

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

Form 1B - Annual Self-Disclosures Report for NPOs

Self-Reported Annual Disclosures

Indian Cancer Society

with BSE SSE Registration No: <.....N.A.....>

with NSE SSE Registration No: NSESENPO0062

for the period from 29th May 2026 to 28th May 2027

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
<i>Must Reply</i>	<i>Must Reply</i>

#	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

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

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Sr. No.	Name by which the programme is referred to by your organisation. 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 Indirect- beneficiaries indirectly impacted like families of students 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	Cancer Cure Fund & AKITF	PAN India		53,74,43,733/-		4,016 Direct Beneficiaries	HDFC AMC Ltd, ICICI Foundations Kotak Mahindra Bank Ltd, HDFC Bank, Oracle, L&T, Cipla Foundations etc.	SDG - Goal 3 - Ensure healthy lives and promote well-being for all at all ages	N/A
2	Cancer Screening	Maharashtra, Delhi, Karnataka		9,14,10,114/-		1,26,546 Direct Beneficiaries	Oracle Financial Services, L&T, Fortis Group, HDFC Bank, Alkem Foundations etc		

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3	Cancer Awareness	PAN India		4,29,28,341/-		5,00,38,186 + Direct & Indirect Beneficiaries	Oracle Financial Services, JSW, Servier Fortis Group, HDFC Bank, Alkem Foundations etc		
4	Cancer Rehabilitation & Survivorship	PAN India		6,26,71,892/-		30,870 Direct Beneficiaries	HDFC Bank Ltd, Raymond Group, WPP, HES. Igarashi Motors etc.		
5	Cancer Registry & Indian Journal of Cancer	PAN India		1,44,48,334/-			Shapoorji Pallonji, Pix Transmission Ltd etc		

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

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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 The scale of the operations shall be explained by: 1.1 net turn-over/annual budget/annual spending in last 3 years, 1.2 number of beneficiaries ² 1.3 number of locations of operations 1.4 whether at national/ state level/ district level	F.Y. 2025-26 Net Turnover :- Rs. 842,634,048 Annual budget :- Rs. 784,384,200 Annual Spent :- Rs. 635,062,625	F.Y. 2024-25 Net Turnover :- Rs. 769,490,756 Annual budget :- Rs. 821,719,000 Annual Spent :- Rs. 733,497,823	F.Y. 2023-24 Net Turnover :- Rs. 673,184,470 Annual budget :- Rs. 784,384,200 Annual Spent :- Rs. 635,062,625	AVG of 3 Years Net Turnover :- Rs. 761,769,758 Annual budget :- Rs. 849,140,733 Annual Spent :- Rs. 722,838,913
		F.Y. 2025-26 Beneficiaries :- 50,199,618	F.Y. 2024-25 Beneficiaries :- 50,146,690	F.Y. 2023-24 Beneficiaries :- 50,122,825	AVG of 3 Years Beneficiaries :- 50,156,378
		PAN INDIA National Level	PAN INDIA National Level	PAN INDIA National Level	PAN INDIA National Level
2	Number of Employees Total number of employees shall be disclosed separately as 2.1 permanent employees, 2.2 temporary employees and 2.3 employees on contract	Permanent Employees :- 64 Temporary Employees :- 03 Contract Employees :- 125 Total Employees :- 107			

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

Self-Disclosures Report for NPOs

3	Number of Volunteers The nature and scale of activities performed by volunteers shall be disclosed.	Volunteers :- 107
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1c) Details of top donors or investors of the organisation

List of Top 5 donors or investors (budget wise)

<i>S1: Upto Rs1 Cr</i>	<i>S2: More than Rs1 Cr</i>
Pirojsha Godrej Foundations Igarashi Motors India Ltd, HES Infra Pvt Ltd, Fortis Group, Servier India Pvt Ltd	HDFC AMC Ltd L&T Group ICICI Foundation Kotak Group Axis Bank Ltd Oracle Software Services India Pvt Ltd HDFC Bank Ltd

#	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	

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

Form 1B - Annual Self-Disclosures Report for NPOs

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
1	HDFC AMC	PAN India		21,00,00,000/-		2,000+ Beneficiaries	SDG – Goal 3 – Ensure healthy lives and promote well-being for all at all ages	N/A
2	Kotak Group			4,60,00,000/-			SDG – Goal 3 – Ensure healthy lives and promote well-being for all at all ages	N/A
3	ICICI Foundation			5,00,00,000/-			SDG – Goal 3 – Ensure healthy lives and promote well-being for all at all ages	N/A
4	CCIL			2,00,00,000/-			SDG – Goal 3 – Ensure healthy lives and promote well-being for all at all ages	N/A
5	HDFC Bank			4,31,63,664/-			SDG – Goal 3 – Ensure healthy lives and promote well-being for all at all ages	N/A

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)

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The organization shall disclose all related party transactions entered by it and reasons for the same.							S1: Upto Rs1 Cr Must comply	S2: More than Rs1 Cr Must comply
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)		
N.A.								
<p>Definition of Related Party</p> <p>If there have been transactions between related parties, during the existence of a related party relationship, the reporting enterprise to disclose the following:</p> <ul style="list-style-type: none"> (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. 								

2b) Compliance management process

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

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		✓	
2. Income & Expenditure Statement		✓	
3. Cash Flow Statement/ Receipts & Payments Account			✓
4. Schedules to Accounts		✓	
5. Notes on Accounts & Significant Accounting Policies		✓	
6. Program-wise fund utilization for the previous year			✓
7. Details of Auditors :- N M Raiji & Co		✓	
8. Copy of Income Tax Return - Note: We are in process of filing ITR 7 of FY 2025-26, as on the date of this reporting. We will file the same well within the prescribed extended due date 21st November, 2026			✓
9. Copy of Form10B/ 10BB Audit report filed with Income Tax		✓	
10. Copy of FC Return (if NPO has FCRA) Note: We are in process of filing FC-4 of FY 2025-26, as on the date of this reporting. We will file the same well within the prescribed extended due date 31st December, 2026			
11. Copy of Annual Returns filed with Registration Authority (Registrar of Companies, Registrar of Societies, Charity Commissioner)		✓	

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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.	Cancer Cure Fund & AKITF	53,74,43,733/-	71%	
2.	Cancer Screening	9,14,10,114/-	12%	

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Add more rows, if needed				
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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

Indian Cancer Society for the period

from 1st April 2025 to 31st March 2026

For Cancer Cure Fund and AKITF Project & Cancer Screening Project comprising < > % spending in the financial year under review

Under <.....SSE Thematic Area>

Programme start date:

Programme Objective(s):

1) Strategic Intent and Planning

<i>Item</i>	<i>S1: Upto Rs1 Cr</i>	<i>S2: More than Rs1 Cr</i>
<i>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?</i>	<i>Must Reply</i>	<i>Must Reply</i>
<p>a) <u>Cancer Cure Fund & AKITF Project</u> Social Challenge: Cancer diagnosis and treatment is very expensive, creating a significant financial burden on underprivileged families who lack access to adequate healthcare. Many</p>		

patients are forced to forgo or delay treatment, leading to poor outcomes and preventable deaths. It also creates poverty, pushing a middle class family to below poverty line, as families exhaust their limited resources, further leading to abandonment of treatment.

Environmental Challenge :-

While the project primarily focuses on diagnosis and treatment, it indirectly addresses environmental factors that contribute to cancer. Underprivileged populations are also affected by environmental hazards such as polluted water, air, and exposure to carcinogens in unsafe living and working conditions.

Cultural Challenge :-

Cultural stigmas and misconceptions about cancer remain significant barriers to timely diagnosis and treatment in many communities. Many people view cancer as a death sentence or a curse, leading to fear, discrimination or view it as a result of personal or familial wrongdoing. This stigma discourages people from seeking medical attention early and often leads to social isolation of patients and their families

b) Cancer Screening Project

Social, Environmental & Cultural Challenge :-

Many people in the community have low awareness about cancer, and there is also a cultural stigma that makes some people deny or avoid the issue. Women, in particular, may hesitate to attend screening camps because of social or cultural barriers. However, there has been a positive change with more awareness campaigns, which have helped increase the number of people attending the screening camps. Working together with local NGOs, healthcare providers, and trusted community leaders has helped overcome the stigma and build trust, encouraging more people to participate.

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?

Must Reply

Must Reply

a) Cancer Cure Fund & AKITF Project :

Social Challenge:

The project bridges this gap by providing financial support, ensuring patients are provided life-saving care due to economic constraints. Additionally, it tackles the families health care expenses, which generally push them further into poverty.

Environmental Challenge

By addressing cancer treatment, raising awareness - the project indirectly mitigates some of the health impacts linked to these environmental factors.

Cultural Challenge

The Indian Cancer Society challenges these cultural biases through fostering awareness and encouraging acceptance and timely medical intervention.

B) Cancer Screening Project : *The organization is actively working with local community leaders, NGOs, and health workers to raise awareness about the importance of cancer screening. To improve healthcare in remote areas, it collaborates with local healthcare providers and hospitals to ensure medical support, consumables, and logistical assistance, making the screening process more efficient and accessible. To overcome cultural stigma, the organization is training both male and female community leaders to advocate for cancer screenings and encourage their communities to participate.*

c) Who or what is being impacted (target segment/ affected area)? Has this changed in the last year?	Must Reply	Must Reply
<p>a) Cancer Cure Fund & AKITF Project :- Cancer Patients</p> <p>b) Cancer Screening Project :- The initiative mainly targets rural and underserved populations in states like Bihar and Maharashtra, with a special focus on women in these areas due to the high burden of preventable cancers like breast and cervical cancer. These communities benefit from increased training and participation in screening activities. The organization has expanded its reach to more remote areas such as Telangana, West Bengal, and Karnataka. Emphasizing community-based mobilization, the organization works with local leaders, NGOs, and influencers to engage people in screenings. By partnering with local healthcare providers and government health departments, it ensures the sustainability of the infrastructure needed for screening. Over the past year, there has been a significant increase in the acceptance of cancer screening, even in communities previously hindered by cultural stigma.</p>		
d) What will be the outcomes of the activities, intervention, programs or project? Disclosure should include positive and potential unintended negative outcomes.	Must Reply	Must Reply
<p>a) Cancer Cure Fund & AKITF Project :-</p> <p style="text-align: center;">Positive Outcomes</p> <p>Number of Patients supported for diagnosis and treatment, Number of patients initiated treatment who otherwise would not have not treatment due to lack of funds. Reduced financial burden on families, enabling them to focus on emotional and health related aspects rather than economic survival.</p> <p style="text-align: center;">Potential Unintended Negative Outcomes:</p> <p>ICS faces uncertainty regarding year-on-year fund availability, as a significant portion of the funding comes from CSR contributions, making the sustainability of support unpredictable.</p> <p>b) Cancer Screening Project :-</p> <p>The initiative has led to increased awareness and early detection of cancer, improving health-seeking behaviour's in targeted communities. It has also strengthened healthcare systems by building local partnerships and improving service accessibility. Community engagement has greatly improved through active participation in screening activities. However, despite efforts to reach underserved areas, some communities still face logistical, cultural, or financial barriers that limit their access to screening camps, which can lead to disparities in health outcomes within the same region. Additionally, if healthcare systems are not adequately equipped to manage a high number of follow-ups or cancer treatment cases, it could strain infrastructure and cause delays in treatment. Cultural barriers continue to hinder full participation in some communities.</p>		

2 Approach

Item	S1: Upto Rs1 Cr	S2: More than Rs1 Cr
<p>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?</p> <p><i>*Baseline status includes situation analysis/ context description at the start</i></p>	Must Reply	Must Reply 
<p>a) Cancer Cure Fund & AKITF Project :-</p> <p>The Government of India is committed to the 2030 Agenda for Sustainable Development. In the Agenda, Goal 3 (Good Health and Well Being) highlights the need to 'ensure healthy lives and promote well-being for all at all ages' and Target 3.4 within that Goal includes reducing by one-third premature mortality from non-communicable diseases including cardiovascular disease, cancer, chronic respiratory disease and diabetes. With the present circumstances, attaining this goal could be a challenge. This is where, organizations such as Indian Cancer Society (ICS) potentially play an important role. Through their interventions, they not only aid in reducing the cancer burden in this country, but contribute towards the SDGs.</p> <p>WHO & Government of India goals</p> <p>WHO has recommended a few steps for reducing the cancer burden through awareness, early detection and management of the disease - Awareness and accessing care, Clinical evaluation and diagnoses & Timely access to treatment. Early diagnoses or detection is achievable by screening and followed by treatment. These components must go hand in hand, to cure patients, or at least improve their quality of life.</p> <p>It is unfortunate that many individuals living below the poverty line in India are unable to access basic healthcare services due to financial constraints. Lack of funds to pay for diagnostic tests can delay the diagnosis of serious health conditions like cancer, making treatment more challenging and expensive.</p> <p>The AKITF project by the Indian Cancer Society is a positive step towards reducing the drop-out rate in hospitals and increasing access to healthcare services for people from low-income backgrounds. By providing financial support for initial investigations, the project is enabling more people to receive timely diagnosis and treatment for cancer. Currently the government does not have any schemes for the diagnostics support and projects like these play a vital role in treating the patient. Access to basic healthcare is a fundamental human right, and it is crucial to ensure that all citizens have equal access to quality healthcare services, regardless of their financial situation.</p> <p>Below is the quote from the Director of one of the AKITF empanelled hospital</p> <p><i>"It is a pleasure to work with ICS CC. In a remote place like Cachar, our efforts to treat cancer patients is made worth the while on account of the support we get from ICS. In 2011 post investigation the drop out rates before diagnosis was 60%. Post ICS intervention, the average abandonment rate has now dropped to approximately 30%. Therefore, assistance such as this enables patients and their families to maintain faith in the system and the</i></p>		

doctors.

They believe that the support will come!"

Padma Shri Dr. Ravi Kannan

*Director, Cachar Cancer
Hospital and Research Centre
Silchar, Assam*

b) What has been the past performance trend? (if relevant)	Must Reply	Must Reply
<p>a) Cancer Cure Fund & AKITF Project :- The program has steady growth in number of patients supported.</p> <p>B) Cancer Screening Project :- The program showed steady growth in the number of camps held, beneficiaries reached, and geographic coverage. Its success in attracting new donors and partnering with local NGOs highlights its increasing credibility and impact.</p>		
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?	Must Reply	Must Reply
<p>a) Cancer Cure Fund & AKITF Project :-</p> <p>AKITF Implementation Model : ICS has robust and efficient systems to ensure every rupee of donation is put to good use. Based on the guideline the medical social worker along with the co-ordinating doctor of the empanelled/ associated hospital will evaluate the case as per the guidelines and sanction the funds for initial diagnostics and initial treatment if required to the extent of Rs.25,000/- per patient. The empanelled hospital will send a detailed report to ICS notifying the patients to whom the financial support has been sanctioned and utilised. Empanelled hospital to forward the utilisations on a monthly basis to ICS which would be audited and reconciled by the ICS team. Post clearance of the audit and utilization of Rs.2.5 lakh further advance of Rs.2.5 lakh would be disbursed to the empanelled/ associated hospital to support the patients for initial diagnosis and treatment to the extent of Rs.25,000 per patient. At any point in time 2.5 lakh advance should be available with the hospital to seamlessly handle the initial diagnostics and treatment of underprivileged patients.</p> <p>CCF Implementation Model: ICS-CCF has put in place a very transparent and robust Due Diligence process for providing financial assistance under the project.</p> <p>Application Evaluation: All applications screened and sent by the empanelled hospitals has a four step evaluation process to ensure that it meets</p>		

the CCF eligibility criteria medically and commercially. First the CCF team checks for correctness and accuracy then the artificial intelligence platform post that the Due Diligence Team comprising of leading oncologists and finally the Governing Advisory Council (GAC) consisting of ICS trustees and leading finance, corporate and medical professionals.

Hospital Selection: Detailed criteria have been laid down for empanelment of hospitals and for deciding eligibility of patients to receive assistance. Every hospital as part of the project agreement, appoints a coordinator exclusively to handle ICS-CCF work. The coordinator discusses relevant cases with the treating doctor and the applications that fulfill the eligibility criteria are sent to ICS-CCF for funding. This programme has supported patients at a Pan India level.

Disbursements: ICS-CCF team further closes this loop by disbursing the money to the patients through the empaneled hospitals. Payment is done on the name of the hospital. Each hospital maintains a separate ledger for ICS-CCF patients.

Unutilized Money: For all unutilized funds a detailed follow-up is done with the hospitals and the amounts are refunded.

b) Cancer Screening Project :- The implementation plan focuses on community-driven outreach, digital innovations, and capacity-building efforts, supported by quality checks to ensure effective delivery and long-term sustainability. The program's expansion into new areas, new partnerships, and the use of digital tools over the past year highlight its adaptability and commitment to scaling its impact. Long term plan to complement the state government towards affordability, availability and accessibility goals for the large community for cancer care.

d) Please brief out alignment of solution to Sustainable Development Goals (SDGs)/national priorities/state priorities/developmental priorities.

*Must
Reply*

Must Reply

a) Cancer Cure Fund & AKITF Project :-

The Government of India is committed to the 2030 Agenda for Sustainable Development. In the Agenda, Goal 3 (Good Health and Well Being) highlights the need to 'ensure healthy lives and promote well-being for all at all ages' and Target 3.4 within that Goal includes reducing by one-third premature mortality from non-communicable diseases including cardiovascular disease, cancer, chronic respiratory disease and diabetes. With the present circumstances, attaining this goal could be a challenge. This is where, organizations such as Indian Cancer Society (ICS) potentially play an important role. Through their interventions, they not only aid in reducing the cancer burden in this country, but contribute towards the SDGs.

b) Cancer Screening Project :- The program aligns with several SDGs, directly and indirectly contributing to global development objectives:

a. SDG 3: Good Health and Well-Being to Reduce premature mortality from non-communicable diseases (NCDs) through prevention and treatment and promoting early detection of cancers and follow-up care, the program reduces mortality and improves long-term health outcomes. The program supports key health priorities under India's national framework such as National Health Policy 2017 goal of focusing on **preventive healthcare** and strengthening primary healthcare services aligns

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with the program's objectives of early cancer detection and awareness. Directly supports NPCDCS by focusing on cancer awareness, early detection, and treatment linkage.

e) How have you taken into consideration stakeholder feedback in this reporting period?

Must
Reply

Must Reply

Impact Assessments are conducted by the Donor also Donors have visited the hospitals to get a first hand feel on how the project is operational on ground.

Link for Impact Assessment :

<https://www.ccilindia.com/web/ccil/impact-assessment-report-of-csr-projects>

View Impact Studies - <https://www.indiancancersociety.org/what-do-we-do/cancer-cure>

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?

Must
Reply

Must Reply

- a) **Cancer Cure Fund & AKITF Project :-** We did not encounter any significant risks over the past year. However, the greatest challenge for an NGO like ours remains ensuring sustainable year-on-year donations and increase in donations to keep pace with the inflation and the rising cost of treatment.
- b) **Cancer Screening Project :-** The biggest risks to achieving desired impact have primarily been related to accessibility, cultural barriers, funding, and resource mobilization. However, the program has implemented targeted mitigation strategies, including multi stakeholder's engagement, community engagement, hospitals linkages, leveraging govt health infrastructure and services.

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

a) Cancer Cure Fund & AKITF Project :-

Quantitative

Number of Patients supported for diagnosis and treatment,
Number of patients initiated treatment who otherwise would not have not treatment due to lack of funds.

Qualitative

Reduced financial burden on families, enabling them to focus on emotional and health related aspects rather than economic survival. Through Testimonials

b) Cancer Screening Project :-

- c) No of Demographic Reach
- d) No of screening camps done
- e) No of individual screened
- f) No of individual found screened positive
- g) No of screened positive counselled
- h) No of individuals attend hospitals
- i) No of individuals avail diagnostic services
- j) Budget Utilization

i) Timeline specific output indicators from inception to end of project

- (1) Number of interventions implemented
- (2) Timeliness of intervention delivery
- (3) % of planned vs. achieved programmes

Must Reply

Must Reply

- a) **Cancer Cure Fund & AKITF Project :-** As this is treatment related intervention the support is provided as and when the patient requires financial assistance. In most cases this is a regular requirement so timelines are met and all the patients that ICS sanctions are supports so its 100% achievement.
- b) **Cancer Screening Project :-** These indicators will allow the program to track progress, identify gaps, and make necessary adjustments to ensure the interventions are delivered on time and in accordance with the original plans. The indicators will be reviewed regularly to ensure that any deviations from the timeline are promptly addressed, ensuring the overall success of the project.

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<p>ii) Intermediate outcomes indicators (for e.g.) - starts around mid-term and continue to end-term of project</p> <p>(1) Increased awareness or knowledge among the target population</p> <p>(2) Changes in attitudes or perceptions</p> <p>(3) Adoption of new behaviours or practices</p> <p>(4) Improved skills or capabilities</p> <p>(5) Increased access to resources or services</p>	<p><i>Must Reply when applicable</i></p>	<p><i>Must Reply when applicable</i></p>
<p>a) Cancer Cure Fund & AKITF Project :- Not Applicable</p> <p>b) Cancer Screening Project :- Pre- and post-intervention surveys, Community-based knowledge assessments, particularly focusing on cancer prevention and screening practices. Tracking the number of individuals who participate in cancer screenings or follow-up appointments. Post-training assessments of healthcare workers' knowledge, skills, and confidence in conducting screenings. All the indicators are measured at mid-term and end-term.</p>		
<p>iii) Overall outcome indicators (for e.g.) towards end-term and after end of the project period (depends on project gestation period)</p> <p>(1) Behavioural change sustained over time</p> <p>(2) Improved social or economic conditions</p> <p>(3) Reduced rates of negative outcomes (e.g., poverty, disease, crime)</p> <p>(4) Enhanced quality of life</p> <p>(5) Increased resilience to future challenges</p>	<p><i>Must Reply when applicable</i></p>	<p><i>Must Reply when applicable</i></p>
<p>a) Cancer Cure Fund & AKITF Project :- The huge cost discourages many patients to even start their treatment or once started, do not complete the treatment due to lack of funds. Providing timely and substantial financial assistance to underprivileged patients for cancer diagnosis and treatment provides them a good chance to fight the disease and emerge as victors.</p>		

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
<p>i) <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</i></p> <p>ii) <i>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.</i></p>	Must Reply	Must Reply
<p>a) Cancer Cure Fund & AKITF Project :- Vision Statement "To be the beacon of hope against cancer."</p> <p>Mission Statement</p> <ul style="list-style-type: none"> ▪ To create awareness that cancer is preventable and curable ▪ To facilitate early detection of cancer ▪ To offer emotional support and medical aid to cancer patients ▪ To establish and encourage cancer survivorship programmes ▪ To reintegrate cancer survivors back into society ▪ To facilitate advocacy and research for cancer <p>The programmes clearly aligns to ICS's Vision and Mission Statement ensuring that financial limitations do not hinder access to cancer care, improving the quality of life of marginalised groups, provides access to healthcare in underserved regions by empanelling hospitals in these locations. This support reduces their mental stress of sourcing fund and helps them to focus on their treatment . "At ICS, we strive to give hope to those who hope against hope"</p> <p>b) Cancer Screening Project :- The initiative aligns with the organization's values of improving healthcare access, particularly for underserved populations. By screening individuals in high-risk areas, it addresses critical public health needs, communities where cancer screening is often inaccessible as per the NFHS surveys, Incidence reports etc. The initiative is sustainable through strong partnerships with local stakeholders, governments and donors</p>		

a) Briefly include narratives of Social, Environmental, Cultural and Economic impact on target segment(s) in the reporting period.	Must share any impact observed on the target segment	Must Reply
<div data-bbox="134 553 275 737" data-label="Image"> </div> <p>A 4 years child from Tirunelveli, Tamil Nadu, was diagnosed with Blood Cancer, turning his family's world upside down. His parents—a daily wage laborer and a homemaker—were deeply distressed about arranging funds for his treatment. With timely support from the Indian Cancer Society under the ICS-CCF program, He was able to receive complete chemotherapy care. He responded well to the treatment and showed steady clinical improvement. Despite the challenges, he continues his brave fight against cancer with determination. His journey reflects hope made possible through timely financial and medical support.</p> <div data-bbox="77 834 365 1127" data-label="Image"> </div> <p>A 45-year-old woman from Saharanpur, Uttar Pradesh, was diagnosed with breast cancer (unspecified) at Homi Bhabha Cancer Hospital, Varanasi. As a housewife, she continues to manage her family responsibilities while bravely undergoing treatment under the Ayushman Bharat Scheme. The financial and emotional burden on the family was significant during this difficult time. With the support of donors and the Indian Cancer Society's AKITF (Dr. Arun Kurkure Diagnosis & Treatment Fund), she received timely assistance for her care. Her family expresses heartfelt gratitude for the support that has strengthened her fight against cancer and brought hope during challenging times.</p> <div data-bbox="86 1143 401 1435" data-label="Image"> </div> <p>A 7-year-old boy from Malwa, Madhya Pradesh, was diagnosed with Acute Lymphoblastic Leukaemia (ALL) at Kailash Cancer Hospital, Goraj. His family faced severe financial hardship and even considered mortgaging their land to meet the cost of his diagnosis and treatment. Timely support through the Indian Cancer Society's Dr. Arun Kurkure Initiation and Treatment Fund (AKITF) enabled him to undergo essential diagnostic tests without delay. He subsequently completed his treatment with financial support under Ayushman Bharat. Today, he has recovered and returned to his normal life, bringing renewed hope to his family. The support of ICS and its donors helped turn a crisis into a story of hope, recovery, and a brighter future.</p>		

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A 40-year-old woman from Vellore, was diagnosed with breast cancer, disrupting her life as a mother and wife. With two school-going children and a husband working as a modest-paid driver, the family faced severe financial strain. Unable to manage the high cost of cancer treatment, they sought support for her care. The Indian Cancer Society stepped in and provided vital financial assistance for her treatment. With continued treatment and follow-up, she has shown encouraging progress. Her journey highlights how timely support can

b) Beneficiary⁴/Stakeholder Validation through surveys and other feedback mechanism

*Must Reply based on
any simple method of
validation*

*Must
Reply*

Stakeholder Feedback

Donors

Most of ICS donors have been supporting ICS for many years, reflecting their trust and their confidence in ICS, to deliver measurable outcomes for their contributions.

5 Photographs conveying before and after impact of the Programme

(a maximum of 3 impact situations may be shared per Programme)

We choose not to take before-and-after treatment photos of patients, as we deeply respect their emotional journey and the sensitivity of their experience. Our priority is to uphold their dignity, not to capitalize on their hardships. While there are patients and their guardians who come forward to give their testimonials which is mostly post the treatment.

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

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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	✓		
2) Summary analysis of surveys undertaken	✓		
3) Impact Map linking outputs and outcomes to activities	✓		
4) Copies of other consultation details (such as focus group write-ups, workshop notes, etc.)	✓		
5) Copies of evidence summarised or quoted in the social impact report		✓	
6) Notes of the previous social impact assessment meetings (when applicable)		✓	
7) Past Social Impact Assessment Statements for the projects funded by the Listed Security (when applicable)		✓	
8) Completion certificate of approved mandatory capacity building workshops.	✓		
9) Case Studies/ Stakeholder Testimonials.		✓	
10) All stand-alone reports and that have contributed to the organisation's impact reporting for this period	✓		

End of Sub-Section 1B.2.1 Use Sub-Section 1B.2 format for each Programme Report⁵ 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

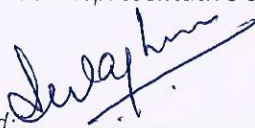
Form 1B.3

Declaration

<i>S1: Upto Rs1 Cr</i>	<i>S2: More than Rs1 Cr</i>
<i>Must Reply</i>	<i>Must Reply</i>

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 Indian Cancer Society Name:- Ms. Ann Rawat

Signed:  Date: *29/10/20* Place: *Mumbai*

Seal of NPO:



Form 1B.4

Statement of Compliance

I, Ann Rawat – Deputy Director General of Admin, Operations, Finance & Fundraising of Indian Cancer Society certify that:

- 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
- 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 beneficiaries⁶)
- I have reviewed the financial statements prepared by the Social Enterprise for the year ended 2026 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
- To the best of my knowledge and belief, no transactions entered into by the Social Enterprise during the year ended 2026 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
- 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
- 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:- Ms. Ann Rawat

Deputy Director General of Operation & Admin of Indian Cancer Society

Signed: [Signature] Date: 29/10/26 Place: Mumbai



Seal of NPO:

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