>Off:</b> 167, C.S.T.Rd.Kalina, Santacruz (E), Mumbai-400 098, India. Tel.: (91-22) 2652 8888/89/90. Fax: (91-22) 2652 5800. E-mail: conceptpharma@vsnl.com

MANUFACTURER	ADDRESS
M/s. Encore Healthcare Pvt. Ltd. D-5, MIDC, Paithan Industrial Area, Paithan 431 148, Dist- Aurangabad. Ph. – 02431-32212/13/14 Fax –02431-32215.	405-408, Navbharat Estates, ‘B’ Wing, 172 Zakaria Bunder Rd, Sewri (W), Mumbai-400 015. India Tel.- 91-22-5415 8860 Fax- 91-22-24158862
M/s FDC Ltd., B-8,MIDC, Waluj, Aurangabad	B-8, MIDC Industrial Area, Waluj, 431 136 Dist. Aurangabad, India. Tel: ++91- 240-255 4407/255 4299/255 4967. Fax: ++-240-255-4299.
M/s. Harman Finochem Ltd. E-9, MIDC, Ind Area, Chikhalthana, Aurangabad.	107, Vinay Bhavya Complex, 1 st Floor, 159-A, CST Rd, Kalina, Mumbai-400 098. Ph- 26528080/81/82/83 Fax- 91-22-26528285
M/s. Johnson &Johnson Ltd. B-15/1,MIDC, Waluj, Aurangabad 0240- 564720-23 554722(F)	30, Forjeet Street,Mumbai-36 3861431/3871482 (F)
M/s. Lupin Ltd, A-28/1, MIDC Industrial Area, Chikhalthana, Aurangabad-431210.	159, CST Rd, Kalina, Santacruz (E) Mumbai – 98 O- 652 63 91 F- 652 82 92
M/s. Midas care. Pharmaceutical Pvt.Ltd, B-16, MIDC Waluj, Aurangabad. Tel. : 91 0240 255 4739	Papa Ind. Estate, 40 Suren Rd., Andheri (E), Mumbai 400 093. Tel.: 2684 5907, 2683 5678, 2683 3409. Fax: 91 22 2683 7947. E-mail: aerosol@vsnl.com
M/s. Nav Ketan Research and Laboratories Pvt.Ltd. F-107/108 M.I.D.C., Walunj, Aurangabad	F-107 and 108 MIDC Waluj, Aurangabad.
M/s. Nav Ketan Pharma Pvt. Ltd. F-106. MIDC, Area. Waluj Aurangabad. Tel No-431136.	F-106. MIDC, Area. Waluj Aurangabad. Tel No-431136.
M/s Shreya Life Sciences Pvt. Ltd. B-9/2 MIDC Waluj Aurangabad- 431 136. Ph: - 0242-2554224 2554581(F)	B-9/2 MIDC Waluj Aurangabad- 431 136. Ph: - 0242-2554224 2554581(F)
M/s. Wockhardt Ltd., L-1 ,M.I.D.C., Chikalhana, Aurangabad	Wockhardt Ltd., Wockhardt Towers Bandra Kurla complex, Bandra (E) Mumbai – 51

MANUFACTURER	ADDRESS
	P- 653 44 44 F- 653 4242 <a href="mailto:Biovac@wockhardt.com">Biovac@wockhardt.com</a>
M/s Wockhardt Ltd.  (Biotech Park) H-14/2, MIDC Waluj, Aurangabad -4311 136	Wockhardt Limited Wockhardt Towers Bandra Kurla complex, Bandra (E) Mumbai – 51 P- 653 44 44 F- 653 4242 Website: <a href="http://www.wockhardt.com">www.wockhardt.com</a>
M/s, Adore Pharma Pvt. Ltd. Vasai, Dist-Thane. 5,6, Khokhani Ind. Complex No. 2, Near Sai Temple, Sativali, Vasai (E), Dist. Thane. -401 208. Telfax: 95250-2481403/2481404	5,6, Khokhani Ind. Complex No. 2, Near Sai Temple, Sativali, Vasai (E), Dist. Thane. -401 208. Telfax: 95250-2481403/2481404.
M/s. Alkem Labs Ltd. C-6/1, MIDC Ind. Estate, Taloja, Raigad- 410 208.	Exhibition Rd., Patna-800 001. Tel.: 221988, 222939 Fax: 0612-237441.
M/s. Arch Pharma Labs.  T-85/86, MIDC, Tarapur –Boisar, Palghar, Thane. Tel: 952525-260668,952525-275750	‘H’ Wing, 4 <sup>th</sup> Floor, Tex Center, Narayan Properties Pvt. Ltd., off Saki Vihar Rd., Chandivali, Andheri (E) Mumbai- 400 072, India Tel: 91-22-28470555-0560
M/s. Anuh Pharma Ltd. Palghar. Factory Add: E-17/3, MIDC, Opp. Brij Ice Factory, Tarapur, Boisar, Dist. Thane-401 506.	Office ads: Mehta Mahal, 15 Mathew Road, MUMBAI-400 004, India. Ph: 2364 8882 (4 lines). Fax : 91-22-2363 3900 E-Mail: <a href="mailto:anuh@skageexports.com">anuh@skageexports.com</a>
M/s. Aarti Drugs Ltd. Tarapur. Plot No. N-198, M.I.D.C., Tarapur, Tal: Palghar, Dist: Thane. 401 506	Mahendra Industrial Estate, III Floor, Plot No. 109-D, Road No. 29, Sion (east), Mumbai-400 022. Tel.: 4072249/4072449/4072437, Telex: 011-71122 Drugs in Cable : Aarti Drugs Mumbai-400 022. Fax: 022-4073462.
<b><u>M/s. Aarti Healthcare Pvt. Ltd. Kalyan D-53, MIDC, Phase II, Kalyan- Shil Rd., Dombivali(E), Dist Thane 421 204 Tel: 95-251-871851/870710 Fax: 95-251-871902</u></b>	<b><u>Off: 204, Udvog Kshetra, 2<sup>nd</sup> Floor, Mulund Goregaon Link Road, Mulund (WHO-GMP), Mumbai-400 080 Tel: 91-22-5690411/12/13 Fax: 91-22-5653185/5904806 Email: <a href="mailto:ahcl_nim@vsnl.net">ahcl_nim@vsnl.net</a></u></b>
<b><u>M/s. Anek Prayog Pvt. Ltd. Raigad 57/2, MIDC. Ind. Area, Dhatav, Roha, (Dist Thane) – 402116. Ph: 952194 - 63841</u></b>	<b><u>A – 14, MIDC, Andheri (E) Mumbai- 400 093. Ph: 8327321/8329337/8222168 Fax: (91-22) 8364256 Email: <a href="mailto:nivechem@bom5.vsnl.net.in">nivechem@bom5.vsnl.net.in</a></u></b>



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<u>M/s. Agog Pharma Ltd., Plot No.-33, Sector – 11, the vasai taluka, Goraipada, Vasai (E), Thane</u>	-
<u>M/s. Bharat Serum And Vaccines Ltd.</u> - <u>Road No.- 27, Wagale Estate Thane.</u>	<u>16,th Floor, Hoechst House, Nariman Point, Mumbai – 21 O- 022-56560900. F-022-56560901/03</u>
<u>M/s. Bharat Serums &amp; Vaccines Ltd.,</u> - <u>K-27 MIDC Ambernath.</u>	<u>16,th Floor, Hoechst House, Nariman Point, Mumbai – 21 O- 022-56560900. F-022-56560901/03</u>
<u>M/s. Bayer (India) Ltd.</u> <u>Kolshet Road, Thane-400 607. Maharashtra, India. Tel: 00-91-22 –25455234</u>	<u>Kolshet Road, Thane-400 607. Maharashtra, India. Tel: 00-91-22 –25455234</u>
<u>M/s. Bushal Health Care Pvt. Ltd., W- 11, M.I.D.C., Badlapur - 421503</u>	<u>Off: 126-M/s. Brahma Drugs Pvt. Ltd., Mumbai, Nahar &amp; seth Ind. Estate, L.B.S. Marg, Bhandup (WHO-GMP), Mumbai- 400 078 Ph: (022) 2564 5329</u>
<u>M/s. Ciron Drugs &amp; Pharmaceutical Ltd.</u> <u>N-118, MIDC, Tarapur, Boisar, Thane.</u>	<u>N-118, MIDC, Tarapur, Boisar, Thane.</u>
<u>M/s. Cipla Ltd.</u> - <u>A- 33/1 (Part) /2 MIDC Patalganga, Raigad.,410 220</u>	<u>A- 33/1 (Part) /2 MIDC Raigad Patalganga.410 220 Ph: ( 02192) 50811, 50822 Fax : ( 02192) 50819 E- mail: <a href="mailto:ciplaptg@bom2.vsnl.net.in">ciplaptg@bom2.vsnl.net.in</a></u>
<u>M/s. Ethy Pharm LL Pvt. Ltd.</u> <u>A-3,A-4,A-5, MIDC, Chemical Zone, Ambarnath (West) Dist-Thane.</u>	<u>406-C, Twin Arcade, Military Road, Marol Andheri (E) Mumbai-59. Tel: 8518046-47.</u>
<u>M/s. Elder Pharmaceuticals Ltd.</u> <u>A-38/3, MIDC Industrial Area, Patalganga, Village Khair, Tal-Khalapur, Dist-Raigad-410 220. Tel.: 02192- 50017/50018.</u>	<u>Elder House, Plot No., C/9,Dalia Ind. Estate. Off New Link Road, Andheri (W), Mumbai-400 058. Tel: 022-6351 1700-09 Fax: 022-632 0004</u>
<u>M/s. Eskay Fine Chemicals Pvt. Ltd.</u> <u>Turbhe, Thane Belapur Road, Navi Mumbai- 400 705. India</u>	<u>Mehta Mahal, 15, Mathew Road, Mumbai-400 004. Ph: 2364 8882</u>

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Tel: 2768 1505 Fax: 2768 1708 E-mail: eskayfine@vsnl.net	Fax: 91-22-2363 3900 E-mail: <a href="mailto:skage@vsnl.com">skage@vsnl.com</a> <a href="mailto:eskay@skageexports.com">eskay@skageexports.com</a> Website: <a href="http://www.microbar.co.in">www.microbar.co.in</a>
M/s. Flemingo Pharmaceutical Ltd. E-28, MIDC, Talaja. Raigad-410208. Ph: 2741 1372 Fax: 91-22-5590 2743.	<b><u>7/1, Corporate Park, Sion- Trombay Road, P.O. Box No.: 27257, Chembur Mumbai-400 071 India.</u></b>
<b><u>M/s. Fredun Pharmaceuticals Ltd. 14,15,16 Zorabian Industrial Complex, Veoor, Palghar Dist. Thane-401 404</u></b>	<b><u>26, Manoj Industrial Premises, G.D. Ambekar Marg, Wadala, Mumbai - 400 031. India.</u></b> <b><u>Ph: 4137193, 4146086, 4100402, 4102726</u></b> <b><u>Fax: 4146084</u></b> <b><u>Email: fredun@bom5.vsnl.net.in</u></b>
<b><u>M/s. Gallentic Pharma- (India) Pvt. Ltd. R-673,MIDC,TTC, Rabale, Thane Belapur Road, Navi Mumbai-400701</u></b>	<b><u>445 A-1Shah &amp; Nahar Indus. Estate, Sitaram Jadhav Marg, Lower Parel M-13</u></b> <b><u>T-2490-1494,1575</u></b> <b><u>F- 24901919</u></b>
<b><u>M/s. Gopaldas Vishram and Co., A-590/591,T.T.C.Mahape New Mumbai.</u></b>	<b><u>18, Shamldas Gandhi Marg, Mumbai – 02</u></b> <b><u>O- 203 52 86</u></b> <b><u>F- 836 17 28</u></b> <b><u>Fax- 208 59 77</u></b>
<b><u>M/s. Hindustan Laboratories Pvt. Ltd. - Anil House ,Behind Laxmi Narayan Temple ,5 Manisha Industrial Estate, Mahim Road, Palghar- Thane</u></b>	<b><u>C/3, Siddhivinayak Apt, Near Himat Nagar, Opp. Gokul Hotel Lane, S.V. Road, Borivali (W.) Mumbai – 400 092</u></b> <b><u>T- 806 29 46 / 865 58 15</u></b> <b><u>M- 9820308050</u></b> <b><u>F- 865 58 15</u></b>
<b><u>M/s. Health Secure (India) Pvt. Ltd. C-10,M.I.D.C.,Taloja Raigad</u></b>	<b><u>C-10,M.I.D.C.,Taloja Raigad</u></b> <b><u>T – 7477238</u></b> <b><u>Healthsecure@rediffmail.com</u></b>
<b><u>M/s. Healthy Life Phama Pvt. Ltd., N-31-1, MIDC, Tarapur, Thane, Boisar-401 506</u></b>	
<b><u>M/s. Indoco Remedies Ltd. Palghar. - N-101,MIDC., Tarapur, Dist.,- Thane India</u></b>	18-A, Mahal Estate, Mahakali Caves Road. Post Box No-9467. <b><u>Mumbai-4000-93.</u></b> <b><u>Tel. : 2687 3449, 2687 3462 &amp;2687 3464</u></b>
<b><u>M/s. Korten Pharmaceutical- Pvt. Ltd. Shanti Sthal,</u></b>	<b><u>1A, OJHA NIWAS, Parel Estate Marg, Jogeshwari (W), Mumbai –400 102. Ph:</u></b>

MANUFACTURER	ADDRESS
<b><u>Plot 1/5, AT &amp; PO Shirgaon, Palghar Thane. -401 407. Tel: 02525-54560.</u></b>	<b><u>678 3546/ 678 5984/ 679 6093. Telefax: 022-678 5983. E-mail: korten@vsnl.com</u></b>
M/s. Kremoint Pharma Pvt. Ltd. Ambernath, Dist-Thane. B-8, Additional Ambernath, MIDC, Anand Nagar Octroi Naka Ambernath (E), Dist-Thane. 421 506, India. Tel.(0251)5692436/2620655/2620273 Fax(0251)5693004 E-mail: <a href="mailto:pharmak@vsnl.net">pharmak@vsnl.net</a> Web site : <a href="http://www.kremointpharma.com">www.kremointpharma.com</a>	B-8, Additional Ambernath, MIDC, Anand Nagar Octroi Naka Ambernath (E), Dist-Thane. 421 506, India. Tel.(0251)5692436/2620655/2620273 Fax(0251)5693004 E-mail: <a href="mailto:pharmak@vsnl.net">pharmak@vsnl.net</a> Web site : <a href="http://www.kremointpharma.com">www.kremointpharma.com</a>
M/s. Kilitch Drugs (I) Ltd. C-301/2, MIDC, TTC,Ind. Area, Pawane Village, Thane Tel: 2763 05 18/2768 09 13	2, Bhaveshwar, 148-B, Dr. A.B. Road, Worli, Mumbai –400 018. Tel.: 2495 19 41 Fax: 022-2495 3636
M/s. Khandelwal Lab. Pvt. Ltd. B-1/90, Wagle Ind, Estate, Thane. –400 604. Tel.: 2582 1793/0794, Fax: 91-22-2582 3837.	79/87, D. Lad Path, Mumbai- 400 033. India Ph.: (91) (22) 23718238/46 Fax: (91) (22) 23739381/23719665 E-mail: <a href="mailto:klab@vsnl.com">klab@vsnl.com</a>
<b><u>M/s. Koprán Ltd.</u></b> - <b><u>At, Village Savroli, Taluka Khalapur, Raigad 410202. At, Village Savroli, Taluka Khalapur, Raigad 410202.</u></b>	<b><u>Parijat House, 1076, Dr. E.Moses Road, Worli, Mumbai – 400 018</u></b> <b><u>Tel- 5662 7000</u></b> <b><u>F – 2498 45 91</u></b>
<b><u>M/s. Lyka Labs Ltd., T-139, MIDC, Tarapur, Thane.</u></b>	<b><u>77, Nehru Road, Vile Parle- East, Mumbai-400 099. (India)</u></b> <b><u>Website: lykalabs.com</u></b> <b><u>E-mail : lykabom@vsnl.com</u></b>
M/s. Lupin Ltd. Tarapur, T, MIDC, Tarapur Dist-Thane.	159, CST Rd, Kalina, Santacruz (E) Mumbai – 98. O- 652 63 91 F- 652 82 92
<b><u>M/s. Makers Laboratories Ltd. 44, Dewan Udyog Nagar, Palghar- 401 404, Thane. Ph: 02525-252667/254667</u></b>	<b><u>49, Kandivali Ind. Estate, Kandivli (WHO-GMP), Mumbai – 67. Ph: 28684656/28686546 Fax: 022-28682785</u></b>
<b><u>M/s. M.J. Biopharm Pvt. Ltd. L-1 MIDC Talaja, Raigad. Tel: (91-22) 7402331, 7410956/0770 Fax : (91-22) 7402311</u></b>	<b><u>113, Jolly Maker Chambers No. 2., Nariman Point, Mumbai- 400 021., India. Tel : 2020644 Fax (91-22) 2048030/31. E-mail: <a href="mailto:mjgroup@mj-india.com">mjgroup@mj-india.com</a></u></b>

MANUFACTURER	ADDRESS
M/s. Mancare Pharmaceuticals Pvt. Ltd. Thane Plot No. 60, Dhowali Village, Vasai Municipal Ind. Estate, Vasai (west), and Dist. Thane. Tel.: 95250- 2324832/2322806 Fax: 2324819.	Plot No. 60, Dhowali Village, Vasai Municipal Ind. Estate, Vasai (west), and Dist. Thane. Tel.: 95250- 2324832/2322806 Fax: 2324819.
<b><u>M/s. Medico Remedies Pvt. Ltd.</u></b> <b><u>9, Diwan &amp; Sons, Udyog Nagar,</u></b> <b><u>Palghar, Dist. Thane- 401 404.</u></b>	-
M/s. Macleods Pharmaceuticals Ltd. Plot No. 1 2 &3 Mahim Road Near Kuldip Nagar Palghar (W) Thane.	3rd floor, Atlanta Arcade, Church Rd, Near Leela Hotel, Andheri Kurla Road, Andheri (E) Mumbai – 59 O- 8213339 F- 8216599 <a href="mailto:Macleods@vsnl.com">Macleods@vsnl.com</a>
<b><u>M/s. Neon laboratories Ltd.</u></b> <b><u>Plot no. 57/60, Palghar Taluka ind</u></b> <b><u>estate, Boisar road palghar, Thane</u></b>	<b><u>Damji Shamji Industrial Complex,</u></b> <b><u>Mahakali Caves Road, Andheri (E),</u></b> <b><u>Mumbai – 93</u></b>
<b><u>M/S Neon Antibiotics Pvt. Ltd.</u></b> <b><u>G-17/1,MIDC Tarapur Industrial Area,</u></b> <b><u>Boiser Thane</u></b>	<b><u>Damji Shamji Industrial Complex,</u></b> <b><u>Mahakali Caves Road, Andheri (E),</u></b> <b><u>Mumbai – 93</u></b>
<b><u>M/s. Nicholas Piramal India Ltd., Plot</u></b> <b><u>No.K-1,Additional M.I.D.C.,Mahad,</u></b> <b><u>Raigad.</u></b>	<b><u>100, Centre point. Dr. Ambedkar Rd,</u></b> <b><u>Parel, Mumbai –400 012.</u></b> <b><u>Tel.: 4134653/54.</u></b> <b><u>Fax: 4172861</u></b>
<b><u>M/s. P.I. Drugs &amp; -Pharmaceutical Ltd.</u></b> <b><u>B-32-MIDC,</u></b> <b><u>Mahad, Raigad.</u></b>	<b><u>4, Aditi Apts., Mithagar road, Mulund</u></b> <b><u>(E), Mumbai-400 081.</u></b> <b><u>Tel.: 25643713</u></b>
<b><u>M/s. P.I. Drugs &amp; -Pharmaceutical Ltd.</u></b> <b><u>A-68, Additional Ambernath, MIDC</u></b> <b><u>Area, Ambernath (E), Dist. Thane</u></b>	<b><u>4, Aditi Apts., Mithagar road, Mulund</u></b> <b><u>(E), Mumbai-400 081.</u></b> <b><u>Tel.: 25643713</u></b>
<b><u>M/s. Pfizer Ltd.</u></b> <b><u>Thane Belapur Road Turbhe Navi</u></b> <b><u>Mumbai</u></b>	<b><u>Pfizer Center, Patel Center, S.V. Road,</u></b> <b><u>Jogeshwari (W.)</u></b> <b><u>Mumbai – 102</u></b>
<b><u>M/s. Raptakos Brett &amp; Co Ltd.</u></b> <b><u>100/2, MIDC, Dhatav , Roha Dist.-</u></b> <b><u>Raigad.</u></b>	<b><u>Dr. Annie Besent Rd., Worli, Mumbai-</u></b> <b><u>400 025.</u></b> <b><u>Tel: 263596.</u></b> <b><u>Fax: 263595</u></b>
M/s. Richi Laboratories Ltd. Plot No-07, Agarwal Udyog Nagar, Sanivali Road, Vasai Road (East) Dist – Thane.	5,Devkaran Masion, 24, Magaldas Rd., Mumbai-400 002. Tel: 2206 2725 Fax: 91-22-2201 61 97 Red Off: Brahmachari Rd., Rehabari, and Guwahati-781 008. (Assam).
M/s. Samrudha Pharmaceutical Pvt. Ltd.	110-A, Dattani Trade -Centre

MANUFACTURER	ADDRESS
J-174, MIDC, Tarapur-Boisar Dist-Thane.	Chandavarkar Road, Borivili (w) Mumbai-400 092. Tel-28077914 Fax-28646970
M/s. Sanjivani Peranteral Ltd. R-40, T.T.C.Ind Area, Rabale, Thane Belapur Road, New Mumbai-400701. Tel: 2769 6471/2769 6572.	205,P.N. Kothari Ind. Estate, L.B.S. Marg, Bhandup (W), Mumbai-400 078. Ph.-25689820/55974270/71 Fax-25694327 E-mail: <a href="mailto:sanjivani@vsnl.com">sanjivani@vsnl.com</a>
M/s. Sandoz Pvt. LTD. Plot No-D-31&32. TTC (ind) Area, MIDC, Turbhe, Thane Navi Mumbai.	Plot No-D-31&32. TTC (ind) Area, MIDC, Turbhe, Thane Navi Mumbai.
M/s. Srinivas Chemical Industries Pvt. Ltd. Palghar E-5, MIDC, Tarapur, Boisar, Tal. Palghar, Dist. Thane- 401 506	Reg. Office: 201, Arjun Centre, 'A' Wing, B.S.D. Marg, Deonar, Mumbai- 400 088. Tel: 2551 2545, 2551 8221. Fax: 91-22-25561723. Email: <a href="mailto:scipt@bom5.vsnl.net.in">scipt@bom5.vsnl.net.in</a>
M/s. Svizera Labs Pvt. Ltd. Navi Mumbai. Fact.: Plot D 16/6, TTC Ind. Area, MIDC, Turbhe, Navi Mumbai400703, INDIA.Tel: +91 22 7617448 Fax: +91 22 7617449 Email: <a href="mailto:svizera@vsnl.net">svizera@vsnl.net</a> Website: <a href="http://www.svizera.com">www.svizera.com</a>	Svizera Labs Pvt. Ltd. Off: Plot No. 56/9, Govandi, Mumbai: 400043, India.Te4l: +91 22 5567093 Fax: +91 22 5565620.
M/s. Sirmaxo Chemicals, Tarapur, Thane Plot No. E-35, Tarapur MIDC, Palghar, Dist. Thane. Tel: 26112177, 26136245, 26170665	New Extn. Wing, Gr. Floor, A.V. Municipal Market, Vallabhai Road, Vile Parle (W), Mumbai- 400 056.
M/s. Transchem Ltd. Plot No-07, MIDC, Engineering Zone Kalyan Badlapur Road, Ambernath Dist-Thane.	
<b><u>M/s. Themis Laboratories Pvt. Ltd.</u></b> <b><u>A-214, Rd, No.30, Wagle Indt. Estate,</u></b> <b><u>Thane-400 604</u></b> <b><u>Tel: 91-22-2585 0605/ 2582 2445</u></b>	<b><u>A-214, Rd, No.30, Wagle Indt. Estate,</u></b> <b><u>Thane-400 604</u></b> <b><u>Tel: 91-22-2585 0605/ 2582 2445</u></b>
<b><u>M/s. Unique Chemicals</u></b> <b><u>Plot No. P –10 Shiv Mahape Ghansoli,</u></b> <b><u>Thane, Belapur Road, Navi Mumbai,</u></b> <b><u>Thane</u></b>	<b><u>Plot No. P –10 Shiv Mahape Ghansoli,</u></b> <b><u>Thane Belapur Road Navi Mumbai,</u></b> <b><u>Thane</u></b>
<b><u>M/s. USV. Ltd.</u></b> <b><u>B-1/8, Lote Parshuram –Ind-Area</u></b>	<b><u>B.S.D. Marg, Govandi, Mumbai- 400</u></b> <b><u>088.</u></b>

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<u>Khed, Ratnagiri</u>	<u>Tel: +91(22)25564048 Fax: +91(22) 25584025.</u>
<u>Unichem laboratories ltd. Plot no.99, MIDC, Dhatav,Roha, Raigad</u>	<u>Plot no.99, MIDC, Dhatav,Roha, Raigad O- (02194) 63561-63 F- 63545</u>
<u>M/s. Unibios Laboratories Ltd. Palghar Thane C-2,3,4 S.No. 47/2, Dewan &amp; Sons Estate, Manor Road, Village Veoor, Tal. Palghar, Dist. Thane</u>	<u>5, C-6, Ponam Darshan, Poonam Nagar, Off. Mahakali Caves Road, Andheri (E) , Mumbai-400 093. Ph: 28377126/28202971 Fax: 91-22-2821 8833 Email: unibios@vsnl.com</u>
<u>M/s. Universal Capsules Pvt. Ltd., Ashagadh, Dahanu Road, Dist. Thane- 401 602, India. Ph: +912528260130-32, 260557-60 Fax: +912528260173/ 222097 E-mail: ucl@dahanu.unicaps.com Web: www.acg-world.com</u>	<u>7, Prabhat Nagar, Jogeshwari (W), Mumbai – 400 102, India. Tel: 91-22-6789642/43/44/45 Fax: 91-22-6790140 E-mail: sales@unicaps.com</u>
<u>M/s. Vardhaman Export, A,188,T.T.C.MIDC Ind. Area Khairane ,Navi-Mumbai-400701</u>	<u>586 A, Mody Estate, L.B.S. Marg, Ghatkopar (W.) Mumbai – 86 M- 9867051144 O-55550473 F- 25162299</u>
M/s. Cipla Ltd., L.B.S. Marg, Vikhroli , Mumbai -83 Tel. No. 5781791/92	289, Belasis Road. Mumbai central.
M/s. FDC Ltd.  142/48 SV road Jogeshvari (W) Mumbai-102.	142/48 SV road Jogeshvari (W) Mumbai-102. O -26780652 / 2656 F-26781912
M/s. Hindustan Biologicals. Plot No.55,Ancillary Industries Wamanrao Patil Marg, Deonar, Mumbai-400 043. India Tel. No. :25580356 25584801	Plot No.55,Ancillary Industries Wamanrao Patil Marg, Deonar, Mumbai-400 043. India Tel. No.: 25580356 / 25584801
M/s. Indoco Remedies Ltd. 18-A, Mahal Estate, Mahakali Caves Road. Post Box No-9467. Mumbai-4000-93.	18-A, Mahal Estate, Mahakali Caves Road. Post Box No-9467. Mumbai-4000-93. Tel. : 2687 3449, 2687 3462 &2687 3464
M/s. Inga Laboratories Pvt.Ltd. Inga House Mahakali Road, Andheri (East)	Inga House Mahakali Road, Andheri (East) Mumbai-400093

MANUFACTURER	ADDRESS
Mumbai-400093.	
M/s. Maneesh Pharmaceuticals Ltd. Plot No-40, Ancillary Industrial Plots, Govandi, Mumbai-43. Tel-25565738/5559/7093  Fax-25565620/7093 Email-maneeshpharma@vsnl.com	Plot No-40, Ancillary Industrial Plots, Govandi, Mumbai-43. Tel-25565738/5559/7093 Fax-25565620/7093 Email-maneeshpharma@vsnl.com
<b><u>M/s. Pharmapack Pvt. Ltd.</u></b> V.N.Purav Marg. Deovnar, Mumbai-88	V.N.Purav Marg. Deovnar, Mumbai-88
<b><u>M/s. Softesule Pvt. Ltd.</u></b> <b><u>Mulund Mumbai.</u></b> 86-A, L. B. Shastri Marg Mulund (W), Mumbai- 400 080. (India) GRAM : “SOFTESULE”, Phone: 560 21 59, 560 22 70, 560 12 02, Fax : (9122) 5646276 <b><u>E-mail Add: softesul@vsnl.com,</u></b> <b><u>Website: www.softesuleltd.com</u></b>	Reg. Office & Factory: 86-A, L. B. Shastri Marg Mulund (W), Mumbai- 400 080. (India) GRAM : “SOFTESULE”, Phone: 560 21 59, 560 22 70, 560 12 02, Fax : (9122) 5646276 E-mail Add: softesul@vsnl.com, website: www.softesuleltd.com
<b><i>M/s. Uni Med India</i></b> 86, Marol Co-op Industrial Estate, Andheri (East) Mumbai-400 059.	86, Marol Co-op Industrial Estate, Andheri (East) Mumbai-400 059.
M/s Zim Laboratories Ltd, B21/22 MIDC,Kalmeshwar Nagpur.	B-21/22, MIDC Area, Kamleshwar-441 501 Dist. Nagpur(MS)
M/s. Universal Medicaments Pvt. Ltd., Universal Square, 1505-1, Shantinagar4, Nagpur – 440 002 (MS)	Manisha Plaza, Sonapur Lane, Off LBS marg, Kurla (W), Mumbai – 400 070.
M/s. Advanced Bio-Chemicals Ltd. A-61/62, MIDC, Dist-Nashik Sinnar-422 113.Tel.: (02551) 230041/43/44/48, Fax: 91-2551-230042,230048	106, Dhanlaxmi Indl. Estate, Above Navneet Motors, Gokul Nagar, P.O.Box 182, Thane(W) 400601, (India) Tel: 91- 022-25331325, 25344011/2, 25343119, Fax: 91-022-25343445, 25340243, E-mail: <a href="mailto:enzymeindia@vsnl.co">enzymeindia@vsnl.co</a>
M/s F.D.C Ltd. G-1, MIDC, Malogaon, Sinner, Dist-Nashik. -422 103.	B-8, MIDC Industrial Area, Waluj, 431 136., Dist. Aurangabad, India. Tel.: ++91- 240-2555 4407/255 4299/ 255 4967 Fax: ++91-240-255 4299
M/s Glenmark Pharmaceuticals Ltd.Plot No. E-37, 39, MIDC Area, Satpur, Nashik 0253-350154/350874/352707	B-2, Mahalaxmi Chambers, 22 Bhulabhai Desai Road , Mumbai-26 Ph.4964893-96 4932648 (F)

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<p><b><u>M/s. Glaxo Smith Kline Pharmaceuticals Ltd. A-10, MIDC, Industrial Area; Ambad-Pathardi Block, Nasik 422010.</u></b>  <b><u>Tel: 382294/382594/383013</u></b>  <b><u>Fax: 91-0253-381274</u></b></p>	<p><b><u>Annie Besant road, Worli Mumbai-400025.</u></b></p>
<p><b><i>M/s. Holden Medical Laboratories Pvt. Ltd.</i></b>   <b><i>Plot No.-C-35M.I.D.C.</i></b>   <b><i>Malegaon Sinner Nashik</i></b></p>	<p><b><i>Plot No.-C-35M.I.D.C.</i></b>   <b><i>Malegaon Sinner Nashik</i></b>  Tel - 2551 30592  Fax – 2551 – 30593  <a href="mailto:Hml@hcinfinet.com">Hml@hcinfinet.com</a></p>
<p>M/s. JCPL Pharmaceutical Pvt. Ltd.  Jalgaon  E – 67, MIDC, Jalgaon – 425003</p>	<p><b>E – 67, MIDC, Jalgaon - 425003</b></p>
<p>M/s. Liva Healthcare Ltd  A 52, MIDC Malegaon  Nasik. Tel: 95-2551-230804/5/6.</p>	<p><b>Camlin House, J.B. Nagar, Andheri (E) Mumbai- 400 059., India Tel: 91-22-2836 7224, Fax: 91-22-2839 4675.</b>   <b>E-mail: greta@vsnl.com</b></p>
<p>M/s. Niramay Pharma Pvt. Ltd.   <b><i>Ambad, Nashik</i></b>  H-115,Addittional MIDC, Ambad, Nashik-422 010  Tel: 2382204,2383402,  Telefax.: 5602871  E-mail: <a href="mailto:nppl@nirmayhaprma.com">nppl@nirmayhaprma.com</a></p>	<p>H-115,Addittional MIDC, Ambad, Nashik-422 010  Tel: 2382204,2383402,   <b><i>Telefax.: 5602871</i></b>  E-mail: <a href="mailto:nppl@nirmayhaprma.com">nppl@nirmayhaprma.com</a></p>
<p>M/s. Sun Pharma Ind-Ltd. A-7/A-8, MIDC. Industrial Area, MIDC,IndArea, Ahmednagar. Tel: (91-241) 777329/777330/777359.</p>	<p>Corp. Off: Acme Plaza, Andheri-Kurla Rd., Andheri (E), Mumbai-400 059.  Tel (9122) 8211288/8212128/8210115.  Fax: (91-22) 8212010</p>
<p>M/s. Vital Healthcare Pvt. Ltd.  Satpur Nashik  Plot No. H/10, MIDC, Satpur, Nashik-422 007  Tel: 0091-253-354076 &amp; 77  Fax: 0091-253-353684</p>	<p>5/6, Shreyas, 2<sup>nd</sup> Hasnabad Lane, Santacruz (W), Mumbai- 400 054. India.  Tel: 0091-22-6490352/ 6490841/ 6490353  Fax: 0091-22-6491424/ 6204286  E-mail: <a href="mailto:magnascg@bom7.vsnl.net.in">magnascg@bom7.vsnl.net.in</a></p>
<p>M/s. Aditi Pharmaceuticals Pvt. Ltd.  Solapur   E-65/66, MIDC Solapur,</p>	<p>E-65/66, MIDC Solapur,</p>
<p>M/s. Avon Organics Ltd. , Solapur.  E-2, MIDC Chincholi, Solapur-413 255.</p>	<p>E-2, MIDC Chincholi, Solapur-413 255.  Ph: 357339</p>



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Ph: 357339 Fax: 0217 357738.	Fax: 0217 357738.
M/s. BRIOCIA PHARMA (ind) Plot E-1, MIDC, Industrial Area, Jejuri – Pune. 412 303 Tel.: 02115-53105/6/7	36, Khimji Meghji House, 11/15, Issaji Street, Masjid (W) Mumbai-400 003.
M/s. Bal Pharma Ltd.  <b>Unit III Pune.</b>  732/735. Off NH – 4, Pune Stara Rd, Village Kenjal Taluka,Bhor, District, Pune –412 217.	A-9/10, 3 <sup>rd</sup> Floor, Royal Arcade,Dhankawadi, Pune –411043. Ph: 020-4366901/2 Website – balpharma.com Email-mpc20021@rediffmail.com
M/s. Cipla Ltd. D-7, MIDC-Ind Area ,Kurkumph  <b>Pune-413802</b>	D7 MIDC Ind. Area Kurumbh Dist. –Pune 413 802. Ph.: 91(2117) 35231, 35234, 35283 to 35285 Fax: 91(2117) 35232
<b>C/o. Cure Medicines (I) Pvt. Ltd., C- 12/13, MIDC, Bhosari, Pune -411026</b>	Off: Cure House, C-12-13, MIDC, Bosari Pune – 411 026. Tel: 91-20-7124710/45 Fax: 91-20-7124739 Email: <a href="mailto:corporate@curemedicines.co.in">corporate@curemedicines.co.in</a>
M/s .Emcure Pharmaceuticals, ( Unit No. –2 )C-10(12) MIDC Bhosari, Pune	Emcure House, T-184, MIDC, Bhosari, Pune-411 026. India. Tel. : 91-20-27 120084, 4117700 Fax: 91-20-4117111 E-mail: <a href="mailto:corporate@emcure.co.in">corporate@emcure.co.in</a>
M/s. Emcure Pharma Ltd. (Unit 4) D-6/S- 25,MIDC,Bhosari,PUNE-26	Emcure House, T-184, MIDC, Bhosari, Pune- 411 026. India Ph.: 91-20-7120084, 4117700. Fax: 91-20-4007111. E-mail: <a href="mailto:cprporate@emcure.co.in">cprporate@emcure.co.in</a>
M/s. Emcure Pharmaceutical- Ltd. (Unit –5). T-172. MIDC- Bhosari. Pune.	Emcure House, T-184, MIDC, Bhosari, Pune- 411 026. India Ph.: 91-20-7120084, 4117700. Fax: 91-20-4007111. E-mail: <a href="mailto:cprporate@emcure.co.in">cprporate@emcure.co.in</a>
M/s. Frenisus Kabi India Pvt. Ltd. ,A-3,MIDC, Ranjangaon,Tal-Sirur,Dist.,-PUNE	Heritage House,6-E,Rambai Ambedkar Road,Pune-1 Tel:-6053602-7 Fax- 6138258 E mail- <a href="mailto:fmml@giaspn01.vsnl.net.in">fmml@giaspn01.vsnl.net.in</a>
M/s. Intervet India Ltd. Brihanagar, Off Pune Nagar Rd., Wagholi, Pune- 412 207.	Brihanagar, Off Pune Nagar Rd., Wagholi, Pune- 412 207.
<b>M/s. Jain Pharma ( International) Pvt.</b>	

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<b><u>Ltd.</u></b> <b><u>C-7-8 (2), MIDC, Bhosari, Pune.</u></b>	
M/s. Litaka Pharmaceuticals Ltd. B-22, H. Block, MIDC Pimpri, Pune	B-22, H. Block, MIDC ,Pimpri, Pune O- 7475862-74 F-7474109 <a href="mailto:Litakapim@vsnl.net">Litakapim@vsnl.net</a>
M/s. Litaka Pharma Ltd., 116/2, vadgaon Maval chakan phata, Pune Mumbai Road, Pune 412106 Tel.No. 02114-22857	Himalaya Estate, 16-A, Shivaji Nagar Pune. 020-5533393/5534909 5533211 (F)
M/s. Maxim Pharma Pvt. Ltd Plot No.11,12,Kumar Industrial Estate, Gala No. 125/126, Markal, khed, Pune	Plot No.11,12,Kumar Industrial Estate, Gala No. 125/126, Markal, khed, Pune
M/s. Mediorals Laboratories Pvt. Ltd. J-4/2, Additional MIDC, Satara 415 004 .	NA
M/s. Orion Remedies Pvt. Ltd. D-22, MIDC (IND) Area, Kurkumph, Pune. Tel.: (02117) 35381, 382, 383.	D-22, MIDC(IND)Area, Kurkumph, Pune. Tel.: (02117) 35381, 382, 383. Fax: 91(02117)35294 E-mail : <a href="mailto:orionremedies@vsnl.net">orionremedies@vsnl.net</a>
M/s. Omni Protech Drugs Ltd. C-4, 13, M.I.D.C. Bhosari Pune.	C-4, 13, M.I.D.C. Bhosari Pune.
M/s. Okasa Pharma Pvt. Ltd., L-2, Additional M.I.D.C. Satara.	L-2, Additional M.I.D.C. Satara.
M/s. Profiala Biologicals Pvt. Ltd., Survey No.123, Pirangut, Tal.- Mulshi, Dist. Pune	Reg. Off: 157, Modi Street, Fort, Mumbai- 400 001. Corp. Off. : Kedia chambers, 2 <sup>nd</sup> floor, shivaji Rd., Vakola Bridge, Santacruz (E) Mumbai-400 055. Telefax: 2668 2796/5694 3271 E-mail: <a href="mailto:prophyla@bom3.vsnl.net.in">prophyla@bom3.vsnl.net.in</a>
M/s. Ranbaxy Laboratories Ltd. E-2/E-3, MIDC, Jejuri, Pune. 412 303. Tel.: 02115-253201,253304.	Sahibzada Ajit Singh Nagar-160 055. Dist. Ropar (Punjab)
M/s. Serum Institute of india Ltd. 212/2-Hadapsar, Pune.	212/2, HADAPSAR, Pune-411 028, India. Tel: ++91-20-69939900/04. Fax: ++91-20-6993924 <a href="http://www.seruminstitute.com">www.seruminstitute.com</a>
M/s. S.P.B. (IMC) 179/2/A, Garmal, Wadgaon Dhayari, Pune Sinhad Rd, Pune-41. Tel. +91-20-24392053, 24392592. Fax - +91-20-24393704. Website: <a href="http://www.spbpharma.com">www.spbpharma.com</a> , Email: <a href="mailto:spbpharma@yahoo.com">spbpharma@yahoo.com</a>	179/2/A, Garmal, Wadgaon Dhayari, Pune Sinhad Rd, Pune-41. Tel. +91-20-24392053, 24392592. Fax - +91-20-24393704. Website: <a href="http://www.spbpharma.com">www.spbpharma.com</a> , Email: <a href="mailto:spbpharma@yahoo.com">spbpharma@yahoo.com</a>

<b>MANUFACTURER</b>	<b>ADDRESS</b>
M/s. Symbiosis Co-op Pharmaceuticals Plot No.-J-89, M.I.D.C. Kupwad Block Sangali	Plot No.-J-89, M.I.D.C. Kupwad Block Sangali
M/s. Laben Laboratories Pvt. Ltd. L-4, Phase III, MIDC, Dist-Akola. 444 104 M.S. India.	11, Mahavir Mansion, 70 Trinity Street, Mumbai-400002(M.S.) India Ph. : 22075302 Fax: 22075303 Mail: laben@bom3.vsnl.net.in
M/s. Hightake Pharma (I) Ltd. Akola W-51, Phase III, MIDC, Shivar, Akola – 444 104. Tel: (0724) 225 8292 Fax: (0724) 8294	Rallis House, 21,D Sukhadvala Marg, Mumbai 400 001. Tel: 5665 2700
M/s. Modi Mundi Pharma (P) Ltd.	Modipuram, Meerut
M/s. Win Medicare (P) Ltd	Modipuram, Meerut
Unichem Laboratories Ltd	C- 31&32, Industrial Area, Meerut Road, Ghaziabad
Anod Pharma Pvt. Ltd	E-20, Panki Industrial Area, Site No. -1, Kanpur
Albert David Limited	B-12-13, Meerut Road Industrial Area, Ghaziabad
Dabur India Ltd	22 Site-IV, Shahibabad, Ghaziabad
Jagsonpal Pharmaceutical Ltd	E-20, Panki Industrial Area, Site No. – 1, Kanpur
Unicure (India) Pvt. Ltd	C-22/23, Sector-3, Noida
M/s. Bharat Immunological & Biological Corporation Ltd	Village Chola, Bulandshahar
Menthe & Allied Products Ltd	VIII-Bahadurganj P.O. Mursena, 16 <sup>TH</sup> Km. Rampur Swar Road, Rampur
Camphor & Allied Products Ltd	P.O. Collector Buck Ganj, Barreilly
M/s Corporate Channel India Pvt.Ltd	1590-1600, Paldi,UDAIPUR
M/s CASSEL RESEARCH LABORATORIES Pvt.Ltd	54 SIDCO Industrial Estates, Thirumudivakkam,Chennai-44
M/S CASSEL RESEARCH LABORATORIES Pvt.Ltd	P.K. 19,phase V,Industrial Estate Ekkattuthangal,Chennai-97