

॥ ओम साई राम ॥

॥ Om Sai Ram ॥
Fighting Cancer Since 10 years



Dr. Mane Medical Foundation & Research Centre

Reg. No. MH/733/2011/Ahmednagar/MH./India

(Registered U/S 80G, 35 AC, FCRA)

Cancer Hospital, Court area, Nagar- Manmad Road, Rahuri, Dist Ahmednagar (Mh)413705

www.saidhamhospital.com

email- drswapnil117@yahoo.com

Contact - 02426-235500, MOB- 7498136701



Ref.

Date: - 27th Date 2024 / /

Vaishakh Mahina, Saka 1946

To,

The Manager,

Listing Compliance Department
National Stock Exchange of India Ltd
Exchange Plaza, C-1, Block G,
Bandra Kurla Complex,
Bandra (E), Mumbai – 400051, Maharashtra, India
Through: - NSE NEAPS

Dear Sir/Mam,

Subject: - Submission of Annual Disclosures under Regulation 91 C of the Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 ("SEBI Listing Regulations").

Reference: - NSE's Social Stock Exchange Registration No.: - 'NSESENPO0056'.

Pursuant to Regulation 91C of Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 read with SEBI circular: SEBI/HO/CFD/PoD-1/P/CIR/2022/120 dated 19th September, 2022, we are enclosing herewith an Annual Disclosures applicable to NPO's registered on Social Stock Exchange.

We request the Exchange to take the aforesaid disclosure on their records.

For, Dr. Mane Medical Foundation And Research Centre

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Swapnil Madhavrao Mane

PRESIDENT

Address: Dhanore, Tal-Rahuri, Songaon

Ahmadnagar- 413711, Maharashtra, India.



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Pursuant to **Regulation 91C** of Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 read with SEBI circular: SEBI/HO/CFD/PoD-I/P/CIR/2022/120 dated 19th September, 2022, we are enclosing herewith an Annual Disclosures applicable to NPO's registered on Social Stock Exchange

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For, Dr. Mane Medical Foundation And Research Centre

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Swapnil Madhavrao Mane

PRESIDENT

Address: Dhanore, Tal-Rahuri, Songaon

Ahmadnagar- 413711, Maharashtra, India.

Place: Ahmadnagar



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DISCLOSURES ON GENERAL ASPECTS:

S.no.	Particulars	Details
1.	Name of the organization (legal and popular name)	Dr. Mane Medical Foundation & Research Centre
2.	Location of headquarters and location of operations	Dr. Mane Medical Foundation & Research Center Saidham Hospital, Nagar-Manmad Road, Near Water Tank, Near Hotel Bhagyashri Rahuri, Dist-Ahmednagar- 413705, Maharashtra-, India.
3.	Vision / Mission / Purpose	<p><u>Vision</u> -We envision a nation where all individuals and families have access to free and affordable healthcare and achieve their human potential through access to quality healthcare.</p> <p><u>Mission</u> -We will invest in responsible manner to reduce inequalities and promote equitable growth in the country through access to free and affordable healthcare to co-create Impact at Scale by building strategic partnership with Non-profits, corporate and Government to co-create impact and drive sustainability.</p>
4.	Organizational goals, activities, products and services	<p><u>A) Organizational goals:</u></p> <ul style="list-style-type: none"> • The foremost object is early detection of cervical cancer among rural population especially for women to cure in an effective manner. • Treatment of Rural cancer patients those detected positive during Cancer detection Camps. The Equipments will be used for treatment of patients at foundations Cancer hospital at Rahuri in ICU and Operation. • Awareness in rural and urban areas about the various disease precautionary measures & medical checking. • Arranging of cancer diagnosis, blood donation, eye diagnosis, family planning camp. • Reduction in mortality due to cervical cancer in rural women of Rahuri Tehsil of Ahmednagar district of Maharashtra (India).



S.no.	Particulars	Details
		<ul style="list-style-type: none"> • Provide medical services, ambulance and medicines for poor and needy people. <p>B) Projects:</p> <ul style="list-style-type: none"> • Operating of community based cervical cancer projects in Rural Aurangabad, Ahmednagar, Nashik. • Running of SBI Sanjeevani clinic on wheels in 20 remote villages in Ahmednagar district. • Initiative has been taken for ASK's Samruddha Kisan Project Tehsil of Ahmednagar district. • Running of ASTER DM Telecommunication project in 36 villages of Barmer district. • Operating of Volkart Foundation Indian Trust in 20 villages in Nashik district for cervical cancer test. • Operating of Meyer organics private limited community cancer project in Ahmednagar district for cervical cancer test. • Bajaj Electricals -Tobacco Cessation Center at Saidham Hospital, Rahuri. <p>C) Activities along with the number of beneficiaries:</p> <ul style="list-style-type: none"> • SBI Sanjeevani Clinic on wheels Ahmednagar- <ul style="list-style-type: none"> ➤ MOPD activities ➤ 4 special health camps organized ➤ 264 awareness camps organized ➤ 4 Swachh Bharat Abhiyan camps organized • ASK's Samruddha Kisan Project Akole Block, Ahmednagar district- <ul style="list-style-type: none"> ➤ Strengthens Eco-system through capacity building, mentoring and close monitoring. (ASHA & Aganwadi Workers Capacity Building Training). ➤ Empowers High-risk mothers to improved health outcomes (Nutrition Supplements Distribution Program)



S.no.	Particulars	Details
		<p>ANC, PNC & Adolescent Girls Distribution for Nutrition Supplements.</p> <p>➤ Soak pit intervention (Sock Pit Implementation & Intervention).</p> <p>➤ Life-skill intervention for adolescent for their inclusive growth. (Sanitary Napkin Distribution, Village Adolescent Girls Meeting).</p> <p><u>Number of beneficiaries:</u></p> <ul style="list-style-type: none"> • <u>Hygiene & Sanitation:-</u> <ul style="list-style-type: none"> - Dustbin distribution- 16 dustbins, 1600 beneficiaries. - Swachh bharat abhiyaan (SBA)- 4 beneficiaries. - SBA attendees- 1600 beneficiaries. - Menstrual hygiene awareness- 4 Schools, 1600 beneficiaries. - Personal hygiene awareness session- 4 Schools, 450 beneficiaries. • <u>Nutrition:-</u> <ul style="list-style-type: none"> - Nutrition activities- 1600 beneficiaries. - Nutrition support for anemia- 35 from community. • <u>SBI Sanjeevani Clinic on wheels Rahuri:-</u> <ul style="list-style-type: none"> - MOPD- 7250 beneficiaries. - 4 Special Health Camp- 970 beneficiaries - 264 Awareness Camp- 12000 beneficiaries • ASK's Samruddha Kisan Project Akole Block, Ahmednagar district- 846 beneficiaries • Volkart Foundation Indian trust for cervical cancer Project- 10,000 beneficiaries



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S.no.	Particulars	Details
		<ul style="list-style-type: none"> • Meyer Organic Private Limited Cervical Cancer Project- 10,000 beneficiaries • Bajaj Electrics- Tobacco Cessation Center – 500 beneficiaries • IPD, OPD and surgeries are facilitated at Saidham hospital, Rahuri- 318850 beneficiaries in IPD, OPD & 10882 beneficiaries in surgeries. <p>D) Products and Services:</p> <ul style="list-style-type: none"> • Monitoring during Cancer Surgeries and Chemotherapies in ICU. • Palliative and post-Operative Care. • Routine awareness sessions are held for Improvement of awareness in the region about health practices, the MMU staffs extend counselling and awareness sessions on a daily basis to the beneficiaries and the community. The MMU also maintains and ensures a pre-approved list of drugs and medicine. • MODP- These services include general consultation and diagnostic services, gynecological and orthopedic and examination during planned and specialized camps. Diagnostic services as available to the beneficiaries are laboratory tests which include blood tests. • Counselling services are provided to educate the people about the various diseases. The Counselling topics are as follows: <ul style="list-style-type: none"> ➤ Information of MMU Services ➤ Benefits of health including yoga and other exercises ➤ Water-borne diseases ➤ Single use plastic and green india ➤ Road safety ➤ Personal hygiene & sanitation ➤ Nutrition importance



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S.no.	Particulars	Details
		<ul style="list-style-type: none"> ➤ Menstrual hygiene with adolescents ➤ Seasonal diseases and preventive methods ➤ Cleanliness through swachh bharat activities ➤ Dental hygiene & anemia • To expand curative services, special health camps are held quarterly in order to bring specialized health care through specialists such as cancer preventive and treatment gynecologists, orthopedic closer to the rural population. These special health camps provide treatment free of cost with the aim of extending health services to the last mile and the most vulnerable Total 05 specialized health camps have been organized catering to 837 beneficiaries. • Services to refer patients to saidham hospital and other hospitals for further treatment. • IPD, OPD and surgeries are facilitated for patients at Saidham hospital, Rahuri.
5.	Outreach of organization (Type and number of direct, indirect and institutional beneficiaries / stakeholders reached)	<p>In addition to the preventive, diagnostic and curative services, the MMU has organized outreach activities engaging schools, students, teachers and the community itself. These outreach camps have focused on screening activities as well as behavior change component (BCC) of healthcare including sanitation, hygiene and nutrition which is evidenced to improve health seeking behavior and eventually better overall health.</p> <p>The following outreach activities have been rolled out-</p> <ul style="list-style-type: none"> • <u>Sanitation and Hygiene:</u> <ul style="list-style-type: none"> ➤ 16 Dustbins have been distributed to be kept in communal areas such as schools and prominent shops in the area. The direct impact is proper collection and management of waste including plastic. In the absence of a proper public and personal waste management system, garbage-



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S.no.	Particulars	Details
		<p>organic and inorganic often ends up near the water sources, thus contaminating them. This contributes to water-borne diseases each year.</p> <p>➤ The taboo around menstruation is still prevalent within the communities. These myths and taboos prevail as a result of lack of accurate source of information. Without any reliable source of information regarding menstruation and menstrual hygiene practices, adolescent girls often reach out to elder sisters or peers for information. Through an outreach activity, adolescent peer groups have been formed in schools comprising of girls from class 9th to 12th. A platform for adolescent girls has empowered them to discuss their issues, menstruation related and beyond, more openly.</p> <p>• <u>Nutrition:</u></p> <p>➤ Under nutritional support DMMFARC SBI Sanjeevani-clinic on wheel MMU initiative we have conducted transect walk, home visits and visits to schools, panchayat etc. to inform the community about components of good nutrition. Anemia testing camps have been organized in community to identify and support children to address anemia incidence among them aged between 06-12 years. These children were then counselled regarding importance of proper diet and supplements to improve HB level and provide nutrition supplements.</p> <p>➤ A total of 70 adolescent females were screened for anemia out of which 35 were found to be anemic (50%). Early identification enabled us to spot them and provide counselling and nutritional support in order to make them overcome</p>



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S.no.	Particulars	Details
		<p>the anemia. Our NGO has supported these children 4 times a year.</p> <ul style="list-style-type: none"> • Hygiene: <ul style="list-style-type: none"> ➤ To further improve the community awareness on hygiene practices, activities were conducted in schools on topics including personal hygiene, menstrual hygiene awareness and practices. This was done by engaging the participants through activities and active participation. Incorporating activities ensures practice-based learning among the participants which is evidenced in knowledge retention. School children during FDGs and interviews were able to efficiently recollect good hygiene practices, adolescent girls exhibited positive behavior change towards menstrual hygiene management. ➤ Our NGO is in the process to initiate the services of "Prevoir IVF Test tube Facilities" shirur in the state of Maharashtra. ➤ The cancer surgery equipment /instruments for the advance cancer surgeries sponsored by Indian Oil. <p>E) The NGO has come up with using a new technique/instrument called "Omega thermometer" to serve the patients.</p> <ul style="list-style-type: none"> ➤ This instrument measures the temperature of any part of the body. ➤ It is used in rural areas to diagnose the disease on early basis. <p>F) The NGO has come up with using a new technique/instrument called "Breast Cancer Detection Device" to serve the patients. As Breast cancer is a significant health concern globally and early detection plays a crucial role in</p>



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S.no.	Particulars	Details
		<p>improving outcomes for patients. There are microcalcifications that are tiny calcium deposits that can be early indicator of breast cancer, often detected through mammography. Mammography is a widely used imaging technique for breast cancer screening and it helps identify abnormal changes in breast tissue, including microcalcifications.</p> <p>Some of the key benefits of Breast Cancer Detection Device are as follows:-</p> <ul style="list-style-type: none"> • Early detection. • Accurate diagnosis • Screening efficacy • Digital advancements • Tomosynthesis benefits • Patient comfort • CAD system assistance • Integration of AI • Tumor characterization • Continual technological advancements.
6.	Scale of operations (Including Employee and Volunteer strength)	<p>A) Our NGO has been registered with aims to improve the quality health for all in rural communities living in Rahuri block of Maharashtra state with the key focus on health, education and women's empowerment.</p> <p>B) <u>SBI Foundation</u>, in collaboration with <u>Dr. Mane Medical Foundation and Research Centre</u> has introduced SBI Sanjeevani-Clinic on wheels across 20 remote villages in Rahuri Block of Ahmednagar district, Maharashtra.</p> <p>C) Mobile Medical Unit (MMU) has played a vital role in providing quality healthcare to people in need and those who can afford treatment in remote areas of Rahuri block. It contains fundamental medical amenities to offer preventive and curative healthcare services, including diagnostic testing and referrals. A total of 232 routine awareness</p>



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S.no.	Particulars	Details
		<p>sessions have been held covering 12,792 beneficiaries.</p> <p>D) Drawing from observation and findings from FDG's and in-depth interviews of the staff and beneficiaries, the MMU visits each site on same calendar day of each week. Additionally, the MMU also caters to emergency needs by halting in places other than the designated route on that particular day as mentioned by the beneficiaries. Across total 20 villages our NGO has set route map wherein each village covered for the interventions on weekly and monthly 4 times. NGO has set route map wherein.</p> <p>E) The NGO has ensured regular outreach, transact walk, home visits and meeting with key stakeholders to ensure more footfall of beneficiaries to avail and access quality healthcare round the year. This includes brochures, word of mouth publicity banners etc. These include pamphlet and posters to increase awareness regarding MMU services, specialized camps, hygiene practices and common ailments such as flu, dengue and other health services.</p>
6.	Top donors or investors of organisation - List of Top 5 donors or investors (budget wise)	The List of Top donors or investors of organisation is attached as annexure 'A'
7.	Details of top 5 programs in disclosure period -List of top 5 activities/intervention/programs/project(budget wise)	The List of 5 programs in disclosure period- List of top 5 activities/intervention/programs is attached as annexure 'B'



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Top donors or investors of organisation - List of Top 5 donors or investors (budget wise)

Annexure 'A'

S.no	Donor or Investor	Geography	Total Program cost (INR)	Expenditure in current year (INR)	Cumulative expenditure (INR)	Total outreach (Direct, indirect, institutional)	SDG goal or target	Alignment with national/state schemes or priority
1.	SBI Foundation	Rahuri,	Rs. 4483895/-	Rs. 3489500/-	Rs. 3489500/-	21820	1) Good health & well-being. 2) Clean water & sanitation	Priority
2.	ASK's Samruddha Kisan Project	Block-Akole Dist-Ahmednagar	Rs. 3384060/-	Rs. 2256316/-	Rs. 2256316/-	846	1) Good health & well-being. 2) Clean water & sanitation	Priority
3.	Volkart Foundation Indian trust Cervical Cancer Project	Rahuri,	Rs. 3000000/-	Rs. 1850000/-	Rs. 1850000/-	10000	1) Good health & well-being. 2) Clean water & sanitation	Priority
4.	Meyer Organic Pvt Ltd Cervical Cancer Project	Rahuri,	Rs. 3416000/-	Rs. 3416000/-	Rs. 3416000/-	10000	1) Good health & well-being. 2) Clean water & sanitation	Priority
5.	Indian Oil Instruments Purchase for Cancer Surgeries	Rahuri,Sai dham Hospital	Rs. 4300000/-	Rs. 4300000/-	Rs. 4300000/-	864	1) Good health & well-being. 2) Clean water & sanitation	Priority



**Details of Top 5 programs in disclosure period - List of Top 5 activities/
intervention/programs/project (budget wise)**

Annexure 'B'

S.no	SDG goal or target	Geography	Total Program cost (INR)	Expenditure in current year (INR)	Cumulative expenditure (INR)	Total outreach (Direct, Indirect, Institutional)	Names of Donors or investors	Alignment with national/state schemes or priority
1.	1) Good health & well-being. 2) Clean water & sanitation	Rahuri,	Rs. 4483895/-	Rs. 3489500/-	Rs. 3489500/-	21820	SBI Foundation	Priority
2.	1) Good health & well-being. 2) Clean water & sanitation	Block- Akole Dist- Ahmednagar	Rs. 3384060/-	Rs. 2256316/-	Rs. 2256316/-	846	ASK's Samruddha Kisan Project	Priority
3.	1) Good health & well-being. 2) Clean water & sanitation	Rahuri	Rs. 3000000/-	Rs. 1850000/-	Rs. 1850000/-	10000	Volkart Foundation Indian trust Cervical Cancer Project	Priority
4.	1) Good health & well-being. 2) Clean water & sanitation	Rahuri	Rs. 3416000/-	Rs. 3416000/-	Rs. 3416000/-	10000	Meyer Organic Pvt Ltd Cervical Cancer Project	Priority
5.	1) Good health & well-being.	Rahuri, Saidham Hospital	Rs. 4300000/-	Rs. 4300000/-	Rs. 4300000/-	846	Indian Oil Instruments Purchase for Cancer Surgeries	Priority



	2) Clean water & sanitation							
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DISCLOSURES ON GOVERNANCE ASPECTS

i. OWNERSHIP AND LEGAL FORM:

a. Details w.r.t. Ownership:

Sr. No.	Name of Trustee	Address	PAN	Designation
1.	Dr.Swapnil Madhavrao Mane	Court Area,Behiand Bhaghyashri Hotel,Nagar- Manmad Road,Rahuri,Ahmednagar- 413705	APNPM6810Q	President
2.	Dr.Prashant Madhavrao Mane	Court Area,Behiand Bhaghyashri Hotel,Nagar- Manmad Road,Rahuri,Ahmednagar- 413705	ASDPM0316L	Vice President
3.	Mr. Ganesh Nanasaheb Buchude	Hanumantgaon Tal- Rahata,Ahmednagar- 413711	ATPPB9658R	Secretary
4	Mr. Sanjay Raosaheb Thorat	Hanumantgaon Tal- Rahata,Ahmednagar- 413711	AIWPT9141M	Jr. Secretary
5.	Mr. Yogesh Nanasaheb Buchude	Hanumantgaon Tal- Rahata,Ahmednagar- 413711	BMPPB4867E	Treasurer



6.	Mr.Madhavrao Vitrhalrao Mane	Hanumantgaon Tal- Rahata,Ahmednagar- 413711	AFCPM3159H	Member
7.	Mr.Vijay Raosaheb Thorat	Hanumantgaon Tal- Rahata,Ahmednagar- 413711	AGGPT9364A	Member

b. Legal form:

Sr. No.	Particulars	Information
1.	Name of NPO	Dr. Mane Medical Foundation And Research Centre
2.	Address of the NPO	AT Dhanore ,Tal- Rahuri, Ahmednagar, Maharashtra 413711, India.
3.	Type of entity	AOP (Public Charitable Trust)
4.	The Act under which the entity is registered	Society Registration Act,1860
5.	Registration Number of the entity	F-0016166 (Ahmednagar)
6.	Period of validity of registration certificate	N.A
7.	Website of the entity, if any.	www.saidhamhospital.com
8.	Permanent Account Number	AABTD6717C
9.	NGO Darpan portal ID	MH/2016/0109312



ii. GOVERNANCE STRUCTURE:

- a) **Board of Trustees:** The Board of Trustees would lay down major politics for effective hospital administration. These include policies concerning capital outlays, expansion and modernization programs, micro level financial control etc.
- b) **Medical Superintendent:** The medical superintendent. Will be a doctor, with experience of hospital management activity and will be competent to take decisions for the efficient day-to- day functioning of the hospital. He will be responsible for implementation of the hospital. He will be responsible for implementation of the various policy of the Board of Trustees/Chairman. He will be supported by medical superintendent and general administrator. He will look the general administrator activities of the hospital through general administration.
- c) **General Administrator:** He will be a person with experience in the general hospital administration. He will be reporting to Medical Superintendent and would be responsible for the overall non-medical activities of the hospital, such as housekeeping, laundry, personnel department, security, accounts, power supply, air conditioning etc.
- They will be assisted by physicians, technicians, nurses and ward boys. Registrars of Surgical Oncologist, Medical Oncologist, General Medicine, General Surgery, Ob/Gy Specialist, Pathologist, Radiologist and Anaesthetist will be on the pay roll of the hospital while for Orthopaedics and Nephrology, Paediatrics, Gastroenterology and ophthalmology, there will be visiting specialists.
- d) He will also be responsible for the personnel administration of hospital staff and would report to the medical superintendent daily reporting the attendance, casualty, non-medical/medical equipment status, any untoward incidents etc.



e) **Heads of Depts. (Medical):** They would be senior Cancer specialist and will manage their respective departments. They would interact to Deputy Medical Superintendent and would be responsible for the day -to-day activity of their departments.

f) **Heads of Depts. (Non-medical):** They would be specialists in their respective fields and would be responsible for day-to-day activities of their departments. They will report directly to the general administrator. These include Personnel Manager, Finance Manager, Systems Analyst, Materials Officer (Medical and Non-medical), Accounts Officers and Security Officers etc. They will be assisted by Nonmedical staff suitably.

g) **Management committees:**

For effective and efficient management of various activities of the hospital, different committees will be formed. These committees would consist of experts from their respective fields and an observer nominee from the Board of Directors. Some of these committees will be as follows:

Sr No	Management Committee	Role
1	Bhimashankar Mane	Administrative Officer
2	Nikhil Shinde	Finance Officer
3	Manoj Kedari	Project Coordinator
4	Balasaheb Sagalgile	Public Relation Officer

h) **Mandates, membership, charters, policies and internal controls:**

a. **Mandates Policy**

Objective:



To define the mandates of various roles and committees within the NGO to ensure clarity, accountability, and effective governance.

Scope:

This policy applies to all board members, employees, and committee members of the NGO.

Policy:

1. Definition of Mandates:

- Mandates will be established for all key roles and committees.
- Each mandate will outline specific responsibilities, authority, and reporting lines.

2. Approval and Review:

- Mandates must be approved by the Board of Directors.
- Mandates will be reviewed annually and updated as necessary.

3. Communication:

- All mandates will be documented and communicated to relevant stakeholders.
- Training sessions will be conducted to ensure understanding of mandates.

4. Compliance:

- Compliance with mandates is mandatory. Non-compliance will be addressed through corrective measures.

b. Membership Policy



Objective:

To define the criteria, rights, and responsibilities of members within the NGO.

Scope:

This policy applies to all current and prospective members of the NGO.

Policy:

1. Eligibility:

- Membership criteria will be clearly defined, including categories such as regular, honorary, and associate members.
- Prospective members must align with the NGO's mission and values.

2. Application Process:

- A transparent and fair application process will be established.
- Applications will be reviewed and approved by the Membership Committee.

3. Rights and Responsibilities:

- Members will have specific rights, such as voting in elections and accessing NGO resources.
- Members are responsible for adhering to the NGO's bylaws, participating in activities, and paying any dues.

4. Termination:

- Conditions for termination of membership, including non-compliance or misconduct, will be outlined.
- Processes for addressing grievances and appeals will be established.



c. Charters Policy

Objective:

To define the purpose, structure, and operations of various committees and working groups within the NGO.

Scope:

This policy applies to all committees and working groups within the NGO.

Policy:

1. Charter Development:

- Each committee will have a charter that outlines its purpose, objectives, composition, and responsibilities.
- Charters must align with the NGO's mission and strategic goals.

2. Approval and Review:

- Charters must be approved by the Board of Directors.
- Charters will be reviewed annually and updated as necessary.

3. Roles and Responsibilities:

- The charter will specify the roles and responsibilities of committee members.
- Committees will operate within the scope of their charters and report regularly to the Board.

4. Meetings and Documentation:

- Committees will hold regular meetings and maintain accurate records of their activities and decisions.



d. Policies Policy

Objective:

To ensure that all NGO policies are clearly defined, communicated, and enforced to promote good governance and operational efficiency.

Scope:

This policy applies to the creation, implementation, and review of all NGO policies.

Policy:

1. Policy Development:

- Policies will be developed to address key operational and governance areas.
- Input from relevant stakeholders will be considered during policy development.

2. Approval and Communication:

- Policies must be approved by the Board of Directors.
- Policies will be documented and communicated to all employees, volunteers, and members.

3. Implementation and Compliance:

- Procedures for implementing policies will be established.
- Compliance with policies is mandatory, and violations will be addressed through appropriate measures.

4. Review and Update:



- Policies will be reviewed regularly to ensure they remain relevant and effective.
- Updates to policies will be approved and communicated promptly.

c. Internal Controls Policy

Objective:

To establish a framework for internal controls to ensure the integrity of financial and operational processes within the NGO.

Scope:

This policy applies to all financial and operational activities within the NGO.

Policy:

1. Control Environment:

- A strong control environment will be maintained to promote ethical behaviour and accountability.
- Responsibilities for internal controls will be clearly defined and assigned.

2. Risk Assessment:

- Risks to the NGO's operations and financial reporting will be identified and assessed regularly.
- Appropriate controls will be implemented to mitigate identified risks.

3. Control Activities:

- Control activities will be established to ensure the accuracy and reliability of financial reporting.



- Segregation of duties, authorization procedures, and documentation processes will be enforced.

4. Information and Communication:

- Relevant information will be communicated to ensure effective control activities.
- Channels for reporting concerns and violations will be established.

5. Monitoring:

- Internal controls will be monitored regularly to ensure their effectiveness.
- Internal and external audits will be conducted to evaluate the control environment.

6. Corrective Actions:

- Issues identified through monitoring and audits will be addressed promptly.
- Corrective actions will be documented and implemented to prevent recurrence.



iii. DETAILS OF GOVERNING BODY INCLUDING NAMES OF THE MEMBERS OF THE BODY;

S	Name	Occupation	Role	Address	Tel. No.	Edu. Qualification	Experience
1.	Dr.Swapnil M.Mane	Doctor	Chairman	Rahuri,Ahmednagar	7498136701	MBBS,DGO	11 years
2.	Dr.Prashant M.Mane	Doctor	Vice Chairman	Rahuri,Ahmednagar	8379930993	BVSC & AH,M VSC	10 years
3.	Mr.Vijay Raosaheb Thorat	Service	Trustee	Rahuri,Ahmednagar	9834079736	Mechanical Engineer	10 years
4.	Mr.Ganesh Nanasaheb Bachude	Service	Secretary	Rahuri,Ahmednagar	9975678178	D.E-COM	9 years
5.	Mr.Sanjay Raosaheb Thorat (M.SC)	Service	Trustee	Rahuri,Ahmednagar	9552270719	M.SC	11 years
6.	Mr.Madhavrav Mane	Retired Bank Manager	Trustee	Rahuri,Ahmednagar	9527712983	BA	20 years
7.	Mr.Yogesh N.Buchude	Service	Trustee	Rahuri,Ahmednagar	8169507009	D.E-COM	10 years



iv. EXECUTIVES WITH KEY RESPONSIBILITIES:

NAME	KEY RESPONSIBILITIES	PROJECT NAME
MANOJ KEDARI	SENIOR PROJECT COORDINATOR	SBI FOUNDATION
VIKI KASBE	PROJECT MANAGER	ASK SAMRUDDHA KISAN PROJECT
NIKHIL SHINDE	PROJECT COORDINATOR	VOLKART FOUNDATION
ROHIT CHAVAN	PROJECT COORDINATOR	SBI FOUNDATION ,THANE
RAHUL PAWAR	PROJECT COORDINATOR	SBI FOUNDATION ,NANDURBAR
SURESH GAVANDE	PROJECT COORDINATOR	SBI FOUNDATION ,GADCHIROLI



V. NUMBER OF MEETINGS BY GOVERNING BODY AND OTHER COMMITTEES FORMED BY THEM ALONG WITH ATTENDANCE AND THE PROCESS OF PERFORMANCE REVIEW:

The process to acquire the necessary information and data by the governance body to review the performance of the organization shall be explained. The disclosure shall also bring out the number of such meetings held by the governance body, during the course of the reporting period.

a. Details w.r.t. Meeting of Governing Body:

Sr. No	Quarter	No. of Meeting	Date of Meeting
Governing Body Meetings			
1	April – June, 2023	1	10 th April, 2023
2	July – September, 2023	2	02 nd August, 2023
3	October-December, 2023	3	20 th November, 2023
4	January – March, 2024	4	11 th March, 2024

b. Details of Annual General Meeting:

Sr. No	Quarter	No. of Meeting	Date of Meeting
1	October-December, 2023	1	01 st December, 2023

c. Attendance of members:

Name of Trustees	Dates of Meeting
------------------	------------------



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	11 th March, 2024	20 th November, 2023	02 nd August, 2023	10 th April, 2023
Dr.Swapnil Madhavrao Mane	Yes	Yes	Yes	Yes
Dr.Prashant Madhavrao Mane	Yes	Yes	Yes	Yes
Mr. Ganesh Nanasaheb Buchude	Yes	Yes	Yes	Yes
Mr. Sanjay Raosaheb Thorat	Yes	Yes	Yes	Yes
Mr. Yogesh Nanasaheb Buchude	Yes	Yes	Yes	Yes
Mr.Madhavrao Vitrhalrao Mane	Yes	Yes	Yes	Yes
Mr.Vijay Raosaheb Thorat	Yes	Yes	Yes	Yes

d. Process of performance review:-

Objective:

To evaluate the performance of the NGO's activities, programs, and personnel to ensure alignment with the mission, effectiveness, and accountability.

Scope:

This process applies to the periodic review of all operational and programmatic aspects of the NGO by the governing body.



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Process:

A. Preparation

1. Define Objectives:

- Establish clear objectives for the performance review, focusing on key areas such as program effectiveness, financial management, staff performance, and strategic goals.

2. Review Period:

- Determine the time period that the review will cover (e.g., annually, semi-annually).

3. Gather Documentation:

- Collect relevant documents and data, including financial statements, program reports, staff performance evaluations, and previous review outcomes.

B. Establish Review Committee

1. Composition:

- Form a review committee comprising members of the governing body and key stakeholders. Include individuals with expertise in healthcare, finance, and non-profit management.

2. Roles and Responsibilities:

- Define the roles and responsibilities of committee members, ensuring clear accountability for different aspects of the review.

C. Conducting the Review

1. Program Performance:

- Evaluate the effectiveness of medical programs and services. Assess outcomes against targets, impact on beneficiaries, and alignment with the NGO's mission.
- Review patient feedback, success stories, and case studies.



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2. Financial Performance:

- Review financial statements, budget adherence, and funding utilization.
- Assess the effectiveness of financial controls and the accuracy of financial reporting.

3. Staff Performance:

- Conduct performance evaluations for key staff members, including project managers and medical personnel.
- Assess performance against job descriptions, individual goals, and overall contribution to the NGO's mission.

4. Strategic Goals:

- Evaluate progress towards strategic goals and objectives set in the previous period.
- Identify any deviations and understand the reasons behind them.

5. Compliance and Governance:

- Review compliance with legal and regulatory requirements, including health and safety standards.
- Assess the effectiveness of internal policies and governance practices.

D. Stakeholder Feedback

1. Collect Feedback:

- Gather feedback from stakeholders, including patients, donors, partners, and staff.
- Use surveys, interviews, and focus groups to obtain comprehensive insights.

2. Analyze Feedback:

- Analyze the feedback to identify common themes, strengths, and areas for improvement.

E. Reporting and Recommendations

1. Compile Findings:



- Compile the findings from all areas of the review into a comprehensive report.
 - Highlight key achievements, challenges, and areas needing attention.
2. Develop Recommendations:
 - Develop actionable recommendations based on the review findings.
 - Prioritize recommendations and propose a timeline for implementation.
 3. Present Report:
 - Present the performance review report and recommendations to the governing body for discussion and approval.

F. Implementation and Follow-up

1. Action Plan:
 - Develop an action plan to implement the approved recommendations.
 - Assign responsibilities and set deadlines for each action item.
2. Monitor Progress:
 - Monitor the implementation of the action plan.
 - Schedule follow-up meetings to review progress and address any issues that arise.
3. Continuous Improvement:
 - Use the performance review findings to foster a culture of continuous improvement.
 - Incorporate lessons learned into future planning and operations.



vi. **ORGANISATION LEVEL POTENTIAL RISKS AND MITIGATION PLAN:**

Potential Risks:

2. **Financial Risks:**

- Fluctuations in healthcare funding from government sources or private donors.
- Economic downturn affecting charitable giving and grant funding.
- Unexpected healthcare costs due to medical emergencies or regulatory changes.

3. **Operational Risks:**

- Interruption of healthcare services due to equipment failure or facility maintenance issues.
- Staff shortages or turnover impacting the delivery of medical care and support services.
- Non-compliance with healthcare regulations leading to fines or legal action.

4. **Reputation Risks:**

- Negative publicity or public perception due to patient privacy breaches or malpractice allegations.
- Allegations of financial mismanagement impacting trust in the medical trust's integrity.
- Patient dissatisfaction with healthcare services leading to reputational damage.

5. **Health and Safety Risks:**

- Patient safety incidents such as medication errors or hospital-acquired infections.
- Occupational hazards for healthcare staff including exposure to infectious diseases or workplace injuries.
- Disease outbreaks or public health emergencies affecting both patient care and staff well-being.



Mitigation Plan:

1. Financial Risks Mitigation:

- Solution/Project: Diversify revenue streams by expanding partnerships with healthcare insurers and exploring telemedicine services.
- Activity/Intervention: Implement rigorous financial monitoring and reporting systems to track expenses and revenue streams.
- Program: Develop a strategic fundraising plan targeting philanthropic foundations and corporate sponsors with a focus on healthcare initiatives.

2. Operational Risks Mitigation:

- Proposed Solution/Project: Invest in healthcare infrastructure upgrades to ensure the reliability and efficiency of medical equipment and facilities.
- Activity/Intervention: Launch recruitment drives and retention programs to attract and retain skilled healthcare professionals.
- Program: Establish a continuous quality improvement program to assess and enhance operational processes in patient care delivery.

3. Reputation Risks Mitigation:

- Proposed Solution/Project: Implement robust data security measures and staff training programs to safeguard patient information and prevent privacy breaches.
- Activity/Intervention: Establish a patient feedback mechanism and conduct regular satisfaction surveys to address concerns and improve service quality.
- Program: Develop a comprehensive communication strategy to proactively engage with stakeholders and address any negative publicity or misconceptions.

4. Health and Safety Risks Mitigation:



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- Proposed Solution/Project: Enhance infection control protocols and provide ongoing training to healthcare staff on proper hygiene practices and personal protective equipment (PPE) usage.
- Activity/Intervention: Conduct regular safety audits and risk assessments to identify and mitigate potential hazards in healthcare facilities.
- Program: Develop and regularly update emergency response plans to ensure readiness for disease outbreaks, natural disasters, and other public health emergencies.

5. Monitoring and Review:

Regular monitoring and review of the risk landscape and mitigation strategies will be conducted by the trust's board of trustees. Any updates or revisions to the mitigation plan will be documented and communicated to relevant stakeholders to ensure ongoing effectiveness in managing risks and maintaining the trust's mission of providing high-quality healthcare services.



vii. REPORTING OF RELATED PARTY TRANSACTIONS:

During the reporting period (2023-24) our trust '**Dr. Mane Medical Foundation And Research Center**' has not entered into any transaction with the related party.

Sr. No.	Particulars	Details
a)	Name (s) of the related party & nature of relationship	N.A
b)	Nature of contracts/arrangements/transaction	N.A
c)	N.A	N.A
d)	Salient terms of the contracts or arrangements or transaction including the value, if any	N.A
e)	Date of approval by the Board	N.A
f)	Amount paid as advances, if any	NA
g)	Date of approval by the Member	N.A



viii. **MECHANISMS FOR ADVICE AND CONCERNS ABOUT ETHICS, ALONG WITH CONFLICT OF INTEREST AND COMMUNICATION OF OTHER CRITICAL CONCERNS:**

1. Internal Mechanisms for Ethical Concerns:

- **Ethics Committee:** The trust is in process of establishing an Ethics Committee consisting of senior medical professionals, administrators, and legal advisors. This committee convenes regularly to review ethical dilemmas and provide guidance on ethical issues.
- **Code of Conduct:** The trust has developed a comprehensive Code of Conduct that is distributed to all employees and stakeholders. It outlines the organization's values, principles, and standards of conduct, serving as a reference for ethical decision-making.
- **Whistle blower Policy:** A robust Whistle blower Policy is in place, allowing employees to report concerns about unethical behaviour or violations of the organization's policies anonymously and without fear of reprisal. Reports are investigated promptly and impartially by the designated ethics officer.

2. External Mechanisms for Ethical Concerns:

- **Regulatory Compliance:** The trust adheres to regulations and guidelines set forth by government health authorities, ensuring compliance with ethical standards and legal requirements in healthcare.
- **Professional Associations:** Membership in relevant professional healthcare associations provides access to ethical guidelines and best practices endorsed by the industry.



- Legal Counsel: The trust retains external legal counsel to provide advice on legal and ethical matters, ensuring compliance with applicable laws and regulations.

3. Conflict of Interest Policies:

- Disclosure Requirements: All employees, board members, and key stakeholders are required to disclose any potential conflicts of interest in writing on a regular basis, typically annually and upon assuming a new role.
- Review Process: Disclosures are reviewed by the ethics committee or designated officials, who assess the nature and significance of the conflicts and implement appropriate measures to manage or mitigate them.

4. Communication of Concerns:

- Open Door Policy: The trust maintains an open-door policy, encouraging employees to raise concerns about ethical issues or conflicts of interest with their supervisors, department heads, or the designated ethics officer.
- Anonymous Reporting Channels: An anonymous reporting hotline is available for employees and stakeholders to report concerns confidentially. Reports are investigated discreetly and taken seriously.
- Training and Education: Regular training sessions and educational programs are conducted to raise awareness about ethical issues, compliance requirements, and the reporting process for concerns.

5. Responsibility Assignment:

- Ethics Officer or Committee: A designated Ethics Officer or Ethics Committee will be responsible for overseeing the organization's ethical practices, managing



the reporting process for ethical concerns, and providing guidance on ethical dilemmas.

- Board Oversight: The board of trustees provides oversight and support for the trust's ethics program, ensuring that ethical considerations are integrated into strategic decision-making and organizational governance.

6. Actions Taken:

- Investigation and Resolution: Reports of ethical concerns or conflicts of interest are promptly investigated and Depending on the findings, appropriate actions are taken, which may include corrective measures, disciplinary actions, policy revisions, or additional training.
- Transparency: The trust is committed to transparency in addressing ethical concerns and conflicts of interest. Updates on the status of investigations and actions taken are communicated to relevant stakeholders to maintain trust and accountability.



ix. REMUNERATION POLICY FOR THE GOVERNING BODY AND SENIOR EXECUTIVES:

Fixed Pay Components:

1. Base Compensation:
 - Governing body members and senior executives receive a base salary commensurate with their roles, responsibilities, qualifications, and market benchmarks.
 - Base compensation is determined through fair and transparent processes, taking into account industry standards, organizational budget constraints, and regulatory guidelines.
2. Non-Monetary Benefits:
 - In addition to base salary, individuals may receive non-monetary benefits such as health insurance, retirement contributions, life insurance, and paid time off.
 - These benefits aim to support the well-being, financial security, and work-life balance of governing body members and senior executives.

Variable Pay Components:

1. Performance Bonuses:
 - Performance bonuses are awarded based on predefined performance metrics and organizational goals, such as fundraising targets, program outcomes, community impact, and financial sustainability.
 - Bonus structures are designed to incentivize exceptional performance, innovation, and effective stewardship of resources.
2. Incentive Compensation:
 - Incentive compensation may include profit-sharing arrangements, where a portion of the organization's surplus funds is distributed among governing body members and senior executives based on predefined formulas or contribution levels.
 - Incentive plans are structured to align the interests of key stakeholders with the overall success and impact of the charitable trust.



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Performance-Linked Payments:

1. Mission Achievement Awards:

- Mission achievement awards recognize individuals who demonstrate exceptional leadership, innovation, and commitment to advancing the trust's charitable mission and objectives.
- Awards may be linked to specific initiatives, projects, or outcomes that contribute to the organization's long-term sustainability and societal impact.

2. Donor-Driven Performance Incentives:

- Donor-driven performance incentives are tied to fundraising goals, donor satisfaction levels, and the successful execution of donor-funded programs or projects.
- Performance targets are established in collaboration with donors, ensuring transparency, accountability, and alignment with donor priorities and expectations.

Termination Payments and Clawbacks:

1. Severance and Transition Packages:

- Severance and transition packages outline the terms and conditions governing the departure of governing body members and senior executives, including notice periods, severance pay, continuation of benefits, and post-employment obligations.
- Payments are structured to provide financial support and facilitate a smooth transition while safeguarding the trust's resources and mission continuity.

2. Clawback Provisions:

- Clawback provisions allow the trust to recover incentive payments or benefits in the event of misconduct, ethical breaches, financial mismanagement, or other circumstances warranting corrective action.
- Clawback policies demonstrate the trust's commitment to accountability, integrity, and responsible stewardship of donor funds and public resources.



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Linkage of Organizational Performance to Remuneration:

A. Mission Alignment and Impact Measurement:

Remuneration policies are aligned with the trust's mission, values, and strategic priorities, emphasizing outcomes that advance social welfare, community development, healthcare access, education, or environmental conservation.

Key performance indicators (KPIs) are established to measure the trust's impact, effectiveness, and efficiency in achieving its charitable objectives, with a focus on outcomes rather than outputs.

B. Stakeholder Engagement and Accountability:

Governing body members and senior executives are accountable to stakeholders, including donors, beneficiaries, volunteers, partner organizations, and regulatory authorities.

Performance evaluations consider stakeholder feedback, programmatic results, financial stewardship, governance effectiveness, and adherence to ethical standards and legal obligations.

C. Transparency and Reporting Practices:

The trust adopts transparent reporting practices to communicate its mission, activities, finances, and outcomes to stakeholders in a clear, accessible, and timely manner.

Performance-linked remuneration is disclosed in annual reports, financial statements, and other public disclosures, providing visibility into the trust's governance, compensation practices, and impact measurement methodologies.

D. Continuous Learning and Improvement:

Remuneration policies are subject to periodic review and evaluation to ensure alignment with evolving organizational priorities, industry best practices, regulatory requirements, and stakeholder expectations.

Feedback mechanisms are established to solicit input from stakeholders on the effectiveness, fairness, and transparency of the trust's compensation practices, fostering a culture of continuous learning, accountability, and improvement.



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**x. STAKEHOLDER GRIEVANCE PROCESS OF GRIEVANCE REDRESSAL AND
NUMBER OF GRIEVANCE RECEIVED AND RESOLVED**

1. Introduction

We recognize the importance of stakeholders in achieving its mission and objectives. We are committed in maintaining positive relationships with all stakeholders, including beneficiaries, donors, volunteers, employees, partner organizations, and the community. We acknowledge that grievances may arise from time to time and are dedicated towards resolving them in a fair, transparent, and timely manner.

2. Scope

This policy applies to all stakeholders who wish to raise concerns, complaints, or grievances related to our activities, services, policies, or behaviour.

3. Principles

Accessibility: We provide accessible channels for stakeholders to raise grievances, ensuring that they are aware of their rights and options for recourse.

Fairness: All grievances are treated with impartiality, fairness, and without prejudice. We listen to all parties involved and consider all relevant information before making decisions.

Confidentiality: We respect the confidentiality of individuals raising grievances and we try to handle all information with discretion. We only disclose information on a need-to-know basis and with the consent of the parties involved.

Timeliness: Grievances are addressed promptly, with reasonable timelines established for investigation, resolution, and communication. We provide regular updates to stakeholders on the progress of their grievances.

Accountability: We take responsibility for addressing grievances and implementing appropriate solutions. We learn from grievances to improve our operations and prevent similar issues from arising in the future.

4. Grievance Channels

Stakeholders can submit grievances through the following channels:



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Email: mnjkedari1@gmail.com

Helpline: +91 89998 21864

In-person: Mr. Manoj Kedari (Grievance Redressal Officer)

Stakeholders may also choose to submit grievances anonymously, although providing contact information may facilitate the investigation and resolution process.

5. Grievance Handling Process

Step 1: Receipt of Grievance

Upon receiving a grievance, Mr. Manoj Kedari (GRO) will:

- Acknowledge receipt of the grievance within 2 working days from the date of grievance.
- Assign a unique reference number to the grievance for tracking purposes.
- Provide an estimated timeline for resolution.

Step 2: Initial Assessment

The GRO will conduct an initial assessment to:

- Determine the nature and severity of the grievance.
- Identify the parties involved and any additional information required for investigation.

Step 3: Investigation and Resolution

The GRO will:

- Gather relevant information from all parties involved, including witnesses and documentation.
- Conduct a thorough investigation into the grievance, maintaining confidentiality throughout the process.
- Explore possible solutions and negotiate with stakeholders to reach a mutually acceptable resolution.



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Step 4: Decision and Communication

Once a resolution is reached, the GRO will:

Communicate the decision to the stakeholder in writing, outlining the reasons for the decision and any actions to be taken.

Provide an opportunity for the stakeholder to seek clarification or express any remaining concerns.

Step 5: Follow-up and Feedback

The GRO will:

Follow up with the stakeholder to ensure that the grievance has been adequately addressed and implemented.

Invite the stakeholder to provide feedback on their experience with the grievance redressal process, enabling continuous improvement.

6. Escalation

If a stakeholder is dissatisfied with the outcome of the grievance redressal process, they may:

Request a review by higher levels of authority within the organization.

Seek external mediation or arbitration, if deemed necessary.

7. Policy Review

This policy will be reviewed periodically to ensure its effectiveness and alignment with 'Dr. Mane Medical Foundation And Research Centre' values and objectives. Any updates or revisions will be communicated to stakeholders in a timely manner.

8. Status of grievances received and resolved



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Financial Year	Number of Grievances Received	Number of Grievances Resolved	Reason for grievances pending
2023-24	0	NA	NA



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xi. COMPLIANCE MANAGEMENT PROCESS AND STATEMENT OF
COMPLIANCE FROM SENIOR DECISION MAKER

A robust compliance management process is essential for any organization, particularly for entities operating within the sensitive healthcare sector. Compliance ensures adherence to laws, regulations, standards, and ethical practices, thereby safeguarding the organization's integrity, reputation, and the well-being of its stakeholders. Below is a structured outline of the compliance management of our trust:

1. Establishment of Compliance Framework:
 - The scope of compliance requirements, encompassing legal, regulatory, ethical, and industry-specific standards pertinent to healthcare operations will be defined.
 - A compliance officer or team responsible for overseeing and implementing compliance measures will be designated.
2. Risk Assessment and Analysis:
 - Potential compliance risks inherent in the medical trust's operations, such as patient privacy, data security, billing practices, and healthcare regulations will be identified.
 - The likelihood and impact of these risks will be evaluated and will be prioritized based on their significance.
3. Development of Policies and Procedures:
 - Comprehensive policies and procedures tailored to address identified compliance risks and ensure adherence to applicable laws and regulations will be formulated.
 - These policies across the organization will be communicated which shall, provide guidance and training to staff members to promote understanding and compliance.
4. Monitoring and Oversight:
 - Systems and controls to monitor adherence to established policies and procedures shall be implemented.
 - Regular audits, reviews, and assessments to identify any deviations or areas of non-compliance shall be conducted.

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- Mechanisms for reporting potential compliance breaches or concerns, ensuring a culture of transparency and accountability shall be established.
5. Response and Remediation:
- Prompt investigation on any identified compliance breaches or incidents will be taken.
 - Corrective actions to address non-compliance issues, mitigate risks, and prevent recurrence will be taken.
 - Documentation of remedial measures undertaken and lessons learned for future improvements shall be maintained.
6. Continuous Improvement:
- The compliance framework in response to changes in laws, regulations, or industry standards will be periodically reviewed and updated.
 - A culture of compliance through ongoing training, communication, and reinforcement of ethical values shall be fostered.

Statement of Compliance from Senior Decision Maker:

Statement of Compliance

At 'Dr. Mane Medical Foundation And Research Centre' we recognize our profound responsibility towards our patients, stakeholders, and the broader community we serve. We are dedicated for providing exceptional healthcare services while adhering unwaveringly to the highest standards of compliance, ethics, and integrity.

As a senior decision maker, I affirm our commitment to fostering a culture of compliance throughout our organization. We prioritize adherence to all applicable laws, regulations, and industry standards governing healthcare delivery, patient privacy, and ethical conduct. We strive to ensure that every action we take reflects our core values of transparency, accountability, and patient-centred care.

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We have implemented a robust compliance management process that encompasses proactive risk assessment, clear policies and procedures, rigorous monitoring, and swift response to any identified non-compliance. We continually invest in education and training to equip our staff with the knowledge and tools necessary to uphold our commitment to compliance excellence. Furthermore, we recognize that compliance is not merely a regulatory obligation but a fundamental aspect of our duty to maintain the trust and confidence of those we serve. We hold ourselves to the highest ethical standards, and we are resolute in our determination to conduct our affairs with honesty, integrity, and respect for all individuals.

This statement reflects our unwavering dedication to compliance and serves as a guiding principle for all our actions and decisions at **Dr. Mane Medical Foundation And Research Centre**. We invite our stakeholders to join us in this commitment as we work together to advance the health and well-being of our community.

×

Swapnil Madhavrao Mane

PRESIDENT

Address: Dhanore, Tal-Rahuri, Songaon
Ahmadnagar- 413711, Maharashtra, India.

Place: Ahmadnagar

This statement should be communicated widely within the organization and shared with external stakeholders to underscore the trust's commitment to compliance and ethical conduct.



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xii. ORGANISATION REGISTRATION CERTIFICATE AND OTHER LICENSES
AND CERTIFICATIONS (12A, 80G, FCRA, GST, ETC.).

All the registration certificates, license and certification, as applicable has been annexed herewith and marked as 'Annexure- C'



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Organisation registration certificate and other licenses and certifications

[विशेष-ध. आ. (मुं. सा. वि.) २-म.



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नोंदणीचे प्रमाणपत्र

याद्वारे प्रमाणपत्र देण्यात येते की, खाली वर्णन केलेली सार्वजनिक विश्वस्तव्यवस्था ही आज, मुंबई सार्वजनिक विश्वस्तव्यवस्था अधिनियम, १९५० (सन १९५० चा मुंबई अधिनियम क्रमांक २९) सहाय्यक धर्मादाय आयुक्त या अन्वये **अहमदनगर विभाग, अहमदनगर** येथील सार्वजनिक विश्वस्तव्यवस्था नोंदणी कार्यालयात योग्य रीतीने नोंदण्यात आलेली आहे.

सार्वजनिक विश्वस्तव्यवस्थेचे नाव **डॉ. मने मेडिकल फौंडेशन अँड रिसर्च सेंटर, मु. पो. धानोरे ता. बाकुशी जि. अ. नगर**
सार्वजनिक विश्वस्तव्यवस्थांच्या नोंदणी पुस्तकातील क्रमांक **एफ १६१६६**
डॉ. स्वप्नील साधवराव मने यांस प्रमाणपत्र दिले.

आज दिनांक **४/२/२०२३** रोजी माझ्या सहीनिशी दिले.



सहाय्यक धर्मादाय आयुक्त
अहमदनगर विभाग, अहमदनगर
पदनाम

क्रमांक

75290



नोंदणी प्रमाणपत्र

संस्था नोंदणी अधिनियम, १८६०
(१८६० चा अधिनियम २१)

नोंदणी क्रमांक **महाराष्ट्र/७३३/२०११/अहमदनगर**

याद्वारे असे प्रमाणित करण्यात येते की, **डॉ. माने मेडिकल फौंडेशन डॉ. डि. रिसर्च**
- सेक्टर धानोरे ना. राहरी जिल्हा. अहमदनगर

खालील तारखेस संस्था नोंदणी अधिनियम, १८६० (सन १८६० चा अधिनियम २१) अन्वये योग्यरित्या नोंदणी करण्यात आली.

तारीख **१५/९/२०११**



नोंदणी माझ्या सहीनिशी दिले.

[Signature]

सहाय्यक संस्था निबंधक,

सहाय्यक संस्था निबंधक

अहमदनगर विभाग, अहमदनगर

FORM NO. 10AC

(See rule 17A/11AA/2C)

Order for provisional registration

1	PAN	AABTD6717C
2	Name	DR MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
2a	Address	
	Flat/Door/Building	AT DHANORE
	Name of premises/Building/Village	
	Road/Street/Post Office	
	Area/Locality	TAL RAHURI
	Town/City/District	AHMEDNAGAR
	State	MAHARASHTRA
	Country	INDIA
	Pin Code/Zip Code	413711
3	Document Identification Number	AABTD6717CE2021401
4	Application Number	351760360120521
5	Provisional Registration Number	AABTD6717CE20214
6	Section/sub-section/clause/sub-clause/proviso in which provisional registration is being granted	01-Sub clause (i) of clause (ac) of sub -section (1) of section 12A
7	Date of provisional registration	28-05-2021
8	Assessment year or years for which the trust or institution is provisionally registered	From AY 2022-23 to AY 2026-27
9	Order for provisional registration:	
	a. After considering the application of the applicant and the material available on record, the applicant is hereby granted provisional registration with effect from the assessment year mentioned at serial no 8 above subject to the conditions mentioned in row number 10.	
	b. The taxability, or otherwise, of the income of the applicant would be separately considered as per the provisions of the Income Tax Act, 1961.	
	c. This order is liable to be withdrawn by the prescribed authority if it is subsequently found that the activities of the applicant are not genuine or if they are not carried out in accordance with all or any of the conditions subject to which it is granted, if it is found that the applicant has obtained the provisional registration by fraud or misrepresentation of facts or it is found that the assessee has violated any condition prescribed in the Income Tax Act, 1961.	
10	Conditions subject to which provisional registration is being granted	
	The provisional registration is granted subject to the following conditions:-	

- a. As and when there is a move to amend or alter the objects/rules and regulations of the applicant, prior approval of the Commissioner of Income Tax shall be sought along with the draft of the amended deed and no such amendment shall be effected until and unless the approval is accorded.
- b. In the event of dissolution, surplus and assets shall be given to an organization, which has similar objects and no part of the same will go directly or indirectly to anybody specified in section 13(3) of the Income Tax Act, 1961.
- c. In case the trust/institution is converted into any form, merged into any other entity or dissolved in any previous year in terms of provisions of section 115TD, the applicant shall be liable to pay tax and interest in respect of accreted income within specified time as per provisions of section 115TD to 115TF of the Income Tax Act, 1961 unless the application for fresh registration under section 12AB for the said previous year is granted by the Commissioner.
- d. The Trust/ Institution should quote the PAN in all its communications with the Department.
- e. The registration u/s 12AB of the Income Tax Act, 1961 does not automatically confer any right on the donors to claim deduction u/s 80G.
- f. Order u/s 12AB read with section 12A does not confer any right of exemption upon the applicant u/s 11 and 12 of Income Tax Act, 1961. Such exemption from taxation will be available only after the Assessing Officer is satisfied about the genuineness of the activities promised or claimed to be carried on in each Financial Year relevant to the Assessment Year and all the provisions of law acted upon. This will be further subject to provisions of section 2(15) of the Income Tax Act, 1961.
- g. No change in terms of Trust Deed/ Memorandum of Association shall be effected without due procedure of law and its intimation shall be given immediately to Office of the Jurisdictional Commissioner of Income Tax. The registering authority reserves the right to consider whether any such alteration in objects would be consistent with the definition of "charitable purpose" under the Act and in conformity with the requirement of continuity of registration.
- h. The Trust/ Society/ Non Profit Company shall maintain accounts regularly and shall get these accounts audited in accordance with the provisions of the section 12A(1)(b) of the Income Tax Act, 1961. Seperate accounts in respect of each activity as specified in Trust Deed/ Memorandum of Association shall be maintained. A copy of such account shall be submitted to the Assessing Officer. A public notice of the activities carried on/ to be carried on and the target group(s) (intended beneficiaries) shall be duly displayed at the Registered/ Designated Office of the Organisation.
- i. The Trust/ Institution shall furnish a return of income every year within the time limit prescribed under the Income Tax Act, 1961.
- j. Seperate accounts in respect of profits and gains of business incidental to attainment of objects shall be maintained in compliance to section 11(4A) of Income Tax Act, 1961.
- k. The registered office or the principal place of activity of the applicant should not be transferred outside the jurisdiction of Jurisdictional Commissioner of Income Tax except with the prior approval.
- l. No asset shall be transferred without the knowledge of Jurisdictional Commissioner of Income Tax to anyone, including to any Trust/ Society/ Non Profit Company etc.
- m. The registration so granted is liable to be cancelled at any point of time if the registering authority is satisfied that activities of the Trust/ Institution/ Non Profit Company are not genuine or are not being carried out in accordance with the objects of the Trust/ Institution/ Non Profit Company.
- n. If it is found later on that the registration has been obtained fraudulently by misrepresentation or suppression of any fact, the registration so granted is liable to be cancelled as per the provision u/s section 12AB(4) of the Act.

	<p>o. This certificate cannot be used as a basis for claiming non-deduction of tax at source in respect of investments etc. relating to the Trust/ Institution.</p> <p>p. All the Public Money so received including for Corpus or any contribution shall be routed through a Bank Account whose number shall be communicated to Office of the Jurisdictional Commissioner of Income Tax.</p> <p>q. The applicant shall comply with the provisions of the Income Tax Act, 1961 read with the Income Tax Rules, 1962.</p> <p>r. The registration and the Unique registration number has been instantly granted and if, at any point of time, it is noticed that form for registration has not been duly filled in by not providing, fully or partly, or by providing false or incorrect information or documents required to be provided under sub-rule (1) or (2) of rule 17A or by not complying with the requirements of sub- rule (3) or (4) of the said rule, the registration and Unique Registration Number (URN), shall be cancelled and the registration and URN shall be deemed to have never been granted or issued.</p>	
	Name and Designation of the Registration Granting Authority	Principal Commissioner of Income Tax/ Commissioner of Income Tax (Digitally signed)



FORM NO. 10AC

(See rule 17A/11AA/2C)

Order for provisional approval

1	PAN	AABTD6717C
2	Name	DR MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
2a	Address	
	Flat/Door/Building	AT DHANORE
	Name of premises/Building/Village	
	Road/Street/Post Office	
	Area/Locality	TAL RAHURI
	Town/City/District	AHMEDNAGAR
	State	MAHARASHTRA
	Country	INDIA
	Pin Code/Zip Code	413711
3	Document Identification Number	AABTD6717CF2021401
4	Application Number	342860910190421
5	Provisional Approval Number	AABTD6717CF20214
6	Section/sub-section/clause/sub-clause/proviso in which provisional approval is being granted	12-Clause (iv) of first proviso to sub-section (5) of section 80G
7	Date of provisional approval	28-05-2021
8	Assessment year or years for which the trust or institution is provisionally approved	From 28-05-2021 to AY 2024-25
9	Order for provisional approval:	
	a. After considering the application of the applicant and the material available on record, the applicant is hereby granted provisional approval with effect from the assessment year mentioned at serial no 8 above subject to the conditions mentioned in row number 10.	
	b. The taxability, or otherwise, of the income of the applicant would be separately considered as per the provisions of the Income Tax Act, 1961.	
	c. This order is liable to be withdrawn by the prescribed authority if it is subsequently found that the activities of the applicant are not genuine or if they are not carried out in accordance with all or any of the conditions subject to which it is granted, if it is found that the applicant has obtained the provisional approval by fraud or misrepresentation of facts or it is found that the assessee has violated any condition prescribed in the Income Tax Act, 1961.	
10	Conditions subject to which provisional approval is being granted	
	The provisional approval is granted subject to the following conditions:-	

	<p>a. No change in the deed of the applicant trust/society/non profit company or any of its bye-laws shall be affected without the due procedure of law and the approval of the Competent Authority as per provisions of law and its intimation shall be given immediately to Office of the Jurisdictional Commissioner of Income Tax and to the Assessing Officer.</p> <p>b. Any change in the trustees or address of the applicant trust/society/non-profit company shall be intimated forthwith to Office of the Jurisdictional Commissioner of Income Tax and to the Assessing Officer.</p> <p>c. The applicant trust/society/non profit company shall maintain its accounts regularly and also get them audited as per the provisions of section 80G(5)(iv) read with section 12A(1)(b)/10(23C) of the Income Tax Act, 1961.</p> <p>d. Certificate of donation shall be issued to the donor in form no 10BE, as per the provisions of rule 18AB.</p> <p>e. No cess or fee or any other consideration shall be received in violation of section 2(15) of the Income Tax Act, 1961.</p> <p>f. The trust/society/non profit company shall file the return of income of its trust/society/non profit company as per the provisions of section 139(1)/(4A)/(4C) of the Income Tax Act, 1961.</p> <p>g. The approval granted through this order shall apply to the donations received only if the applicant trust/society/non profit company, established in India for charitable purpose, fulfills the conditions laid down in section 80G(5) of the Income Tax Act, 1961 and the religious expenditure does not exceed the limit specified in section 80G(5B) of the said Act.</p> <p>h. If the applicant trust/ society/ non-profit company derives any income, being profits and gains of business, it shall maintain separate books of account in respect of such business as provided in section 80G(5)(i) of the Income Tax Act, 1961. Further, any donation received by the applicant shall not be used, directly or indirectly, for the purposes of such business and a certificate shall be issued to every person making a donation to the effect that the applicant maintains separate books of account in respect of the business and the donation received by it will not be used, directly or indirectly, for the purpose of the business.</p> <p>i. The applicant shall comply with the provisions of the Income Tax Act, 1961 read with the Income Tax Rules, 1962.</p> <p>j. The approval and the Unique registration number has been instantly granted and if, at any point of time, it is noticed that form for approval has not been duly filled in by not providing, fully or partly, or by providing false or incorrect information or documents required to be provided under sub-rule (1) or (2) of rule 11AA or by not complying with the requirements of sub- rule (3) or (4) of the said rule, the approval and Unique Registration Number (URN), shall be cancelled and the approval and URN shall be deemed to have never been issued or granted.</p>		
	<table border="1"> <tr> <td data-bbox="272 1626 927 1780">Name and Designation of the Approving Authority</td><td data-bbox="927 1626 1439 1780">Principal Commissioner of Income Tax/ Commissioner of Income Tax (Digitally signed)</td></tr> </table>	Name and Designation of the Approving Authority	Principal Commissioner of Income Tax/ Commissioner of Income Tax (Digitally signed)
Name and Designation of the Approving Authority	Principal Commissioner of Income Tax/ Commissioner of Income Tax (Digitally signed)		

NITI Aayog

(National Institution for Transforming India)

Certificate of Enrollment

To

DR MANE MEDICAL FOUNDATION AND RESEARCH CENTER

Rahuri, Tal. Rahuri, Dist. Ahmednagar

enrolled with NBC Darpan Portal offered by the NITI Aayog in association
with Nation Informatic Center to bring about greater partnership
between government & voluntary sector and foster better transparency,
efficiency and accountability. With

Unique ID is : MH/2016/0109312



DARPAN



Clarification Letter

Date:- 25/05/2024

To,

The Manager,

Listing Compliance Department
National Stock Exchange of India Ltd
Exchange Plaza, C-1, Block G,
Bandra Kurla Complex,
Bandra (E), Mumbai – 400051, Maharashtra, India

SUBJECT: Clarification in regards to the '**FINANCIAL DISCLOSURE**' Pursuant to Regulation 91C of Securities Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015 read with SEBI circular: SEBI/HO/CFD/PoD-1/P/CIR/2022/120 dated 19th September, 2022.

Dear Sir,

We are writing to inform you that the financial disclosures for the reporting period 2023-24 cannot be provided at this moment. The audit for the specified financial period is currently ongoing and has not yet been completed.

As an NGO registered on the National Stock Exchange (NSE), we are committed to maintaining the highest standards of transparency and accountability in our financial reporting. However, due to the comprehensive nature of the audit process, the financial statements for the period under review are still being finalized.

Reasons for Delay:

1. Complexity of Financial Activities:

- The financial period under review has involved numerous complex transactions that require detailed scrutiny to ensure accuracy and compliance with applicable accounting standards.

2. Verification and Validation:

- Extensive verification of financial data and supporting documents is essential to provide a true and fair view of our financial position. This process is meticulous and time-consuming.

3. Internal Control Assessment:

- The audit includes a thorough review of our internal controls to identify and address any potential weaknesses that could affect financial reporting.



4. Regulatory Compliance:

- Ensuring full compliance with all regulatory requirements, including those set forth by the NSE and relevant authorities, is a priority. This includes adhering to statutory timelines and providing accurate disclosures as mandated.

Commitment to Provide Financial Disclosures:

We understand the importance of timely financial disclosures for our stakeholders and assure you that every effort is being made to complete the audit as soon as possible. Once the audit is finalized and the financial statements are duly prepared, reviewed, and approved, we will promptly provide the necessary financial disclosures to all relevant parties.

Letter from Statutory Auditor of the Trust regarding the Financial Statements of Trust for the financial year 2023-24 has been annexed herewith.

We appreciate your understanding and patience in this matter. Ensuring the accuracy and reliability of our financial reporting is our utmost priority, and we are committed to upholding the highest standards of auditing and transparency.

Thank you for your cooperation

For, Dr. Mane Medical Foundation And Research Centre

×

Swapnil Machavrao Mane

PRESIDENT

Address: Dhanore, Tal-Rahuri, Songaon

Ahmadnagar- 413711, Maharashtra, India.

Place: Ahmadnagar

Encl: Letter from Statutory Auditor of the Trust regarding the Financial Statements of Trust for the financial year 2023-24



P.S. BHANDARI & ASSOCIATES**CHARTERED ACCOUNTANTS**

CA P.S. BHANDARI
M.COM., F.C.A.
CA A. D. PATEL
M.COM., F.C.A.

FLAT NO. 102, GOLDEN EMERALD
1ST FLOOR, VRINDAVAN COLONY,
KOTHI ROAD,
AHMEDNAGAR – 414 001

TO WHOMSOEVER IT MAY CONCERN**SUBJECT: Declaration on Pending Financial Statements for the financial year 2023-24**

This is to inform you that the financial Statements for the financial year 2023-24 of – **Dr. Mane Medical Foundation And Research Centre** cannot be provided at this moment. The audit for the mentioned financial period is currently in progress and has not been completed yet.

As the statutory auditor of **Dr. Mane Medical Foundation And Research Centre** I hereby declare that once the audit process is finalized, the financial statements and relevant disclosures will be prepared and provided to you promptly.

We appreciate your understanding and patience in this matter. Should you have any questions or require further clarification, please feel free to contact us.

Thank you for your cooperation.

For, P.S. Bhandari & Associates,
Chartered Accountants.

Firm Regn. No. 126953W

Amrut D. Patel

Partner

Membership no. 132517

Date: 25-05-2024

