

## Organization Profile

|                                                               |                                                                                                                                         |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Category*                                                     | Health                                                                                                                                  |
| Organization (Entity) Name (as per registration certificate)* | BHARTI SEWA SADAN TRUST                                                                                                                 |
| Website*                                                      | http://www.bsst.org.in                                                                                                                  |
| Registered Address (as per NGO registration certificate)*     | SHIVPURI, WARD NO- 09 BHUDAN NEAR CHURCH ,<br>ARARIA, ARARIA (Bihar) - 854311                                                           |
| Correspondence Address*                                       | SHIVPURI, WARD NO- 09 BHUDAN NEAR CHURCH ,<br>ARARIA, ARARIA (Bihar) - 854311<br><br><b>State:</b> Bihar<br><br><b>District:</b> Araria |
| Entity Type*                                                  | Trust                                                                                                                                   |
| Registration Date*                                            | 14/03/2014                                                                                                                              |
| Founder Name*                                                 | Dr Ram Narayan Bharti                                                                                                                   |
| CEO Name*                                                     | Sanjay Kumar Jha                                                                                                                        |
| Registration Number (CSR Form 1)*                             | CSR00010028                                                                                                                             |

## About the Founder(s)\*

Dr Ram Narayan Bharti is the Founder and Managing Trustee of BHARTI SEWA SADAN TRUST a nonprofit organization dedicated to social development and community welfare. With a strong commitment to humanitarian values and sustainable development, he/she has been actively working in the fields of education, healthcare, women empowerment, livelihood promotion, environmental conservation, and rural

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development. Under his/her visionary leadership, the trust has successfully implemented various community-based initiatives aimed at improving the quality of life of marginalized and underprivileged sections of society

### About the Organization \*

BHARTI SEWA SADAN TRUST is a registered non-profit organization committed to promoting sustainable development and improving the quality of life of marginalized and underserved communities. The Foundation works across key sectors including education, health, nutrition, women empowerment, livelihood enhancement, environmental sustainability, skill development, and community welfare. Through participatory and community-driven approaches, BHARTI SEWA SADAN TRUST strives to create lasting social impact by strengthening local capacities and fostering self-reliance among vulnerable populations. The organization collaborates with government agencies, corporate partners, academic institutions, and community-based organizations to design and implement innovative development initiatives. With a focus on inclusiveness, transparency, and sustainability, BHARTI SEWA SADAN TRUST undertakes projects that address critical social and economic challenges while promoting equitable growth. The Foundation is dedicated to empowering individuals and communities through knowledge, resources, and opportunities, thereby contributing to the broader goals of social justice, poverty reduction, and sustainable development.

### Financial Information

All figures are required in Indian Rupees (₹) and in Lakhs. For example – 1,00,000 = 1; or 10,00,000 = 10; or 1,00,00,000 = 100.

| Particulars *                | FY 22-23 * | FY 23-24 * | FY 24-25 * |
|------------------------------|------------|------------|------------|
| Expenditure (in INR Lakhs) * | 42         | 44         | 48         |
| Income (in INR Lakhs) *      | 42         | 44         | 48         |

Please indicate if a policy document is documented and is in practice for the following:

| Name *                                        | Documented * | In-Practice * |
|-----------------------------------------------|--------------|---------------|
| Child Protection (if working with children) * | Yes          | Yes           |
| Code of Conduct *                             | Yes          | Yes           |
| Conflict of Interest *                        | Yes          | Yes           |

|                                |     |     |
|--------------------------------|-----|-----|
| Corruption & Bribery*          | Yes | Yes |
| Data Protection*               | Yes | Yes |
| Finance & Account*             | Yes | Yes |
| Grievance Redressal*           | Yes | Yes |
| Human Resource*                | Yes | Yes |
| Inclusion*                     | Yes | Yes |
| Monitoring/Evaluation/Quality* | Yes | Yes |
| POCSO*                         | Yes | Yes |
| Procurement*                   | Yes | Yes |
| Sexual Harassment*             | Yes | Yes |
| Whistle Blower*                | Yes | Yes |

Please indicate if the following are applicable to your organization and if you are in compliance with their respective prescribed rules:

| Name*        | Applicable* | Compliant* |
|--------------|-------------|------------|
| 12A/10(23C)* | Yes         | Yes        |

|                                                                                                |     |     |
|------------------------------------------------------------------------------------------------|-----|-----|
| 80G*                                                                                           | Yes | Yes |
| CSR Rules (as implementing agencies)*                                                          | Yes | Yes |
| Employee Provident Fund (EPF)*                                                                 | No  | No  |
| Employee State Insurance (ESI)*                                                                | No  | No  |
| GST*                                                                                           | No  | No  |
| Gratuity*                                                                                      | No  | No  |
| Minimum Wages*                                                                                 | Yes | Yes |
| Permanent Account Number (PAN)*                                                                | Yes | Yes |
| Professional Tax (PT)*                                                                         | Yes | Yes |
| Tax Deducted at Source (TDS)*                                                                  | Yes | Yes |
| Does your organization has defined Bye-Laws or any similar document to govern its operations?* |     | Yes |
| If yes, do the Bye-Laws allow your organization to work in the area of Health ?                |     | Yes |
| Does the board comprise of at least 1/3rd independent members?*                                |     | Yes |

|                                                                                   |                 |
|-----------------------------------------------------------------------------------|-----------------|
| Does the board meet at-least twice a year? <sup>*</sup>                           | Yes             |
| Are the minutes of board meetings documented, signed and circulated? <sup>*</sup> | Yes             |
| Does your organisation had FCRA in past five years? <sup>*</sup>                  | yes             |
| Does organisation has NGO Darpan id? <sup>*</sup>                                 | Yes             |
| If Yes, Mention FCRA Registration Number. <sup>*</sup>                            | 031050011       |
| If Yes, Mention the NGO Darpan ID <sup>*</sup>                                    | BR/2017/0161719 |

## Contact Details

|                                      |                       |                              |                                                                                    |
|--------------------------------------|-----------------------|------------------------------|------------------------------------------------------------------------------------|
| Name <sup>*</sup>                    | Dr Ram Narayan Bharti | Designation <sup>*</sup>     | Co Founder Cum President                                                           |
| Mobile Number <sup>*</sup>           | +917782833655         | Email <sup>*</sup>           | <a href="mailto:bhartisewasadantrust@gmail.com">bhartisewasadantrust@gmail.com</a> |
| Alternate Mobile Number <sup>*</sup> | +918825340183         | Alternate Email <sup>*</sup> | <a href="mailto:bsstbihar@gmail.com">bsstbihar@gmail.com</a>                       |

## Project Abstract

**Project Title \***

Health Check-up Camp Project

**1. What does this project intend to do ? (10 words) \***

free Health Check and medicine

**2. Please specify type of the Project \***

Fresh

**3. What is the proposed budget amount and duration of the project? \***

All figures are required in Indian Rupees (₹) and in Lakhs. For example – 1,00,000 = 1; or 10,00,000 = 10; or 1,00,00,000 = 100.

| HCL Budget * | Other Donor Budget * | Duration * |
|--------------|----------------------|------------|
| 40 Lakhs     | 0 Lakhs              | 48 months  |

**4. Where will this project be implemented ? \***

| State and District * |        | Total Number of Village(s) * |
|----------------------|--------|------------------------------|
| Bihar                | Araria | 400                          |

**5. Why do you think the project is necessary ? (175 words) \***

*Justify the need of this project*

*The proposed Health Check-up Camp Project is necessary because a large proportion of the population in Araria district, Bihar, particularly those living in rural and remote areas, has limited access to quality healthcare services. Economic constraints, inadequate healthcare infrastructure, lack of awareness, and poor transportation facilities often prevent community members from seeking timely medical attention. As a result, many common health conditions such as anemia, malnutrition, hypertension, diabetes, respiratory infections, and maternal health complications remain undiagnosed and untreated until they become severe. Women, children, elderly persons, and economically disadvantaged families are especially vulnerable to health risks due to limited preventive healthcare services and low health awareness. Regular health screening and early diagnosis can significantly reduce disease burden, improve treatment outcomes, and enhance overall community well-being. The proposed project will bridge the gap between healthcare services and underserved communities by providing accessible health check-ups, basic diagnostic services, medicines, health counseling, and referrals for specialized*

**6. Who will benefit from this project?**

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**Please provide gender disaggregated information. List out type and number of beneficiaries to get impacted directly or indirectly through the proposed project. Beneficiaries can be termed as an individual (farmer, women, children, student, teacher, etc.) or as a group (households, SHGs, FPOs, etc.). In no case, the beneficiaries should duplicate between various groups. Beneficiary numbers should be based on reasonable estimates basis past experience. \***

| Direct Beneficiary Type *         | Projected number of beneficiaries * | Indirect Beneficiary Type | Projected number of beneficiaries |
|-----------------------------------|-------------------------------------|---------------------------|-----------------------------------|
| children women and old age person | 4000                                | 16000                     | 4000                              |

**7. What are the 5 most relevant strategies/activities for successful implementation ? (175 words) \***

- 1. Community Mobilization and Awareness:** Conduct village-level awareness campaigns, community meetings, and door-to-door outreach with the support of ASHA workers, Anganwadi workers, and local leaders to ensure maximum participation in the health camps.
- 2. Comprehensive Health Screening:** Organize regular health check-up camps providing consultations by qualified doctors, screening for blood pressure, diabetes, anemia, malnutrition, eye and dental problems, and other common health conditions to facilitate early diagnosis and treatment.
- 3. Health Education and Counseling:** Conduct sessions on nutrition, personal hygiene, maternal and child health, disease prevention, sanitation, and healthy lifestyles to improve community knowledge and encourage preventive healthcare practices.
- 4. Referral and Follow-up Mechanism:** Establish linkages with Primary Health Centres (PHCs), Community Health Centres (CHCs), and district hospitals to ensure timely referral, treatment, and follow-up of patients requiring specialized medical care.
- 5. Monitoring, Documentation, and Evaluation:** Maintain beneficiary records, health screening data, referral tracking, and feedback mechanisms to assess project performance, measure outcomes, and continuously improve service delivery throughout the project period.

**8. What are the 5 most relevant results expected from the proposed project, covering impact ? (80 words) \***

1. Improved access to quality healthcare services for rural and underserved communities in area
2. Early detection and treatment of common health conditions such as anemia, diabetes, hypertension, and malnutrition.
3. Increased awareness of preventive healthcare, nutrition, hygiene, and healthy lifestyle practices.
4. Enhanced health-seeking behavior and timely referrals to appropriate healthcare facilities.
5. Overall improvement in community health outcomes, reduced disease burden, and better quality of life, particularly among women, children, elderly persons, and economically vulnerable populations.

**9. How do you envisage use of technology/nature based solution in the proposed project ? (50 words) \***

The project will utilize digital tools for beneficiary registration, health record management, data analysis, and monitoring of health outcomes. Mobile-based reporting will enable efficient tracking and follow-up. Nature-based solutions will be promoted through awareness on nutrition gardens, medicinal plants, clean water practices, and preventive healthcare linked to environmental hygiene.

**10. Does your organization have a global presence? \***

No

**If yes, please choose from the list below\***

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None

**11. What measures will be taken to ensure inclusion? (50 words) \***

How does the proposed project promote a culture of inclusiveness irrespective of social (physical, literacy level, gender, ability, religious cultural barriers, etc.) and economical (land ownership, income levels, access to services that enhance economic opportunities, etc.)

The project will ensure equal access to healthcare services for all community members regardless of gender, age, caste, religion, disability, literacy level, or economic status. Special outreach efforts will target women, children, elderly persons, persons with disabilities, and marginalized families.

**12. What is the proposed exit strategy ? (50 words) \***

The project will establish strong linkages with government health facilities, PHCs, CHCs, ASHA workers, and community volunteers to ensure continuity of healthcare services. Community awareness, capacity building, and referral systems developed during the project will enable beneficiaries to continue accessing preventive and curative healthcare services beyond the project period.

**13. Please provide weblink(s) for articles, reports, videos, audio, research papers, journals, blogs, TEDx speeches, etc. to support your case.**

1. <http://www.bsst.org.in>

**14. Please mention tentative budget amount against key budget heads as defined below. \***

Please note, a detailed budget breakup will be requested at Stage 3, if selected.

The budget for the proposed project for HCLTech Grant should be limited to ₹5 crores. Although, an organization is free to apply for a project with more than ₹5 crores budget; however, funding from HCLTech Grant will remain limited to ₹5 crores only. The organization will be responsible for soliciting the rest of the funding from other sources.

| Budget Head *          | Tentative Amount from HCLTech Grant (in Lakhs) * | Tentative Amount from other donor (in Lakhs) * | Total Tentative Amount (in Lakhs) * | Percentage of full budget * |
|------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------|-----------------------------|
| Project Activities     | ₹ 18                                             | ₹ 2                                            | ₹ 20                                | 50.00%                      |
| Project Salary         | ₹ 8                                              | ₹ 2                                            | ₹ 10                                | 25.00%                      |
| Project Infrastructure | ₹ 3                                              | ₹ 1                                            | ₹ 4                                 | 10.00%                      |
| Admin/Management Cost  | ₹ 1.5                                            | ₹ .5                                           | ₹ 2                                 | 5.00%                       |

|               |         |        |         |         |
|---------------|---------|--------|---------|---------|
| Technology    | ₹ 2     | ₹ 0    | ₹ 2     | 5.00%   |
| Miscellaneous | ₹ 1.5   | ₹ .5   | ₹ 2     | 5.00%   |
| Total         | ₹ 34.00 | ₹ 6.00 | ₹ 40.00 | 100.00% |

**15. Government Partnership/Leverage (including government schemes, projects, initiatives, etc., directly or indirectly) (80 words)**

The project will leverage existing government healthcare systems and schemes to maximize impact and sustainability. will coordinate with the District Health Department, Primary Health Centres (PHCs), Community Health Centres (CHCs), ASHA workers, and Anganwadi Centres for community mobilization, beneficiary identification, and referral services. Eligible beneficiaries will be linked to government initiatives such as the National Health Mission (NHM), Ayushman Bharat, Janani Suraksha Yojana, Routine Immunization Programs, and various maternal and child health services to ensure continued healthcare access

**16. Upload maximum three pictures which best describes or relates to your project:** Allowed types: png, gif, jpg, jpeg. Images must be larger than 569x569 pixels. Images larger than 1140x1140 pixels will be resized.



## Organization Documents

1. **Declaration Form\***

*File uploaded*

2. **Organization Registration Certificate\*(In case of Trust, Please upload full Trust deed)**

*File uploaded*

3. **Organization PAN Card\***

*File uploaded*

4. **80G (old certificate)\***

*File uploaded*

5. **Renewed 80G (Renewed certificate/ acknowledgment copy of submitted application)\***

*File uploaded*

6. **12A/10(23C) (old certificate)\***

*File uploaded*

7. **Renewed 12A/10(23C) (Renewed certificate/ acknowledgment copy of submitted application)\***

*File uploaded*

8. **Form CSR 1, Registration Certificate for CSR Funding (MCA Portal)\***

*File uploaded*

9. **Audited financial FY 22-23 (Audited Financial report should include auditor's report, audited balance sheets,local/consolidated income and expenditure account and receipt & payments accounts with auditor's signature and stamp).\***

*File uploaded*

10. **Audited financial FY 23-24 (Audited Financial report should include auditor's report, audited balance sheets,local/consolidated income and expenditure account and receipt & payments accounts with auditor's signature and stamp).\***

*File uploaded*

11. **Audited financial FY 24-25 (Audited Financial report should include auditor's report, audited balance sheets,local/consolidated income and expenditure account and receipt & payments accounts with auditor's signature and stamp).\***

*File uploaded*