

**Profile of the Private/NGO Partner Agency**

**1. Name and address of the agency ( Local office or registered office/ Head Quarter)**

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**2. Year of establishment**

**3. Genesis of the agency, (Collect a copy of the organisational handbook)**

**a) Type of ownership (Proprietary/ Partnership, etc and brief description)**

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**b) Qualification and experience of the owners, and management trustees (Background of the chairman, chief manager, board of trustees)**

**Owners/Promoters**

**Experience/ Occupation**

**Chairmen**

**Trustees**

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**4. Mission and objective of the agency (if any)[see copy of the Handbook)**

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**10. Financial details (Revenue and expenditure) of the agency (Total budget, expenditure, revenues and profits...)**

Expenditure	Overall for the agency		In the contracted place Since PP	
	2003-2004	2004- 2005	Year I	Year II
Salary/Wages				
Equipment (Purchase)				
Maintenance				
Building/infrastructure				
Supplies/Consumables				
Drugs/medicine				
Contract fee paid to the public agency				
Tariffs. (Rent, Electricity/ Water Supply,etc).				
Interest or debt repayment				
Overall / Contingency				
Others				

**Revenue**

Patient charges	Reimbursed from public authority				
	Charges collected directly				
	Private outside patients				
Donations					
Trust funds					
<b>Others</b>					

**11. List of services and respective tariffs (both in this hospital and at other places by the same agency)**

List of Services	Tariffs		
	In this Hospital	In other Public Facilities	In Your own centre/hospital

**12. Volume of Services provided by the agency in this health facility since contract agreement was signed ( Past two years)**

Lists of Services	Volume(No. of patients/services)			
	Year-I		Year -II	
	Free	Paying	Free	Paying

**13. List of Services and the volume of beneficiaries services provided by the agency ( Last year)**

Lists of Services	In this Place		In other Public health centres		Own Private facility	
	Free	Paying	Free	Paying	Free	Paying

**14. Total No. of staff** (total in the agency and those employed in the referent health facility)

Category of staff		No. of staff in this facility	Total in the organisation
<b>Managerial/Administrative Staff</b>			
<b>Doctors</b>	<b>Specialists</b>		
	<b>General Physicians</b>		
<b>Nurses</b>			
<b>Paramedical</b>			
<b>Technical</b>			
<b>Non Technical</b>			
<b>Class IV</b>			
<b>Support staff</b>			
<b>Others</b>			
<b>Total</b>			

## 15. Service conditions of the staff working in the agency

Benefits to staff		Doctors		Nurses	Pharmacist	Radiologist	Lab Attendant	Class-IV
		Specialist	General					
Basic pay	Minimum							
	Maximum							
Gross pay	Minimum							
	Maximum							
Working hours								
<ul style="list-style-type: none"> <li>• in a day</li> <li>• In a week</li> </ul>								
HRA								
NPA								
Leave								
Bonus								
Gratuity/Pension								
Others emoluments								

**16. Organisational Structure**

A large, empty rectangular box with a thin black border, occupying most of the page below the section header. It is intended for the user to draw or write their organizational structure.