# Form 1B Annual Self-Disclosures Report

*Based on requirements of SEBI Circular of September 19, 2022:*
*C - Annual disclosure by NPOs on SSE which have either raised funds through SSE or are registered with SSE in terms of Regulation 91C of the LODR Regulations,*
*D - Disclosure of Annual Impact Report by all Social Enterprises which have registered or raised funds using SSE in terms Regulation 91E of the LODR Regulations and*
*Annexure I: Guidance notes for listed/ registered NPOs on disclosures of general, governance and finance aspects.*
*Please refer to the circular and its Annexures for detailed description of requirements.*

*Form 1A covers disclosures of general and governance aspects that are not dependant on statutory financial audit.*
**Form 1B covers disclosures of general, governance and finance aspects that have a reference to audited financial statements and filings with Income Tax, FCRA, Charity Commissioner, Registrar of Societies, Registrar of Companies and other regulators as applicable.**

## Instructions

All NPOs participating on the SSE (all registered regardless of whether they have currently listed securities or not) will **self-report annually in Form 1B Annual Self-Disclosures Report. A copy will be filed with the respective SSE by 31st Oct every year.**

Form 1B indicates which fields are mandatory for NPOs based on their annual spending

*Annual Spending as per Audited Financial Statements* of the previous financial year under review.
*S1: Upto Rs1 Cr*
*S2: >Rs1 Cr*

*(These slabs may be reviewed by SEBI, periodically as per need.)*

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# Form 1B.1

***Self-Reported Annual Disclosures***

*of <**organisation name**>*

*with BSE SSE Registration No: <.....**NA**.....>*

*with NSE SSE Registration No: <.....**NSESSENPO0085.**.....>*

*for the period from ___1st April 2025___ to ___31st March 2026_____*

## 1) Disclosures on General aspects

### 1a) Details of top programmes

List of Top 5 activities/ interventions/ programs/ project (budget wise) in the financial year

| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
|---|---|
| *Must Reply* | *Must Reply* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Programme Name<br>Year Started<br>Programme Duration (in years) | Geography | Total Programme Budget (in INR) | Expenditure in Previous year (in INR) | Cumulative Expenditure (in INR) | Total Reach (Direct, Indirect, Institutional) beneficiaries[1] | Names of Donors or Investors | SDG Goal | Alignment with National/State schemes or priority |
|---|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| *Sr. No.* | *Name by which the programme is referred to by your organisation.*<br><br>*Number of Years the programme is expected to run from its launch. If the programme go on forever, please mention ongoing* | *List the States with Districts covered by the programme. Mention how many of these cover aspirational blocks as per NITI Aayog.* | *Total Programme Cost across its life. In case of ongoing programme, at least 5 years* | *Expenditure in the Previous Financial Year under review* | *Expenditure from the programme start till the end of the Financial Year under review/ Total expenditure for at least last 5 Financial Year (if it is ongoing programme)* | ***Direct-** beneficiaries directly impacted like students of school*<br>***Indirect-** beneficiaries indirectly impacted like families of students*<br>***Institutional**- entities impacted like other schools in the area* | *Provide Donor's name (Top 5 Donors of the programme since the programme inception)* | *Select 1 SDG Goal that is most impacted by the programme* | *List the schemes or national goals to which programme is aligned, if any* |

[1]Beneficiaries includes entities such as individual, person, thing, article, unit, body, creature

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | ASHA TRAINING | *Dewas* | 1,85,99,844.00 | 26,26,313.00 | 1,85,99,844.00 | *1327 - direct beneficiaries 6000 – indirect population 5 lakh – institutional population* | *National Health Mission Bhopal* | *SDG Goal 3 (Good Health and Well-being)* | *The ASHA Training Programme is aligned with key national health schemes such as the National Health Mission (NHM), Janani Suraksha Yojana (JSY), Mission Poshan 2.0, Universal Immunization Programme (UIP), and the National Tuberculosis Elimination Programme (NTEP). It also supports initiatives like Ayushman Bharat – Health & Wellness Centres and Rashtriya Kishor Swasthya* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | *Karyakram (RKSK). The programme contributes directly to national goals under the National Health Policy 2017 and Sustainable Development Goal 3 (Good Health and Well-being) by*<br><br>*strengthening community-level healthcare delivery and*<br><br>*promoting preventive health practices.* |
| 2 | HAR GHAR JAL MISSION | *ARON MP & Chhindwara* | 1,66,70,245.00 | 10,66,401.00 | 1,66,70,245.00 | *120000 – Direct Beneficiaries 300000 – Indirect Beneficiaries* | *Jal Jeevan Mission Bhopal* | *SDG Goal 6 (Clean Water and Sanitation)* | *The Jal Jeevan Mission (JJM) is aligned with the objectives of the National Water Policy and supports* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | *the goals of the National Rural Drinking Water Programme (NRDWP). It aims to provide safe and adequate drinking water through household tap connections to all rural households. The mission contributes to Sustainable Development Goal 6 (Clean Water and Sanitation) by promoting access to safe drinking water, improving hygiene, and enhancing the quality of life in rural communities through community* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Programme Name Year Started Programme Duration (in years) | Geography | Total Programme Budget (in INR) | Expenditure in Previous year (in INR) | Cumulative Expenditure (in INR) | Total Reach (Direct, Indirect, Institutional) beneficiaries[1] | Names of Donors or Investors | SDG Goal | Alignment with National/State schemes or priority |
|---|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| | | | | | | | | | *participation and water resource management.* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | MPTB | *Dhar & Chhindwara* | 12,73,003.00 | 11,73,003.00 | 12,73,003.00 | *140 - Direct Beneficiaries 500 – Indirectly Beneficiaries* | *M.P. Tourism Board, Bhopal* | *SDG Goal 8 and Goal 12 (Decent Work and Economic Growth & Responsible Consumption and Production)* | *The Responsible Souvenir Project by the Madhya Pradesh Tourism Board (MPTB) is aligned with the state's goals for sustainable tourism development and rural livelihood promotion. It aims to create eco-friendly, locally crafted souvenirs that reflect the cultural identity of Madhya Pradesh while empowering village artisans, especially women. The project supports Sustainable Development* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Programme Name Year Started Programme Duration (in years) | Geography | Total Programme Budget (in INR) | Expenditure in Previous year (in INR) | Cumulative Expenditure (in INR) | Total Reach (Direct, Indirect, Institutional) beneficiaries[1] | Names of Donors or Investors | SDG Goal | Alignment with National/State schemes or priority |
|---|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| | | | | | | | | | *Goals 8 (Decent Work and Economic Growth) and 12 (Responsible Consumption and Production) by promoting community-based enterprises, preserving traditional crafts, and encouraging environmentally conscious tourism.* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 4 | RKSK PROJECT | *Agar-Malwa, Dewas, Mandsaur, Neemuch, Ratlam, Shajapur* | 6,23,61,345.00 | 1,80,48,872.00 | 6,23,61,345.00 | *1648751 – direct population 4946253 – indirect population* | *National Health Mission Bhopal* | *SDG Goal 3 and Goal 5(Good Health and Well-being & Gender Equality)* | *The Rashtriya Kishor Swasthya Karyakram (RKSK) is aligned with national health priorities under the National Health Mission (NHM) and supports the objectives of the National Youth Policy and National Health Policy 2017. It focuses on adolescent health through interventions in nutrition, mental health, sexual and reproductive health, substance misuse, and prevention of injuries and violence.* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Programme Name Year Started Programme Duration (in years) | Geography | Total Programme Budget (in INR) | Expenditure in Previous year (in INR) | Cumulative Expenditure (in INR) | Total Reach (Direct, Indirect, Institutional) beneficiaries[1] | Names of Donors or Investors | SDG Goal | Alignment with National/State schemes or priority |
|---|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| | | | | | | | | | *RKSK contributes to national and global goals like Sustainable Development Goal 3 (Good Health and Well-being) and SDG 5 (Gender Equality) by empowering adolescents with knowledge, services, and life skills to lead healthier lives.* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 5 | CSR SUN PHARMA | *Dewas* | 2,34,28,139.00 | 2,24,97,299.00 | 2,34,28,139.00 | *Direct Beneficiaries: 5,500+*<br><br>*Indirect Beneficiaries: 15,000+*<br><br>*Institutional Beneficiaries: 25+ institutions* | *CSR* | *SDG 3 – Good Health & Well-being*<br>*SDG 4 – Quality Education*<br>*SDG 5 – Gender Equality*<br>*SDG 6 – Clean Water & Sanitation*<br>*SDG 9 – Industry, Innovation & Infrastructure*<br>*SDG 10 – Reduced Inequalities*<br>*SDG 11 – Sustainable Cities & Communities*<br>*SDG 17 – Partnerships for the Goals* | *National Health Mission (NHM) – School health screening, adolescent health and healthcare support*<br>*Ayushman Bharat – Strengthening access to preventive and quality healthcare*<br>*National Education Policy (NEP) 2020 – STEM, digital learning and technology-enabled education*<br>*Samagra Shiksha – Improving school infrastructure and learning outcomes*<br>*Digital India – Digital classrooms, smart panels* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | *and technology-enabled learning Jal Jeevan Mission (JJM) – Safe and accessible drinking water in schools Skill India – Digital and STEM-based learning and capacity building Madhya Pradesh Education Priorities – Strengthening government schools and improving quality of education Madhya Pradesh Health Priorities – Preventive healthcare, screening and strengthening health facilities* |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 6 | TI PROJECT | *Indore* | 1,39,89,392.00 | 31,59,006.00 | 1,39,89,392.00 | *2500* | *MPSACS* | *SDG Goal 3 (Good Health and Well Being)* | *The TI FSW Project is aligned with the goals of the National AIDS Control Programme (NACP) under the National Health Mission (NHM). It focuses on HIV prevention, care, and support services for high-risk groups, particularly female sex workers. The project contributes to national and global health priorities, including Sustainable Development Goal 3 (Good Health and Well-being) and the aim to eliminate HIV/AIDS as a* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Programme Name Year Started Programme Duration (in years) | Geography | Total Programme Budget (in INR) | Expenditure in Previous year (in INR) | Cumulative Expenditure (in INR) | Total Reach (Direct, Indirect, Institutional) beneficiaries[1] | Names of Donors or Investors | SDG Goal | Alignment with National/State schemes or priority |
|---|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* | *10* |
| | | | | | | | | | *public health threat by 2030, by promoting safer practices, regular health check-ups, STI management, and community empowerment.* |

Add more rows, 1 row for each **of Top 5 activities/ interventions/ programs/ projects**

## 1b) Details of Scale of operations

**(Including Employee and Volunteer strength)**

| *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|
| *Must Reply* | *Must Reply* |

| Sr. Number | Item | Details |
|---|---|---|
| 1 | **Scale of Operations**<br>The scale of the operations shall be explained by:<br>1.1 net turn-over/annual budget/annual spending in last 3 years,<br>1.2 number of beneficiaries[2]<br>1.3 number of locations of operations<br>1.4 whether at national/ state level/ district level | FY 2025-26 INR 63,060,511.31<br>FY 2024-25 INR 3,86,08,350.88<br>FY 2023-24 INR 3,72,50,371.26<br>No. of beneficiaries – 1772718<br>No. of locations – 15<br>Work in this three level |
| 2 | **Number of Employees**<br>Total number of employees shall be disclosed separately as<br>2.1 permanent employees,<br>2.2 temporary employees and<br>2.3 employees on contract | Permanent Employees – 130<br>Temporary Employees – 20<br>Employees on Contract - 27 |
| 3 | **Number of Volunteers**<br><br>The nature and scale of activities performed by volunteers shall be disclosed. | 150 |

[2] Beneficiaries includes entities such as individual, person, thing, article, unit, body, creature

## 1c) Details of top donors or investors of the organisation

**List of Top 5 donors or investors (budget wise*)***

| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
|---|---|
| *Must Reply* | *Must Reply* |

| # | Donor or Investor Name | Geography | Total Programme Cost (in INR) | Expenditure in the Previous Year (in INR) | Cumulative Expenditure (in INR) | Total Outreach (to Beneficiaries[3]) | SDG Goal | Alignment with National / State schemes or priority |
|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| *Sr. No* | *Provide Donor's name* | *List the States with Districts covered by the programme. Mention how many of these cover aspirational blocks as per NITI Aayog* | *Total Programme Budget supported/ sanctioned by the donor during the life of the project* | *Expenditure in the Previous Financial Year under review against this Donor's funding* | Expenditure against this Donor's funding from the programme inception till the end of the Previous Financial Year under review. If it is an ongoing funding from this donor, then at least for the last 5 Financial Years | ***Direct-*** *beneficiaries directly impacted like students of school* ***Indirect-*** *beneficiaries indirectly impacted like families of students* ***Institutional****- entities impacted like other schools in the area* | *Select 1 SDG Goal that is most impacted by the programme* | *List the schemes or national goals to which programme is aligned, if any* |

[3] Beneficiaries includes entities such as individual, person, thing, article, unit, body, creature

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *1.* | Responsible Souvenir Project MPTB | *Dhar & Chhindwara* | 12,73,003.00 | 11,73,003.00 | 12,73,003.00 | *140 - Direct Beneficiaries 500 – Indirectly Beneficiaries* | *SDG Goal 8 and Goal 12 (Decent Work and Economic Growth & Responsible Consumption and Production)* | *The Responsible Souvenir Project by the Madhya Pradesh Tourism Board (MPTB) is aligned with the state's goals for sustainable tourism development and rural livelihood promotion. It aims to create eco-friendly, locally crafted souvenirs that reflect the cultural identity of Madhya Pradesh while empowering village artisans, especially women. The project supports Sustainable Development* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Donor or Investor Name | Geography | Total Programme Cost (in INR) | Expenditure in the Previous Year (in INR) | Cumulative Expenditure (in INR) | Total Outreach (to Beneficiaries[3]) | SDG Goal | Alignment with National / State schemes or priority |
|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| | | | | | | | | *Goals 8 (Decent Work and Economic Growth) and 12 (Responsible Consumption and Production) by promoting community-based enterprises, preserving traditional crafts, and encouraging environmentally conscious tourism.* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *2.* | RKSK PROJECT (National Health Mission) | *Agar-Malwa, Dewas, Mandsaur, Neemuch, Ratlam, Shajapur* | 6,23,61,345.00 | 1,80,48,872.00 | 6,23,61,345.00 | *1648751 – direct population 4946253 – indirect population* | *SDG Goal 3 and Goal 5(Good Health and Well-being & Gender Equality)* | *The Rashtriya Kishor Swasthya Karyakram (RKSK) is aligned with national health priorities under the National Health Mission (NHM) and supports the objectives of the National Youth Policy and National Health Policy 2017. It focuses on adolescent health through interventions in nutrition, mental health, sexual and reproductive health, substance misuse, and prevention of injuries and violence.* |

Form 1B - Annual Self-Disclosures Report for NPOs

| # | Donor or Investor Name | Geography | Total Programme Cost (in INR) | Expenditure in the Previous Year (in INR) | Cumulative Expenditure (in INR) | Total Outreach (to Beneficiaries[3]) | SDG Goal | Alignment with National / State schemes or priority |
|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| | | | | | | | | *RKSK contributes to national and global goals like Sustainable Development Goal 3 (Good Health and Well-being) and SDG 5 (Gender Equality) by empowering adolescents with knowledge, services, and life skills to lead healthier lives.* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *3.* | CSR SUN PHARMA | *Dewas* | 2,34,28,139.00 | 2,24,97,299.00 | 2,34,28,139.00 | *Direct Beneficiaries: 5,500+*<br><br>*Indirect Beneficiaries: 15,000+*<br><br>*Institutional Beneficiaries: 25+ institutions* | *SDG 3 – Good Health & Well-being*<br>*SDG 4 – Quality Education*<br>*SDG 5 – Gender Equality*<br>*SDG 6 – Clean Water & Sanitation*<br>*SDG 9 – Industry, Innovation & Infrastructure*<br>*SDG 10 – Reduced Inequalities*<br>*SDG 11 – Sustainable Cities & Communities*<br>*SDG 17 – Partnerships for the Goals* | *National Health Mission (NHM) – School health screening, adolescent health and healthcare support*<br>*Ayushman Bharat – Strengthening access to preventive and quality healthcare*<br>*National Education Policy (NEP) 2020 – STEM, digital learning and technology-enabled education*<br>*Samagra Shiksha – Improving school infrastructure and learning outcomes*<br>*Digital India – Digital classrooms, smart panels* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | *and technology-enabled learning Jal Jeevan Mission (JJM) – Safe and accessible drinking water in schools Skill India – Digital and STEM-based learning and capacity building Madhya Pradesh Education Priorities – Strengthening government schools and improving quality of education Madhya Pradesh Health Priorities – Preventive healthcare, screening and strengthening health facilities* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *4.* | ASHA TRAINING (National Health Mission) | *Dewas* | 1,85,99,844.00 | 26,26,313.00 | 1,85,99,844.00 | *1327 - direct beneficiaries 6000 – indirect population 5 lakh – institutional population* | *SDG Goal 3 (Good Health and Well-being)* | *The ASHA Training Programme is aligned with key national health schemes such as the National Health Mission (NHM), Janani Suraksha Yojana (JSY), Mission Poshan 2.0, Universal Immunization Programme (UIP), and the National Tuberculosis Elimination Programme (NTEP). It also supports initiatives like Ayushman Bharat – Health & Wellness Centres and Rashtriya Kishor Swasthya* |

| # | Donor or Investor Name | Geography | Total Programme Cost (in INR) | Expenditure in the Previous Year (in INR) | Cumulative Expenditure (in INR) | Total Outreach (to Beneficiaries[3]) | SDG Goal | Alignment with National / State schemes or priority |
|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| | | | | | | | | *Karyakram (RKSK). The programme contributes directly to national goals under the National Health Policy 2017 and Sustainable Development Goal 3 (Good Health and Well-being) by*<br><br>*strengthening community-level healthcare delivery and*<br><br>*promoting preventive health practices.* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *5.* | HAR GHAR NAL - JAL (Jal Jeewan Mission) | *ARON MP & Chhindwara* | 1,66,70,245.00 | 10,66,401.00 | 1,66,70,245.00 | *120000 – Direct Beneficiaries 300000 – Indirect Beneficiaries* | *SDG Goal 6 (Clean Water and Sanitation)* | *The Jal Jeevan Mission (JJM) is aligned with the objectives of the National Water Policy and supports the goals of the National Rural Drinking Water Programme (NRDWP). It aims to provide safe and adequate drinking water through household tap connections to all rural households. The mission contributes to Sustainable Development Goal 6 (Clean Water and Sanitation) by promoting access to safe drinking* |

| # | Donor or Investor Name | Geography | Total Programme Cost (in INR) | Expenditure in the Previous Year (in INR) | Cumulative Expenditure (in INR) | Total Outreach (to Beneficiaries[3]) | SDG Goal | Alignment with National / State schemes or priority |
|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| | | | | | | | | *water, improving hygiene, and enhancing the quality of life in rural communities through community participation and water resource management.* |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| *6.* | TI PROJECT (MPSACS) | *Indore* | 1,39,89,392.00 | 31,59,006.00 | 1,39,89,392.00 | *2500* | *SDG Goal 3 (Good Health and Well Being)* | *The TI FSW Project is aligned with the goals of the National AIDS Control Programme (NACP) under the National Health Mission (NHM). It focuses on HIV prevention, care, and support services for high-risk groups, particularly female sex workers. The project contributes to national and global health priorities, including Sustainable Development Goal 3 (Good Health and Well-being) and the aim to eliminate HIV/AIDS as a* |

| # | Donor or Investor Name | Geography | Total Programme Cost (in INR) | Expenditure in the Previous Year (in INR) | Cumulative Expenditure (in INR) | Total Outreach (to Beneficiaries[3]) | SDG Goal | Alignment with National / State schemes or priority |
|---|---|---|---|---|---|---|---|---|
| *1* | *2* | *3* | *4* | *5* | *6* | *7* | *8* | *9* |
| | | | | | | | | *public health threat by 2030, by promoting safer practices, regular health check-ups, STI management, and community empowerment.* |

Add more rows, 1 row for each **of Top 5 donors**

## 2) Disclosures on Governance aspects

### 2a) Reporting of related party transactions as per Income Tax Act section 13(3)

<table>
<tr>
<td>

*The organization shall disclose all related party transactions entered by it and reasons for the same.*

| Name of the Party | Nature of relationship | Nature of transaction | Amount in current year | Amount in previous year | Balance Outstanding Current Year (Dr / Cr ) | Balance Outstanding Previous Year (Dr / Cr ) |
|---|---|---|---|---|---|---|
| | | | | | | |
| **NA** | **NA** | **NA** | **NA** | **NA** | **NA** | **NA** |
| | | | | | | |

**Definition of Related Party**

*If there have been transactions between related parties, during the existence of a related party relationship, the reporting enterprise to disclose the following:*

*(i) the name of the transacting related party;*

*(ii) a description of the relationship between the parties;*

*(iii) a description of the nature of transactions;*

*(iv) volume of the transactions either as an amount or as an appropriate proportion;*

*(v) any other elements of the related party transactions necessary for an understanding of the financial statements;*

*(vi) the amounts or appropriate proportions of outstanding items pertaining to related parties at the balance sheet date and provisions for doubtful debts due from such parties at that date; and*

*(vii) amounts written off or written back in the period in respect of debts due from or to related parties.*

</td>
<td>S1: Upto Rs1 Cr<br>Must comply</td>
<td>S2: More than Rs1 Cr<br>Must comply</td>
</tr>
</table>

## 2b) Compliance management process

| | | |
|---|---|---|
| *Compliance management process*<br><br>*Statement of compliance from senior decision maker (Chair/ CEO or equivalent) in Form 1B.4* | ***S1: Upto Rs1 Cr***<br>*Must have* | ***S2: More than Rs1 Cr***<br>*Must have* |

## 3) Disclosures on Financial aspects

| ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
|---|---|
| *Must Reply* | *Must Reply* |

Please attach the following documents:

| Item | NA | Yes | No |
|---|---|---|---|
| 1. Balance Sheet | | YES | |
| 2. Income & Expenditure Statement | | YES | |
| 3. Cash Flow Statement/ Receipts & Payments Account | | YES | |
| 4. Schedules to Accounts | | YES | |
| 5. Notes on Accounts & Significant Accounting Policies | | YES | |
| 6. Program-wise fund utilization for the previous year | | YES | |
| 7. Details of Auditors | | YES | |
| 8. Copy of Income Tax Return | | | NO |
| 9. Copy of Form10B/ 10BB Audit report filed with Income Tax | | | NO |
| 10. Copy of FC Return (if NPO has FCRA) | | | NO |
| 11. Copy of Annual Returns filed with Registration Authority (Registrar of Companies, Registrar of Societies, Charity Commissioner) | | YES | |

SSE may specify additional parameters that may be required to be disclosed by NPO on an annual basis.

# Form 1B.2

*This section covers the Annual Impact Report (AIR) that should, at a minimum, cover the aspects described below.*

***This should cover at least the top 67 percent of programme spending for the reporting period. For each of the thematic areas the organisation works in, as per the SEBI defined 16 thematic areas, a separate AIR is to be prepared in Form 1B.2. This would help the organisation to determine eligibility for listing projects.***

***If the organisation has active listed securities in the same period, they should be covered using Form 2 that needs to be assessed by a competent social impact assessor of an empanelled social impact assessment firm, for each of the listed securities.***

1B.2(i) List of Programmes funded through Listed Securities on SSE for which Form 2.1 is applicable

| Serial No. | Listing ID | Programme/ Project Title | Total Spending in INR on this Programme in this FY | % spending on this Programme/ Project in the FY under review | Form 2.1 Prepared (Yes/ No) |
|---|---|---|---|---|---|
| 1. | | | | | |
| Add more rows, if needed | | | | | |

1B.2(ii) List of Programmes for which AIR is prepared in this section

| Serial No. | Programme/ Project Title | Total Spending in INR on this Programme in this FY | % spending on this Programme/ Project in the financial year under review | Page Nos in this report |
|---|---|---|---|---|
| 1. | RKSK PROJECT<br>ASHA TRAINING<br>HAR GHAR JAL MISSION<br>TI. PROJECT INDORE MPTB | 3,01,60,009 | 100% | |

| | | | | |
|---|---|---|---|---|
| | SUM PHARMA<br>BHARAT MANAK BIRO<br>BRIZSTONE<br>SEMBCROP<br>SUZ BUZ<br>SWALAMBAN | | | |
| Add more rows, if needed | | | | |

**Please note: Total of 1B.2(i) and 1B.2(ii) should be at least the top 67 percent of programme spending for the reporting period.**

# Sub-Section 1B.2.1 Annual Impact Report (AIR) Self-Reported

*of <**organisation name**> for the period*

*from ____**1st April 2025**___ to ___**31st March 2026**_____*

*For <**ASHA Training, RKSK Program, TI Intervention, JJM, Responsible Souvenir**> comprising <**100** > % spending in the financial year under review*

*Under <.....**Health, Education and Livelihood.....**SSE Thematic Area>*

*Programme start date:*

*Programme Objective(s):*

## 1) Strategic Intent and Planning

| ***Item*** | ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
|---|---|---|
| *a) What is the social or environmental or cultural challenge the organization is addressing in this thematic area? Has this changed in the last year?*<br><br>*The organization addresses **multiple interlinked challenges:***<br><br>*• **Social challenges:** Lack of access to health education, reproductive services, and clean water in rural and underserved communities; stigma and neglect faced by marginalized groups such as female sex workers (FSWs); and limited livelihood opportunities for rural artisans, particularly women and youth.*<br>*• **Environmental challenges:** Unsafe water practices and lack of household-level drinking water access in tribal and remote areas under Jal Jeevan Mission (JJM).*<br>*• **Cultural challenges:** Declining traditional crafts and disconnect between tourism and local economies.*<br><br>***Changes in the last year:*** | *Must Reply* | *Must Reply* |

| | | |
|---|---|---|
| *There has been a noticeable shift toward integrated and community-based solutions, with an increased emphasis on **digital tracking (e.g., Kilkari app),** stronger focus on field-level implementation, and more structured efforts to ensure sustainability and scalability of interventions across all thematic areas.* | | |
| *b) How is the organization attending to the challenge or planning to attend to the challenge in this thematic area? Has this changed in the last year?*<br><br>***The organization adopts a multi-sectoral approach, with tailored strategies in each thematic area:***<br><br>*• In health, it conducts **ASHA training, RKSK sessions, and health camps** to raise awareness and improve service delivery at the grassroots level.*<br>*• In the **TI FSW program**, the organization ensures outreach, **STI management**, and counselling to reduce **HIV vulnerability and empower high-risk communities.***<br>*• Under **JJM**, efforts are made to build community awareness, monitor water quality, and promote safe water practices.*<br>*• In rural livelihoods, through the **Responsible Souvenir Project,** artisans are trained, supported in design development, and linked to the tourism market.*<br><br>***Changes in the last year:***<br><br>*Increased field presence, improved data monitoring, partnerships with government departments, and a shift from planning to on-ground execution have strengthened the organization's ability to address challenges more effectively.* | *Must Reply* | *Must Reply* |
| *c) Who or what is being impacted (target segment/ affected area)? Has this changed in the last year?*<br><br>***Target segments include:***<br><br>• *Adolescents, particularly girls, through RKSK and school health programs*<br>• *Rural women and families, through ASHA support and JJM outreach*<br>• *Female sex workers, through targeted HIV intervention*<br>• *Local artisans, especially women, in tourism-linked villages under the souvenir project*<br><br>***Affected areas include:*** | *Must Reply* | *Must Reply* |

| | | |
|---|---|---|
| • *Health service delivery in schools and communities*<br>• *Household-level access to clean drinking water*<br>• *Economic empowerment of marginalized artisans*<br>• *Social inclusion and dignity of vulnerable populations*<br><br>***Changes in the last year:***<br><br>*The impact has broadened with deeper community involvement, increased gender focus, and stronger efforts in capacity building and economic sustainability, making interventions more inclusive and long-term in nature.* | | |
| *d) What will be the outcomes of the activities, intervention, programs or project? Disclosure should include positive and potential unintended negative outcomes.*<br><br>***Positive Outcomes:***<br><br>***1. Improved Community Health and Awareness***<br>• *Enhanced knowledge and practices around menstrual hygiene, nutrition, reproductive health, and safe sex among adolescents and women.*<br>• *Increased early diagnosis and timely referrals through school health camps, ASHA outreach, and targeted interventions like TI FSW.*<br>• *Reduced disease burden (HIV, anemia, malnutrition) in marginalized populations.*<br><br>***2. Strengthened Frontline Capacity***<br>• *ASHAs and other community health workers will be better trained and equipped to respond to grassroots health needs.*<br><br>***3. Empowered Marginalized Groups***<br>• *Female sex workers and adolescents will gain improved access to services, reduce stigma, and develop life skills and confidence.*<br><br>***4. Improved Access to Clean Water***<br>• *Under Jal Jeevan Mission, households in remote areas will have access to safe drinking water, reducing water-borne diseases and improving quality of life.*<br><br>***5. Sustainable Livelihood Creation***<br>• *Rural artisans, especially women, will have new income opportunities through the Responsible Souvenir Project.*<br>• *Revival of local crafts and increased tourism-based community income.* | *Must Reply* | *Must Reply* |

| | | |
|---|---|---|
| ***6. Progress Toward SDGs***<br>• *The programs contribute to SDG 3 (Good Health), SDG 5 (Gender Equality), SDG 6 (Clean Water), SDG 8 (Decent Work), and SDG 12 (Responsible Consumption).*<br><br>***Potential Unintended Negative Outcomes:***<br><br>***1. Overburdening of ASHAs and Frontline Workers***<br>• *Without adequate support or incentives, increased responsibilities may lead to burnout or drop in quality of services.*<br><br>***2. Resistance from Community or Families***<br>• *Cultural taboos, especially around sexual and reproductive health, may lead to backlash or reluctance from parents or local leaders.*<br><br>***3. Stigmatization of Target Groups***<br>• *Female sex workers or adolescents identified for certain services might face further social stigma if confidentiality is not handled sensitively.*<br><br>***4. Market Saturation or Dependency (Souvenir Project)***<br>• *If not monitored, artisans may become dependent on external markets or struggle with competition, affecting local craft sustainability.*<br><br>***5. Water Misuse or Mismanagement (JJM)***<br>• *In absence of water governance training, new water sources might lead to misuse, wastage, or inequitable distribution.*<br><br>***Mitigation Strategies:***<br><br>*To address these risks, the organization plans to implement regular community engagement, monitoring systems, counselling support, and skill-based training that focus not only on delivery but also on sustainability and social inclusion.* | | |

2) Approach

| ***Item*** | ***S1: Upto Rs1 Cr*** | ***S2: More than Rs1 Cr*** |
|---|---|---|

| | | |
|---|---|---|
| *a) What is the baseline status* at the start of the activity/intervention/programs or project and at the end of the last reporting period?*<br><br>**Baseline status incudes situation analysis/ context description at the start*<br><br>***Baseline (Start of Program):***<br>*At the start, communities faced low awareness of health, hygiene, and nutrition; limited access to services (especially for adolescents and female sex workers); unsafe drinking water practices; and poor livelihood options for rural artisans. ASHAs lacked updated training, and traditional crafts were undervalued in tourism.*<br><br>***Status at Last Reporting Period:***<br>*Health camps, ASHA trainings, and RKSK sessions were successfully conducted; community awareness improved. Female sex workers accessed regular services. Under JJM, safe water practices and tap connections were initiated. In the souvenir project, artisans began training and prototype development. Participation of women and adolescents increased across all initiatives.* | *Must Reply* | *Must Reply* |
| *b) What has been the past performance trend? (if relevant)*<br><br>*The organization's past performance has shown a steady and positive trend across its health, livelihood, and community development initiatives.* ***Over the years:***<br>*• **Health interventions (ASHA training, RKSK, TI FSW)** have seen consistent growth in outreach, with improved community participation, better service uptake, and stronger coordination with government health systems.*<br>*• **Under Jal Jeevan Mission**, the organization has effectively mobilized communities for safe water practices and household tap connection readiness.*<br>*• In the livelihood sector, particularly with the **Responsible Souvenir Project,** there has been increasing artisan engagement and demand for local products, indicating a shift toward sustainable tourism-linked income.*<br><br>*Overall, the organization has built trust at the grassroots level, enabling smoother implementation, stronger impact, and growing stakeholder involvement year after year.* | *Must Reply* | *Must Reply* |
| *c) What is the solution implementation plan and the measures taken for sustainability of activity/intervention/programs or project outcomes? Has there been any material change in your implementation model in the last one year?*<br><br>***Implementation Plan:*** | *Must Reply* | *Must Reply* |

| | | |
|---|---|---|
| *The organization follows a community-based, participatory approach focused on capacity-building, awareness generation, service linkage, and grassroots mobilization. Each program is implemented through trained field teams, collaboration with government departments, and direct engagement with beneficiaries.*<br><br>***Sustainability Measures Include**:*<br><br>• *Capacity-building of community workers, adolescents, and artisans for long-term impact*<br>• *Behavior change communication (BCC) to encourage lasting shifts in health and hygiene practices*<br>• *Linkages with public health systems and local governance for ownership and continuity*<br>• *Skill-based training and market linkage (in souvenir project) to ensure artisan self-reliance*<br>• *Community monitoring in programs like JJM to sustain infrastructure use and maintenance*<br><br>***Material Changes in the Last Year:***<br><br>*Yes, there has been a shift from awareness-only models to implementation-focused interventions, including:*<br><br>• *Digital tools for tracking (e.g., Kilkari app)*<br>• *Decentralized planning with more village-level engagement*<br>• *Pilot testing of business models in livelihood programs to ensure financial sustainability*<br>• *These adaptations have strengthened both the effectiveness and longevity of outcomes.* | | |
| *d) Please brief out alignment of solution to Sustainable Development Goals (SDGs)/national priorities/state priorities/ developmental priorities.*<br><br>*The organization's interventions are closely aligned with both global and national development goals:*<br><br>***Alignment with Sustainable Development Goals (SDGs):***<br><br>• *SDG 3 – Good Health and Well-being: Through ASHA training, RKSK, health camps, and TI FSW outreach.*<br>• *SDG 5 – Gender Equality: By empowering adolescent girls, women artisans, and marginalized groups.*<br>• *SDG 6 – Clean Water and Sanitation: Via awareness and implementation support under Jal Jeevan Mission.*<br>• *SDG 8 – Decent Work and Economic Growth: Through livelihood promotion in the Responsible Souvenir Project.* | *Must Reply* | *Must Reply* |

| | | |
|---|---|---|
| • *SDG 12 – Responsible Consumption and Production: By promoting eco-friendly, locally made products in tourism.*<br><br>***Alignment with National & State Priorities:***<br><br>• ***National Health Mission (NHM) –*** *Supporting ASHA, RKSK, and NACP (TI FSW).*<br>• ***Jal Jeevan Mission (JJM) –*** *Promoting rural household water access and safe usage.*<br>• ***National Skill Development Goals –*** *Training rural artisans under MP Tourism's souvenir initiative.*<br>• ***State Tourism & Livelihood Missions –*** *Enhancing rural income through sustainable, craft-based tourism models.*<br><br>*The interventions are also in line with state-specific priorities in Madhya Pradesh and other implementation areas, focusing on health, women empowerment, water access, and cultural preservation.* | | |
| *e) How have you taken into consideration stakeholder feedback in this reporting period?*<br><br>*During this reporting period, stakeholder feedback was actively collected through field visits, review meetings, community interactions, and beneficiary feedback sessions across different programs.*<br><br>***Key actions based on stakeholder input included:***<br><br>• *Revising training content for ASHAs and adolescents to make it more practical and interactive.*<br>• *Adjusting camp planning and locations based on school and community suggestions to ensure better attendance.*<br>• *Incorporating artisans' input into product design and training modules under the Responsible Souvenir Project.*<br>• *Strengthening follow-up mechanisms in TI and RKSK programs to address field-level service gaps raised by participants.*<br>• *Improving communication materials and delivery methods in Jal Jeevan Mission villages based on household-level feedback.*<br><br>*This participatory approach helped in improving program relevance, community ownership, and overall impact, while also building stronger trust with local stakeholders.* | *Must Reply* | *Must Reply* |
| *f) In the last year, what have you seen as the biggest risks to the achievement of the desired impact? How are these being mitigated?*<br><br>***1. Frontline Worker Fatigue and Turnover***<br>• ***Risk:*** *ASHAs and field staff facing high workloads across multiple programs leading to burnout and attrition.*<br>• ***Mitigation:*** *Introduced staggered camp schedules, provided modest performance incentives, and organized quarterly peer-support workshops to boost morale and retention.* | *Must Reply* | *Must Reply* |

| | | |
|---|---|---|
| ***2. Community Resistance and Misinformation***<br>• *Risk: Cultural taboos around topics like menstruation, HIV prevention, or external water-supply schemes hampering participation.*<br>• *Mitigation: Engaged local opinion-leaders (village elders, teachers, SHG heads) early in planning; rolled out targeted myth-busting IEC materials; and conducted small-group "listening circles" to address specific concerns.*<br><br>***3. Supply Chain and Resource Gaps***<br>• ***Risk****: Delays or shortages of essential supplies (sanitary pads, spectacles, deworming drugs, water-treatment chemicals) affecting service delivery.*<br>• ***Mitigation:*** *Established multi-vendor sourcing, maintained buffer stocks at field offices, and set up a rapid- reorder trigger based on real-time usage logs.*<br><br>***4. Data Quality and Follow-Up Losses***<br>• ***Risk****: Incomplete or inconsistent camp records leading to missed referrals and poor tracking of beneficiary outcomes.*<br>• ***Mitigation:*** *Deployed simple digital forms on tablets for real-time data entry; trained a dedicated "data champion" at each camp; and instituted weekly data-review calls to quickly correct gaps.*<br><br>***5. Funding Uncertainty***<br>• ***Risk:*** *Reliance on single-source grants creating vulnerability to budget cuts or delayed disbursements.*<br>• ***Mitigation****: Began cultivating alternative CSR and local partnership avenues, and drafted a lean "rapid- response" activity plan that can scale up or down with available funds.*<br><br>*These measures have helped maintain momentum and safeguard our programs against disruptions, ensuring we stay on track toward the desired social and health impacts.* | | |

3) Impact Indicators

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|

| | | |
|---|---|---|
| *a) What are the indicators used to evaluate the effectiveness and outcomes of programmes* | *Must Reply* | *Must Reply* |

The organization uses a mix of quantitative and qualitative indicators across health, water, and livelihood programs to assess performance and impact. **Key indicators include:**

**Health Programs (ASHA, RKSK, TI FSW, Health Camps):**

- Number of beneficiaries reached (adolescents, women, FSWs)
- Number of ASHAs trained and retrained
- Number of health camps conducted and referrals made
- Percentage of adolescents reporting improved knowledge on menstrual hygiene, nutrition, and reproductive health
- STI/HIV testing uptake and treatment adherence (for TI FSW)
- School-level screening data: eye issues, anemia, dental, etc.
- Follow-up rates and service linkage completion

**Water and Sanitation (Jal Jeevan Mission):**

- Number of households with functional tap water connections
- Community-level water quality test results
- Participation in safe water usage training
- Reduction in reported water-borne illness cases

**Livelihood (Responsible Souvenir Project):**

- Number of artisans trained and retained
- Number and variety of souvenir products developed
- Household income change among participating artisans
- Market linkages established and volume of sales
- Women's participation and leadership in artisan groups

**Cross-Cutting and Impact Indicators:**

- Community participation and satisfaction (via feedback surveys)
- Gender inclusion and adolescent engagement
- Alignment with SDGs and state development targets

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|
| These indicators help in tracking both immediate outputs (like number of sessions) and long-term outcomes (like behavior change, health improvement, and income generation). | | |
| ***i) Timeline specific output indicators from inception to end of project***<br>***(1) Number of interventions implemented***<br>***A total of 12+ key interventions have been implemented across health, water, and livelihood sectors, including ASHA training, RKSK sessions, TI FSW outreach, Jal Jeevan Mission awareness activities, and Responsible Souvenir training camps.***<br><br>***(2) Timeliness of intervention delivery***<br>*Over 90% of the interventions were delivered within the planned timeline. Minordelays due to external factors (e.g., school closures, weather) were addressed through flexible scheduling.*<br><br>***(3) % of planned vs. achieved programmes***<br>*Approximately 92–95% of planned activities were successfully conducted within the reporting period. In some areas, outreach exceeded planned targets due to strong community response.* | *Must Reply* | *Must Reply* |

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|
| ***ii) Intermediate outcomes indicators (for e.g.) - starts around mid-term and continue to end-term of project***<br>(1) Increased awareness or knowledge among the target population - Adolescents, ASHAs, FSWs, and artisans demonstrated enhanced understanding of menstrual hygiene, nutrition, HIV prevention, safe water practices, and the value of traditional crafts.<br>(2) Changes in attitudes or perceptions - Positive shift in community attitudes observed around sensitive topics like menstruation, sexual health, and women's participation in livelihood activities.<br>(3) Adoption of new behaviours or practices - Beneficiaries reported improved personal hygiene, use of health services, increased condom use (TI), and regular safe water consumption (JJM). Artisans adopted better product design and quality practices.<br>(4) Improved skills or capabilities - ASHAs and artisans gained practical skills through structured training. Adolescents acquired knowledge and confidence through RKSK sessions and life skills modules.<br>(5) Increased access to resources or services -<br>Target groups accessed regular health camps, referrals, water infrastructure, and market linkages. FSWs accessed STI services more consistently; artisans began selling prototypes. | *Must Reply when applicable* | *Must Reply when applicable* |

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|
| ***iii) Overall outcome indicators (for e.g.) towards end-term and after end of the project period (depends on project gestation period)***<br><br>***(1) Behavioural change sustained over time*** *- Continued adoption of healthy practices such as menstrual hygiene, safe sex, regular health check-ups, and responsible water usage observed in follow-ups. Artisan groups continue craft- based production independently.*<br><br>***(2) Improved social or economic conditions*** *- Women artisans and SHG members experienced increased income through craft sales; adolescent girls reported greater self-confidence and social participation.*<br><br>***(3) Reduced rates of negative outcomes (e.g., poverty, disease, crime) -*** *Early indications of reduced anemia in girls, improved STI awareness among FSWs, and fewer school dropouts due to better adolescent health support.*<br><br>***(4) Enhanced quality of life*** *- Communities reported improved access to health services, clean water, and livelihood opportunities — contributing to dignity, security, and well-being.*<br><br>***(5) Increased resilience to future challenges*** *- Trained individuals (ASHAs, adolescents, artisans) are now better equipped to handle health, social, and economic challenges with greater awareness and community support.* | *Must Reply when applicable* | *Must Reply when applicable* |

4) Relevance and Sustainability

**(Please share in 3-5 sentences with a supporting fact/ data point)**

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|
| *i) Relevance: Explain with a supporting fact/ data point how the initiative aligns with the organization's values and goals and is relevant to the target audience* | *Must Reply* | *Must Reply* |

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|
| ***The initiative aligns with the organization's core values of community empowerment, gender equity, and inclusive development. For example, during the recent school health camps, over 1,500 adolescents (majority girls) were reached with sessions on menstrual hygiene and nutrition, directly addressing the needs of underserved youth — a key focus group for the organization. Similarly, the Responsible Souvenir Project reflects the organization's mission to revive traditional skills and create dignified livelihoods in rural areas.***<br><br>*ii) Sustainability: Explain with a supporting fact/ data point how the initiative is sustainable and if it can continue to make a positive impact in the future.*<br><br>***The initiative is designed with sustainability at its core — for instance, over 80% of artisans trained under the Responsible Souvenir Project have continued producing and selling items post-training, with local markets and tourism centers beginning to adopt their products. In the health sector, trained ASHAs and adolescents continue to spread awareness in their communities beyond structured sessions, ensuring that knowledge transfer and behavior change are sustained over time.*** | | |
| *a) Briefly include narratives of Social, Environmental, Cultural and Economic impact on target segment(s) in the reporting period.*<br><br>▪ **Social Impact:**<br>During the reporting period, adolescents, women, and marginalized groups such as female sex workers experienced increased access to health education and services. Over 1,500 adolescents participated in RKSK and health camp activities, leading to improved awareness of menstrual hygiene, nutrition, and reproductive health. ASHA trainings enhanced frontline health delivery, improving the reach and quality of care in remote areas.<br><br>▪ **Environmental Impact:**<br><br>Under the Jal Jeevan Mission, awareness drives and household-level interventions led to improved water usage practices and reduced reliance on unsafe sources. The promotion of eco-friendly materials in the Responsible Souvenir Project | *Must share any impact observed on the target segment* | *Must Reply* |

| *Item* | *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|---|
| encouraged artisans to adopt sustainable production methods, contributing to a reduction in plastic and synthetic waste in tourism- linked areas.<br><br>▪ **Cultural Impact:**<br>The Responsible Souvenir Project helped revive and preserve traditional art and craft forms in selected villages. Artisans, especially women, began integrating local heritage and identity into marketable products, fostering pride in their cultural legacy and improving community connection with tourism.<br><br>▪ **Economic Impact:**<br><br>Women and youth trained in craft and health-based livelihoods experienced a positive shift in economic independence. Artisan groups started generating income through prototype sales and linkages with local exhibitions. In parallel, the improved health awareness reduced treatment costs and absenteeism, indirectly benefiting household economic stability. | | |
| *b) Beneficiary[4]/Stakeholder Validation through surveys and other feedback mechanism*<br><br>*During the reporting period, the organization used various feedback mechanisms to validate the relevance and effectiveness of its interventions.* | *Must Reply based on any simple method of validation* | *Must Reply* |

5) Photographs conveying before and after impact of the Programme
(a maximum of 3 impact situations may be shared per Programme)

| *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|
| *Must Reply* | *Must Reply* |

[4] Beneficiaries includes entities such as individual, person, thing, article, unit, body, creature

6) Annexures

| *S1: Upto Rs1 Cr* | *S2: More than Rs1 Cr* |
|---|---|
| *Must Reply* | *Must Reply* |

| Item | NA | Yes | No |
|---|---|---|---|
| 1) Blank copy of any questionnaire or survey forms used<br>2) Summary analysis of surveys undertaken<br>3) Impact Map linking outputs and outcomes to activities<br>4) Copies of other consultation details (such as focus group write-ups, workshop notes, etc.)<br>5) Copies of evidence summarised or quoted in the social impact report<br>6) Notes of the previous social impact assessment meetings (when applicable)<br>7) Past Social Impact Assessment Statements for the projects funded by the Listed Security (when applicable)<br>8) Completion certificate of approved mandatory capacity building workshops<br>9) Case Studies/ Stakeholder Testimonials<br>10) All stand-alone reports and that have contributed to the organisation's impact reporting for this period | | | |

End of Sub-Section 1B.2.1Use Sub-Section 1B.2 format for each Programme Report[5] with Title Prefixed by Sub-section 1B.2.2, 1B.2.3, 1B.2.4, 1B.2.5 and so on for reporting additional projects totalling to 67 percent of total programme expenditure in the financial year under review mentioned at

***SSE may specify additional parameters that may be required to be disclosed by SE in its AIR***

[5] For each programme reported in table 1.2.(ii) in Form 1.2

Form 1B - Annual Self-Disclosures Report for NPOs

# Form 1B.3

# Declaration

| S1: Upto Rs1 Cr | S2: More than Rs1 Cr |
|---|---|
| Must Reply | Must Reply |

*I hereby certify that all the information provided in this report are correct and that all documents submitted by our organisation are true copies.*

*Authorised Representative of <.....**ASRA Samajik Lok Kalyan Samiti**.....> Name:.....**Shailu Shrivastava**.....*

*Signed:..... Date:.....17/08/2026..... Place:.....**Dewas**.....*

*Seal of NPO:*

ASRA SAMAJIK LOK KALYAN SAMITI ★ DEWAS

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# Form 1B.4
# Statement of Compliance

**I *Shailu Shrivastava, President* ( name and designation – Chair / CEO / Equivalent Senior position ) of ...*ASRA Samajik Lok Kalyan Samiti*..... ( name of the Social Enterprise ) certify that:**

a. All activities undertaken by the Social Enterprise are in conformity with the objectives as stated in the relevant constitution documents and aligned to the vision, purpose and mission of the Social Enterprise

b. Activities reflect primacy of Social intent in the functioning of the Social Enterprise as per SEBI Act and regulations made thereunder that at least 67 percent* of our organisation's activities cover target population segments/ entities that are under-served or less privileged or live in regions recording lower performance in the development priorities of central or state governments (immediately preceding 3-year average of revenues/ expenditure/ total customer base and/or total number of beneficiaries[6])

c. I have reviewed the financial statements prepared by the Social Enterprise for the year ended ..... and to the best of my knowledge and belief these Statements do not contain any materially untrue statement or omit any material fact or contain statements that might be misleading. Further, these Statements together present a true and fair view of the Social Enterprise's affairs and are in compliance with the relevant Accounting Standards, applicable laws and regulations

d. To the best of my knowledge and belief, no transactions entered into by the Social Enterprise during the year ended ..... are fraudulent, illegal or violative of the laws, regulations and policies and procedures of the Social Enterprise. The Social Enterprise has complied with all applicable laws and regulations as applicable for the Social Enterprise

e. I accept responsibility for establishing and maintaining internal controls for operations as well as financial reporting and the Social Enterprise has implemented and evaluated the effectiveness of internal control systems of the Social enterprise in the conduct of operations and reporting thereon

f. I am not aware of any instance during the year of significant fraud with involvement therein of the management or any employee having a significant role in the Social Enterprise's internal control systems.

Name:.....***Shailu Shrivastava***.....

**Chair / CEO / Equivalent Senior position** of <.....**ASRA Samajik Lok Kalyan Samiti**.....>

Signed:..... Date:.....17/08/2026..... Place:.....Dewas.....

Seal of NPO:




[6] Beneficiaries includes entities such as individual, person, thing, article, unit, body, creature