



DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE

Dr. Mane Medical Foundation and Research Centre (referred to as the "Trust" or "Issuer") was established in 2011 in Ahmadnagar, Maharashtra. It was officially registered as a society on September 15, 2011, under the Societies Registration Act of 1860, with registration number 733/2011 issued by the Sub-Registrar's office in Ahmadnagar. Subsequently, the Trust was registered under Trust No. F16166 on February 04, 2013, with Public Trust Registration Office at Assistant Charity Commissioner in Ahmadnagar under the Bombay Public Trust Act of 1950. For more information about our Trust, please refer "General Information" and "History and Main Objects" on pages 19 and 62, respectively of this Draft Fund-Raising Document.

Registered Office: Dhanore, Tal-Rahuri, Dist-Ahmadnagar. Maharashtra-413711
Corporate Office: Saidham Hospital, Nagar-Manmad Road, Near Water Tank, Behind Hotel Bhagyashri Rahuri,
 Dist - Ahmadnagar, Maharashtra, India – 413705
SSE Registration No.: NSESSENPO0056; **Website:** www.saidhamhospital.com
E-mail: drswapnil117@yahoo.com **Tel.:** 02426-235500, **PAN:** AABTD6717C
Trust Contact Person: Dr. Swapnil Mane, **Tel.:** +91 7498136701;

PUBLIC ISSUE BY OUR TRUST OF ZERO COUPON ZERO PRINCIPAL INSTRUMENTS OF FACE VALUE ₹ 1/- ("ZCZP INSTRUMENTS"), AGGREGATING UP TO ₹ 1,50,00,000 ("ISSUE SIZE" AND SUCH PUBLIC ISSUE HEREINAFTER REFERRED TO AS THE "ISSUE") THROUGH THE DRAFT FUND RAISING DOCUMENT AND THE FUND RAISING DOCUMENT. THE ISSUE IS BEING MADE PURSUANT TO THE PROVISIONS OF SECURITIES AND EXCHANGE BOARD OF INDIA (ISSUE OF CAPITAL DISCLOSURE REQUIREMENTS) REGULATIONS, 2018, AS AMENDED ("SEBI ICDR REGULATIONS"), READ WITH THE SEBI CIRCULAR DATED SEPTEMBER 19, 2022, BEARING REFERENCE NO. SEBI/HO/CFD/POD-1/P/CIR/2022/120 AND CIRCULAR DATED DECEMBER 28, 2023 BEARING REFERENCE NO. SEBI/HO/CFD/POD-1/P/CIR/2023/196 ("SSE FRAMEWORK CIRCULAR"), THE CIRCULAR ISSUED BY THE NATIONAL STOCK EXCHANGE OF INDIA LIMITED ("NSE") NOTIFYING THE NORMS FOR REGISTRATION, ISSUE AND LISTING OF ZCZP INSTRUMENTS BY NPOS ON NSE SOCIAL STOCK EXCHANGE AND CONTENTS OF THE DRAFT FUND RAISING DOCUMENT/FUND RAISING DOCUMENT (COLLECTIVELY, "NSE NORMS"), EACH AS AMENDED TO THE EXTENT NOTIFIED AND APPLICABLE AS PER THE SEBI REGULATIONS, MINIMUM ISSUE SIZE IS ₹ 50.00/- LAKHS, MINIMUM APPLICATION SIZE SHALL BE ₹ 10,000/- AND MINIMUM SUBSCRIPTION FOR THIS ISSUE SHALL BE 75% OF THE ISSUE SIZE I.E.; ₹ 112.50/- LAKHS. OUR TRUST IS IN AND SHALL COMPLY WITH THE AFOREMENTIONED MENTIONED REGULATIONS.

OUR FOUNDER

Our Founder & President is Dr. Swapnil Madhavrao Mane; Email: drswapnil117@yahoo.com Tel: +91 7498136701. For details of our Board of Trustees, see "Our Management" on page 66 of this Draft Fund-Raising Document.

GENERAL RISKS

Investment in zero coupon zero principal instrument is risky, and investors should not invest any funds in such securities unless they can afford to take the risk attached to such investments. Investors are advised to take an informed decision and to read the risk factors carefully before investing in this Issue. For taking an investment decision, investors must rely on their examination of the Issue, including the risks involved in it. Specific attention of investors is invited to the chapters "Risk Factors" and "Material Developments" on pages 9 and 101, respectively of this Draft Fund-Raising Document. These risks are not, and are not intended to be, a complete list of all risks and considerations relevant to the ZCZP Instruments or investor's decision to purchase such securities.

ISSUER'S ABSOLUTE RESPONSIBILITY

The issuer ('social enterprise'), having made all reasonable inquiries, accepts responsibility for and confirms that this Draft fund raising document contains all information with regard to the issuer and the issue which is material in the context of the issue, that the information contained in the fund raising document is true and correct in all material aspects and is not misleading, that the opinions and intentions expressed herein are honestly stated and that there are no other facts, the omission of which make this document as a whole or any of such information or the expression of any such opinions or intentions misleading.

COUPON RATE, COUPON PAYMENT FREQUENCY, REDEMPTION DATE, REDEMPTION AMOUNT & ELIGIBLE INVESTORS

The Issue, being an issue of zero coupon zero principal instrument in terms of Chapter X-A of the SEBI ICDR Regulations, there is no coupon rate, or redemption amount applicable. For further details relating to the ZCZP Instruments, including in relation to Eligible Investors of the ZCZP Instruments, please see "Issue Related Information" on page 108 of this Draft Fund-Raising Document. The Issue is not underwritten.

CREDIT RATING

The Issue, being an issue of zero coupon zero principal instrument in terms of Chapter X-A of the SEBI ICDR Regulations, there is no credit rating applicable.

LISTING

The ZCZP Instruments offered through this Draft Fund-Raising Document and Fund-Raising Document are proposed to be listed on the social stock exchange segment of NSE ("NSE") being NSE Social Stock Exchange (hereinafter referred as, "Stock Exchange") and shall be the Designated Stock Exchange. Our Trust has received 'in-principle' approval from NSE vide their letter bearing number [●] dated [●].

PUBLIC COMMENTS

The Draft Fund-Raising Document dated September 20, 2024, has been filed with the Stock Exchange, pursuant to the provisions of the SEBI ICDR Regulations and is open for public comments for a period of 21 days (i.e., until 5:00 p.m. on October 11, 2024) from the date of filing of this Draft Fund-Raising Document with the Stock Exchange. All comments on this Draft Fund-Raising Document are to be forwarded to the attention of the Contact Person of our Trust. All comments received on this Draft Fund-Raising Document will be suitably addressed prior to filing of the Fund-Raising Document with the Stock Exchange.

ADVISORS TO THE ISSUE



ERIX Advisors

M/s ERIX ADVISORS
Address: Deepak Talkies, 38 N.M. Joshi Marg,
 Lower Parel, Mumbai- 400013
Contact Number: +91 9082503639
Contact Person: CS Payal Gupta
Email: cs@erixadvisors.com
Website: www.erixadvisors.com

REGISTRAR TO THE ISSUE



Bigshare Services Pvt. Ltd.

BIGSHARE SERVICES PRIVATE LIMITED
 S6-2, Pinnacle Business Park, Next to Ahura Centre,
 Mahakali Caves Road, Andheri East, Mumbai – 400093
Tel: +91 22 6232 8200
Facsimile: +91 22 6263 8299
Email: info@bigshareonline.com
Investor Grievance Email: investor@bigshareonline.com
Website: www.bigshareonline.com
Contact Person: Mr. Vinayak Morbale
SEBI Registration No.: INR000001385
CIN: U99999MH1994PTC076534

ISSUE PROGRAMME**

Issue opens on: [●]

Issue closes on: [●]

** The Issue shall remain open for subscription on Working Days from 10 a.m. to 5 p.m. (Indian Standard Time) during the period indicated in the Final Fund-Raising Document except that the Issue may close on such earlier date or extended date as may be decided by the Board of Trustees of our Trust, subject to relevant approvals, if any. On the Issue Closing Date, the Application Forms will be accepted only between 10 a.m. and 3 p.m. (Indian Standard Time). For further details please refer to section titled "General Information" on page 19 of this Draft Fund-Raising Document.

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SECTION I – GENERAL

DEFINITIONS AND ABBREVIATIONS

This Draft Fund-Raising Document uses certain definitions and abbreviations which, unless the context otherwise indicates or implies, shall have the meaning ascribed to such definitions and abbreviations set forth herein. References to any legislation, act, regulation, rules, guidelines, clarifications or policies shall be to such legislation, act, regulation, rules, guidelines, clarifications or policies as amended, supplemented or re-enacted from time to time until the date of this Draft Fund-Raising Document and any reference to a statutory provision shall include any subordinate legislation notified from time to time pursuant to such provision.

The words and expressions used in this Draft Fund-Raising Document but not defined herein shall have, to the extent applicable, the same meaning ascribed to such words and expressions under the SEBI ICDR Regulations, the SCRA, the Depositories Act, NSE Norms and the rules and regulations notified thereunder.

General Terms

Term	Description
“We” “NGO” “NPO” “Foundation” “Trust” “DMMRC” “DMMFARC” or “the Issuer”	Dr. Mane Medical Foundation and Research Centre, is a Trust registered under the Trust Act, (validly existing under the Bombay Public Trust Act of 1950) holding a valid Trust Deed and having its Registered office at Dhanore, Tal-Rahuri, Dist-Ahmadnagar Maharashtra-413711
“we”, “us”, “our”	Unless the context otherwise indicates or implies, refers to our Trust, as at and during the relevant period / Fiscal/ Financial Year.
AR	Annual Report of the Trust
Audited Financial Statement	The audited financial statements of our Trust for the Fiscal Years ended March 31, 2022, have been prepared in accordance with applicable accounting standards and have been audited by M/S Suresh D Daule & Co. and Fiscal Years ended and March 31, 2023 and March 31, 2024, have been prepared in accordance with applicable accounting standards and have been audited by P. S. Bhandari & Associates
Auditors or Statutory Auditors	P. S. Bhandari & Associates
Board of Members or Board of Trustees or Our Executive Members or Members	Board of Trustees of our Trust
Charter Document or MOA	Trust Deed of Dr. Mane Medical Foundation and Research Centre executed on February 04, 2013, which shall include all the amendments till date.
Corporate Office	Saidham Hospital, Nagar-Manmad Road, Near Water Tank, Behind Hotel Bhagyashri Rahuri, Dist - Ahmadnagar, Maharashtra, India – 413705
ECOSOC	United Nations Economic and Social Council

Industry Related Terms

Term	Description
AB-HWCs	Ayushman Bharat Health and Wellness Centres
ABDM	Ayushman Bharat Digital Mission
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
ARV	Antiretroviral
ASHA	Accredited Social Health Activist
BLS	Basic Life Support
CBO	Community-Based Organization
CHC	Community Health Centre
CHO	Community Health Officer
CHW	Community Health Worker
CME	Continuing Medical Education
CSR	Corporate Social Responsibility

CSR Activity	Social welfare and healthcare activities under CSR framework
DCGI	Drugs Controller General of India
DMMRC	Dr. Mane Medical Foundation and Research Centre
EHR	Electronic Health Records
EMR	Electronic Medical Records
FDG	Focus Group Discussion
FNAC	Fine-Needle Aspiration Cytology
GMP	Good Manufacturing Practice
HEO	Health Education Officer
HIC	Health Information Center
HIT	Health Information Technology
HSE	Health, Safety, and Environment
HRD	Human Resource Development
HRH	Human Resource For Health
HSC	Health Sub-Centre
HWC	Health And Wellness Centre
ICDS	Integrated Child Development Services
ICU	Intensive Care Unit
IMNCI	Integrated Management of Neonatal and Childhood Illness
IPR	Intellectual Property Rights
JSY	Janani Suraksha Yojana
JSSK	Janani Shishu Suraksha Karyakram
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MJPJAY	Mahatma Jyotiba Phule Jan Arogya Yojana
MO	Medical Officer
MMU	Mobile Medical Unit
MOPD	Mobile Outpatient Department
NFHS	National Family Health Survey
NABH	National Accreditation Board for Hospitals
NABL	National Accreditation Board for Testing and Calibration Laboratories
NCD	Non-Communicable Diseases
NLEP	National Leprosy Eradication Programme
NMHP	National Mental Health Programme
NPCDCS	National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases and Stroke
NPHCE	National Programme for Health Care of the Elderly
NVBDCP	National Vector Borne Disease Control Programme
NVHCP	National Viral Hepatitis Control Program
NTCP	National Tobacco Control Programme
O&M	Operation and Maintenance
OPD	Outpatient Department
PMSBY	Pradhan Mantri Suraksha Bima Yojana
PMFBY	Pradhan Mantri Fasal Bima Yojana
PMJKY	Pradhan Mantri Jan Arogya Yojana
PPE	Personal Protective Equipment
PRI	Panchayati Raj Institution
R&D	Research and Development
RBSK	Rashtriya Bal Swasthya Karyakram
RKSK	Rashtriya Kishor Swasthya Karyakram
RCT	Randomized Controlled Trials
SOP	Standard Operating Procedures
SGBV	Sexual and Gender-Based Violence
SDG	Sustainable Development Goals
SBI	State Bank of India
UIP	Universal Immunization Programme
STH	Soil-Transmitted Helminths
TB	Tuberculosis
TBA	Traditional Birth Attendant

Issue Related Terms

Term	Description
Advisor to the Issue	The Advisor to the Issue, namely “M/s ERIX Advisors”.
Allotment Advice	The communication sent to the Allottees conveying the details of ZCZP Instruments allotted to the Allottees in accordance with the Basis of Allotment.
Allotment, Allot or Allotted	Unless the context otherwise requires, the allotment of ZCZP Instruments to the successful Applicants pursuant to the Issue.
Allottee(s)	The successful Applicant to whom the ZCZP Instruments are Allotted either in full or part, pursuant to the Issue.
Applicant or Investor	Institutional Investors, Non-institutional Investors and Retail, who apply for issuance and Allotment of ZCZP Instruments pursuant to the terms of this Draft Fund-Raising Document, the Fund-Raising Document, and the Application Form. For details of ineligible investors, please see “Issue Procedure” on page 108 of this Draft Fund-Raising Document.
Application	A physical application to subscribe to the ZCZP Instruments offered pursuant to the Issue by submission of a valid Application Form submitted to the Registrar.
Application Amount	The aggregate value of the ZCZP Instruments applied for, as indicated in the Application Form for the Issue, which shall not be lesser than ₹ 10,000.
Application Form	Form in terms of which an Applicant shall make an offer to subscribe to ZCZP Instruments through the physical process which will be considered as the Application for Allotment of ZCZP Instruments in terms of this Draft Fund-Raising Document.
Basis of Allotment	The basis on which ZCZP Instruments will be allotted to applicants as described in “Issue Procedure – Basis of Allotment” on page 113 of this Draft Fund-Raising Document.
CDSL	Central Depository Services (India) Limited
Client ID	Client identification number maintained with one of the Depositories in relation to the demat account.
Corporate Office of the Registrar	Bigshare Services Private Limited, S6-2, Pinnacle Business Park, Next to Ahura Centre, Mahakali Caves Road, Andheri East, Mumbai 400093.
Date of Allotment	The date on which the Board of Trustees, approves the Allotment of the ZCZP Instruments for the Issue or such date as may be determined by the Board of Trustees .
Demographic Details	The demographic details of the Applicants such as their respective addresses, email, PAN, investor status, MICR Code and bank account detail.
Draft Fund-Raising Document	This Draft Fund-Raising Document dated September 20, 2024 issued in accordance with the SEBI ICDR Regulations, the NSE Norms, and filed with the Stock Exchange for receiving public comments in accordance with the provisions of the SEBI ICDR Regulations.
Escrow Account	Account to be opened with the Escrow Collection Bank.
Escrow Agreement	Agreement dated [●] to be entered into between the Issuer, the Registrar and the Escrow Collection Bank.
Escrow Collection Bank	The bank which is a clearing member and registered with SEBI as a banker to an issue under the Securities and Exchange Board of India (Bankers to an Issue) Regulations, 1994, and with whom the Escrow Account, in relation to the Issue, will be opened, in this case being [●].
Fugitive Economic Offender	A fugitive economic offender as defined under Section 12 of the Fugitive Economic Offenders Act, 2018 and Regulation 2(1)(p) of the SEBI ICDR Regulations.
Final Fund Raising Document”/ “FFRD	The Final Fund Raising Document dated [●] issued in accordance with the SEBI ICDR Regulations, the Companies Act, 2013, the NSE Norms and will be filed with NSE.

Institutional Investors	<p>Shall mean any of the following eligible investors:</p> <ul style="list-style-type: none"> ● a mutual fund, venture capital fund and alternative investment fund registered with SEBI; ● a public financial institution; ● a scheduled commercial bank; ● a state industrial development corporation; ● an insurance Trust registered with the Insurance Regulatory and Development Authority of India; ● a provident fund with minimum corpus of Twenty five crore rupees; ● a pension fund with minimum corpus of Twenty five crore rupees registered with the Pension Fund Regulatory and Development Authority established under sub-section (1) of section 3 of the Pension Fund Regulatory and Development Authority Act, 2013; ● National Investment Fund set up by resolution no. F. No. 2/3/2005-DDII dated November 23, 2005 of the Government of India published in the Gazette of India; ● insurance funds set up and managed by army, navy or air force of the Union of India; ● insurance funds set up and managed by the Department of Posts, India; or ● systemically important non-banking financial companies.
Issue	Public Issue by our Trust of zero coupon zero principal instruments of face value ₹ 1/- each, aggregating up to ₹ 1.50 Cr.
Issue Closing Date	[●]
Issue Opening Date	[●]
Issue Period	The period between the Issue Opening Date and the Issue Closing Date inclusive of both days, during which prospective Applicants can submit their Application Forms.
Issue Size	Up to ₹ 1.50 Crores.
Non-Institutional Investors	Any investor other than a retail individual investor and Institutional Investors, except for investors who are not eligible to invest in ZCZP Instruments. For further details, see “Issue Procedure” on page 113 of this Draft Fund-Raising Document.
Not for Profit Organization or NPO	Not for Profit Organization shall have the same meaning as prescribed under Regulation 292A(e) of the SEBI ICDR Regulations
NSE April Circular	Circular dated April 30, 2024, bearing reference no. 06/2024 issued by NSE in relation to providing a facility for bidding of ZCZP Instrument on its existing web-based e-IPO Platform for SSE.
Objects	Objects of this Issue as set out in the section titled “Objects of the Issue” on page 22 of this Draft Fund-Raising Document.
Offer Document	This Draft Fund-Raising Document, the Final Fund-Raising Document, and Application Form.
Register of ZCZP Instrument holders	The register of ZCZP Instrument holders maintained by the Issuer by the Depositories in case of ZCZP Instrument held in dematerialized form, and/or the register of ZCZP Instrument Holders maintained by the Registrar.
Registered Post	Registered post with acknowledgement due.
Registrar Agreement	Agreement dated [●] to be entered into between the Issuer and the Registrar under the terms of which the Registrar has agreed to act as the Registrar to the Issue.
Registrar to the Issue or Registrar	Bigshare Services Private Limited
Retail Applicants	Retail Applicants shall mean an individual Applicants (including HUFs and NRIs) who have applied for ZCZPs for an amount not more than ₹ 2.00 lakhs in any of the application.
Social Enterprise	Social Enterprise means either a Not for Profit Organization or a For Profit Social Enterprise that meets the eligibility criteria specified under Chapter X-A of the SEBI ICDR Regulations.
SSE Framework Circular	SEBI circular dated September 19, 2022, bearing reference no. SEBI/HO/CFD/PoD1/P/CIR/2022/120, circular dated July 25, 2022, bearing reference no.

	SEBI/LADNRO/GN/2022/88, circular dated December 28, 2023 and bearing reference no. SEBI/HO/CFD/PoD-1/P/CIR/2024/0059 dated May 27, 2024 on framework on social stock exchange
Stock Exchange	The social stock exchange segment of NSE, being NSE Social Stock Exchange.
Transaction Documents	Transaction documents shall mean this Draft Fund-Raising Document, and the Fund-Raising Document, read with any notices, corrigendum, addendum thereto, Registrar Agreement, Escrow Agreement, Tripartite Agreements executed with the Depositories and the Registrar or to be executed by our Trust, as the case may be. For further details please see the section titled, "Material Contracts and Documents for Inspection" on page 131 of this Draft Fund-Raising Document.
Tripartite Agreements	Tripartite Agreement dated [●] to be entered into between our Trust, the Registrar to the Issue and CDSL and Tripartite Agreement dated [●] to be entered into between our Trust, the Registrar to the Issue and NSDL for offering demat option to the ZCZP Instrument Holders.
Under-subscription	Subscription of the ZCZP Instruments less than 75% of the Issue Size.
Wilful Defaulter(s)	Wilful defaulter shall have the same meaning as under regulation (2)(1) (iii) of the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018.
Working Days	Working days means all days on which commercial banks in Maharashtra are open for business. In respect of announcement or issue period, working day shall mean all days, excluding Saturdays, Sundays and public holidays, on which commercial banks in Maharashtra are open for business. Further, in respect of the time period between the issue closing date and the listing of the ZCZP Instruments on the Stock Exchange, working day shall mean all trading days of the Stock Exchange for ZCZP Instruments, excluding Saturdays, Sundays and bank holidays, as specified by SEBI.
ZCZP Instruments	Zero coupon zero principal instruments as notified in terms of the notification dated July 15, 2022 issued by the Ministry of Finance.
ZCZP Instrument Holder(s)	The holders of the ZCZP Instruments whose name appears in the database of the Depository and/or the register of ZCZP Instrument Holders (if any) maintained by our Trust, if required under applicable law.

Conventional or Abbreviations

Term/ Abbreviation	Description/Full Form
“₹”, “Rupees”, “INR” or “Indian Rupees”	Indian Rupees
Board Meeting	Trust Board Meeting
AIF	An alternative investment fund as defined in and registered with SEBI under the Securities and Exchange Board of India (Alternative Investment Funds) Regulations, 2012 as amended from time to time.
CDSL	Central Depository Services (India) Limited.
Depositories	CDSL and NSDL
Depositories Act	Depositories Act, 1996, read with the rules, regulations, amendments and modifications notified thereunder.
DIN	Director Identification Number.
DP ID	Depository Participant’s Identification.
DP or Depository Participant	Depository Participant as defined under the Depositories Act, 1996.
Financial Year, Fiscal or FY or for the Fiscal Year ended	Unless stated otherwise, the period of 12 months commencing on April 1 of the immediately preceding calendar year and ending March 31 of that particular calendar year.
GoI or Government or Central Government	Government of India.
HUF	Hindu Undivided Family.
ITI	Industrial Training Institute
India	Republic of India.
NACH	National Automated Clearing House.
N/A or N.A.	Not applicable.
NEFT	National Electronic Fund Transfer.
NSDL	National Securities Depository Limited.

NSTI	National Skill Training Institute
NSE	National Stock Exchange of India Limited.
NSE Norms	Norms for issue and listing of ZCZP Instruments by NPOs on NSE Social Stock Exchange and contents of the Draft fund-raising document/fund raising document.
NSE Social Stock Exchange	Social stock exchange segment of NSE.
PAN	Permanent Account Number.
RTGS	Real Time Gross Settlement.
SCRA	Securities Contracts Regulation Act, 1956, as amended.
SCRR	Securities Contracts (Regulation) Rules, 1957, as amended.
SEBI	Securities and Exchange Board of India.
SEBI Act	Securities and Exchange Board of India Act, 1992, as amended.
SEBI ICDR Regulations	Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2018, as amended from time to time.
SEBI Listing Regulations	Securities and Exchange Board of India (Listing Obligations and Disclosure Requirements) Regulations, 2015, as amended.
State Government	The government of a state in India.
Stock Exchange	NSE Social Stock Exchange
Year or Calendar Year	Unless the context otherwise requires, shall mean the 12 month period commencing from January 1 and ending on December 31.

Notwithstanding the foregoing, the terms defined as part of “General Information”, “Risk Factors”, “Key Provisions of MOA”, “Financial Information” and “Other Regulatory and Statutory Disclosures” on pages 19, 9, 127 77 and 103, respectively of this Draft Fund-Raising Document shall have the meaning ascribed to them as part of the aforementioned sections.

CERTAIN CONVENTIONS, USE OF FINANCIAL, INDUSTRY AND MARKET DATA AND CURRENCY OF PRESENTATION

Certain Conventions

All references to “India” contained in this Draft Fund-Raising Document are to the Republic of India and its territories and possessions and all references herein to the “Government”, “Indian Government”, “GOI”, “Central Government” or the “State Government” are to the Government of India, central or state, as applicable.

Unless otherwise specified, any time mentioned in this Draft Fund-Raising Document is in Indian Standard Time (“IST”). Unless indicated otherwise, all references to a ‘year’ in this Draft Fund-Raising Document are to a financial year.

Unless stated otherwise, all references to page numbers are to the page numbers of this Draft Fund-Raising Document.

Presentation of Financial Information

Our Trust’s financial year commences on April 1 of the immediately preceding calendar year and ends on March 31 of subsequent calendar year. Unless the context requires otherwise, all references to a year in this Draft Fund-Raising Document are to a calendar year and references to a Fiscal/Fiscal Year are to the fiscal year ended on March 31 of that calendar year.

The audited financial statements of our Trust for the Fiscal Years ended March 31, 2022, have been prepared in accordance with applicable accounting standards and have been audited by M/S Suresh D Daule & Co. and Fiscal Years ended and March 31, 2023 and March 31, 2024, have been prepared in accordance with applicable accounting standards and have been audited by P. S. Bhandari & Associates and are included in the section titled “Financial Information” on 77 of this Draft Fund-Raising Document.

Currency and Unit of Presentation

All references to “Rupees” or “₹” or “INR” or “Rs.” are to Indian Rupee, the official currency of the Republic of India.

Except stated otherwise, Our Trust has presented certain numerical information in this Draft Fund Raising Document in ‘lakh’ and ‘crores’ units or in whole numbers. One lakh represents 1,00,000 and one crore represents 10,000,000. Certain figures contained in this Draft Fund Raising Document, including financial information, have been subject to rounding adjustments. Unless set out otherwise, all figures in decimals, including percentage figures, have been rounded off to two decimal points. In certain instances, (i) the sum or percentage change of such numbers may not conform exactly to the total figure given; and (ii) the sum of the numbers in a column or row in certain tables may not conform exactly to the total figure given for that column or row. Further, any figures sourced from third party industry sources may be rounded off to other than two decimal points to conform to their respective sources.

General Risk

Investment in zero coupon zero principal instruments is one time investment and investors should not invest any funds in such securities unless they consider the features of such securities/investments. Investors are advised to take an informed decision and to read the risk factors carefully before investing in this offering. For taking a subscription decision, investors must rely on their examination of the issue including the risks involved in it.

Specific attention of investors is invited to statement of risk factors contained under section “Risk Factors” on page 9 of this Draft Fund-Raising Document. These risks are not, and are not intended to be, a complete list of all risks and considerations relevant to the ZCZP Instruments or investor’s decision to purchase such securities.

FORWARD LOOKING STATEMENTS

Certain statements contained in this Draft Fund-Raising Document that are not statements of historical fact constitute “forward- looking statements”. Investors can generally identify forward-looking statements by terminology such as “aim”, “anticipate”, “believe”, “continue”, “could”, “estimate”, “expect”, “intend”, “may”, “objective”, “plan”, “potential”, “project”, “pursue”, “shall”, “seek”, “should”, “will”, “would”, or other words or phrases of similar import. Similarly, statements that describe our strategies, objectives, plans or goals are also forward-looking statements. All statements regarding our expected financial conditions, result of operations, social impacts, number of beneficiaries and prospects may be akin to forward-looking statements. These forward-looking statements include statements as to matters discussed in this Draft /Final Fund-Raising Document that are not historical facts.

All forward-looking statements are subject to risks, uncertainties and assumptions about us that could cause actual results to differ materially from those contemplated by the relevant forward-looking statement. Important factors that could cause actual results, including our financial conditions and results of operations to differ from our expectations include, but are not limited to, the following:

- Reduction or discontinuation in the donations or grants received by us;
- Changes in applicable law governing corporate social responsibility policies;
- Failure to retain and attract professionals; and
- Impact of the COVID-19 pandemic or the outbreak of any new pandemic on our operations.

For further discussion of factors that could cause our actual results to differ, see “Risk Factors” on 9 of this Draft Fund-Raising Document.

All forward-looking statements are subject to risks, uncertainties and assumptions about our Trust that could cause actual results and impact to differ materially from those contemplated by the relevant statement. The forward-looking statements contained in this Draft Fund-Raising Document are based on the beliefs of management, as well as the assumptions made by and information currently available to management. Although our Trust believes that the expectations reflected in such forward-looking statements are reasonable at this time, it cannot assure investors that such expectations will prove to be correct or will hold good at all times. Given these uncertainties, investors are cautioned not to place undue reliance on such forward- looking statements.

Neither our NGO, its members, its key managerial staff, and officers, nor any of their respective affiliates have any obligation to update or otherwise revise any statements reflecting circumstances arising after the date hereof or to reflect the occurrence of underlying events, even if the underlying assumptions do not come to fruition.

SECTION II – RISK FACTORS

The following are the risks envisaged by the management of our Trust which relate to our Trust and the ZCZP Instruments. Potential investors should carefully consider all the risk factors stated in this Draft Fund Raising Document in relation to the ZCZP Instruments for evaluating our Trust and the ZCZP Instruments before making any investment decision. Our Trust believes that the factors described below represent the principal risks inherent in investing in the ZCZP Instruments but such risks are not exhaustive. Potential investors should also read the detailed information set out elsewhere in this Draft Fund Raising Document and reach their own views prior to making any investment decision.

If any one of the following stated risks actually occurs, our Trust's business, financial conditions and results of operations could suffer. These risks and uncertainties are not the only issues that our Trust faces. Additional risks and uncertainties not presently known to our Trust or that our Trust currently believes to be immaterial may also have a material adverse effect on its financial condition or business. Unless specified or quantified in the relevant risk factors, our Trust is not in a position to quantify the financial or other implications of any risk mentioned herein below.

Internal Risk Factors

1. Operational and Financial Risks Due to Reliance on Limited Donor Funding to Sustain Critical Cancer Screening and Treatment Services.

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) is at the forefront of providing free cancer screening and treatment to rural and underserved communities in Maharashtra and Rajasthan. However, the continuation of these essential services is heavily reliant on a small number of donors, government grants, and philanthropic partnerships. The dependency on these limited funding streams creates a significant operational risk. Should any of these funding sources diminish or be delayed, DMMRC may face severe challenges in maintaining its current level of service provision. This could result in the reduction or discontinuation of vital healthcare services, directly impacting the foundation's mission to combat cancer in vulnerable populations. Furthermore, the uncertainty surrounding the availability of consistent funding could hinder the foundation's ability to plan long-term projects and respond to emerging healthcare needs in these communities.

Mitigation Strategy: DMMRC is diversifying its funding base by actively seeking new donors, forming strategic partnerships, and exploring revenue-generating initiatives. These efforts aim to create a more stable financial foundation that reduces reliance on any single funding source, ensuring the continuity of critical services.

2. Challenges in Expanding and Operating Mobile Healthcare Units in Geographically Remote and Logistically Challenging Areas

Risk Description: One of DMMRC's critical projects involves deploying mobile healthcare units to deliver essential medical services to the most remote and underserved regions. However, these efforts are severely challenged by the geographical and infrastructural limitations in these areas. Poor road conditions, extreme weather, and lack of basic infrastructure can delay or even prevent these mobile units from reaching their intended destinations. This logistical difficulty not only disrupts service delivery but also limits the frequency and scope of healthcare outreach, potentially leaving vulnerable populations without access to essential medical care. Moreover, the added strain of operating in such challenging environments increases operational costs and could lead to wear and tear on equipment, further complicating DMMRC's ability to sustain these services.

Mitigation Strategy: DMMRC optimizes its mobile unit operations by conducting detailed logistical planning and investing in durable, all-terrain vehicles equipped to handle difficult conditions. Collaboration with local authorities and communities ensures better access and support in challenging areas.

3. Programmatic Challenges in Achieving Effective Early Cancer Detection Due to Cultural Barriers and Low Health Literacy

Risk Description: DMMRC's mission to promote early detection of cancers, particularly cervical, breast, and uterine cancers, faces significant obstacles in rural communities where cultural taboos and low health literacy are prevalent. These social barriers lead to a reluctance among women to participate in screening programs, which delays diagnosis and increases mortality rates. The stigma associated with discussing and addressing women's health issues, particularly in conservative rural settings, exacerbates these challenges. Additionally, the foundation's ability to deliver consistent and effective screening is often compromised by a shortage of trained healthcare professionals and the variability in healthcare infrastructure across different locations. These factors collectively undermine the effectiveness of DMMRC's early detection programs and pose a significant risk to the overall health outcomes of the communities served.

Mitigation Strategy: DMMRC enhances community engagement by tailoring education campaigns to address cultural stigmas and promote the importance of early cancer detection, alongside training local healthcare workers to ensure consistent and effective screening practices.

4. Risk of Limited Collaboration and Coordination with Government Health Programs Impacting Service Delivery

Risk Description: DMMRC's healthcare initiatives frequently depend on partnerships with government health programs to deliver services effectively, especially in large-scale projects like vaccination drives, cancer screening camps, and public health campaigns. However, these collaborations are often challenged by bureaucratic delays, misaligned objectives, and communication gaps between the foundation and government agencies. These issues can lead to duplicative efforts, inefficient use of resources, and gaps in service provision. Additionally, the foundation's reliance on government health programs for critical initiatives means that any disruption in government support—such as changes in policy, funding cuts, or administrative delays—could significantly impact DMMRC's ability to deliver essential healthcare services. This risk is particularly concerning in regions where government support is crucial for scaling DMMRC's outreach and ensuring that vulnerable populations receive comprehensive care.

Mitigation Strategy: DMMRC is strengthening its relationships with government agencies through regular communication and joint planning sessions. The foundation is also establishing formal agreements to ensure clear roles, responsibilities, and timelines in collaborative projects.

5. Human Resources Challenges Related to Staff Burnout and High Turnover in Emotionally Demanding Cancer Care

Risk Description: The intensive nature of cancer care, especially in rural and resource-limited settings, places a significant emotional and physical strain on DMMRC's healthcare staff. The high volume of patients, the severity of the cases, and the often distressing nature of the work contribute to a high risk of burnout among the foundation's doctors, nurses, and support staff. Burnout can lead to decreased job satisfaction, reduced productivity, and a higher turnover rate, which in turn disrupts the continuity and quality of care provided to patients. The challenge is further compounded by the difficulty in attracting and retaining skilled healthcare professionals in remote areas, where working conditions are often harsh and professional opportunities are limited. This human resources challenge poses a critical risk to the foundation's ability to sustain its operations and deliver high-quality cancer care.

Mitigation Strategy: DMMRC supports staff well-being by providing access to mental health resources, promoting work-life balance, and offering professional development opportunities to retain and motivate its workforce.

6. Reputation and Service Continuity Risks Arising from Dependency on Government Schemes for Free Cancer Treatment

Risk Description: DMMRC's provision of free cancer treatment is significantly supported by government schemes like the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY). However, this dependency exposes the foundation to risks associated with delays in government reimbursements, changes in policy, or reductions in funding. Any disruptions in these government supports could lead to longer waiting times, reduced availability of treatment services, and a possible increase in the financial burden on the foundation. Such disruptions could not only affect the operational capacity of DMMRC but also damage its reputation among beneficiaries, who rely on the foundation for consistent and affordable healthcare. Additionally, any perceived instability in service delivery could erode trust with donors and partners, further exacerbating financial and operational challenges.

Mitigation Strategy: DMMRC diversifies its funding sources by pursuing additional donations, corporate partnerships, and grants, while maintaining open communication with stakeholders to manage expectations and ensure transparency.

7. Risk of Limited Outreach and Awareness in Underserved Tribal Populations Due to Language and Cultural Barriers

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) is committed to extending its healthcare services, particularly cancer awareness and screening programs, to tribal regions across Maharashtra and Rajasthan. However, these efforts face significant challenges due to the unique languages, cultural practices, and health beliefs prevalent in these communities. Tribal populations often speak languages or dialects that differ significantly from those used in mainstream healthcare communication, making it difficult to convey important health messages effectively. Additionally, cultural norms and traditional beliefs may lead to mistrust of modern medical interventions or reluctance to participate in health screenings. The combination of language barriers and cultural differences poses a substantial risk to the foundation's outreach efforts, potentially resulting in low participation rates, delayed diagnosis, and missed opportunities for early intervention. This gap in communication and understanding can ultimately undermine DMMRC's goal of reducing cancer incidence and improving health outcomes in these high-risk communities.

Mitigation Strategy: DMMRC is developing culturally sensitive outreach materials and employing local translators and community health workers who are familiar with the languages and customs of the tribal populations. These efforts aim to bridge the communication gap and enhance the effectiveness of healthcare interventions.

8. Risk of Overdependence on a Single Healthcare Facility (Saidham Cancer Hospital) for Comprehensive Cancer Care

Risk Description: Saidham Cancer Hospital, operated by DMMRC, is the cornerstone of the foundation’s cancer care initiatives in Rahuri Tehsil, Ahmadnagar district. While the hospital’s centralized role allows for focused and high-quality care, it also creates a significant risk of overdependence. Any disruption in the hospital’s operations—whether due to unforeseen technical failures, staff shortages, or external factors like natural disasters—could have a cascading effect on DMMRC’s ability to provide comprehensive cancer treatment to its patients. This concentration of services in a single facility means that any operational issues could lead to delays in treatment, reduced access to critical care, and a potential backlog of patients awaiting services. Moreover, such disruptions could erode the trust and confidence of the communities DMMRC serves, as patients may perceive the foundation as unable to meet their healthcare needs consistently.

Mitigation Strategy: DMMRC is working to decentralize its services by establishing another 500-bed charitable cancer hospital in Kakadi, Shirdi, located in the Ahmadnagar district of Maharashtra and strengthening referral networks with other hospitals. The foundation is also investing in backup systems and cross-training staff to ensure continuity of care in the event of disruptions.

9. Risk of Inadequate Monitoring and Evaluation of Healthcare Programs Leading to Inefficient Resource Allocation

Risk Description: DMMRC administers a wide array of healthcare programs, ranging from cancer screenings and treatment to community outreach and education. The success and sustainability of these programs rely heavily on robust monitoring and evaluation (M&E) systems that can track outcomes, assess impact, and guide resource allocation. However, the foundation faces significant challenges in implementing consistent and effective M&E practices, particularly in the remote and resource-poor areas it serves. The difficulties in data collection, such as inconsistent reporting, lack of digital infrastructure, and limited trained personnel, can lead to incomplete or inaccurate assessments of program effectiveness. Without reliable data, DMMRC risks misallocating resources, potentially continuing less effective programs while underfunding those that are more impactful. This inefficiency could diminish the overall effectiveness of the foundation’s healthcare initiatives and weaken its ability to achieve its long-term goals.

Mitigation Strategy: DMMRC is enhancing its M&E framework by standardizing data collection processes and utilizing digital tools for real-time monitoring. Regular training for staff on M&E practices is also being provided to ensure accurate and consistent program evaluation.

10. Risk of Limited Access to Advanced Medical Technology Due to Financial Constraints

Risk Description: As a leader in providing cancer care in underserved regions, DMMRC aims to utilize the latest medical technology to deliver high-quality diagnosis and treatment. However, the high costs associated with acquiring and maintaining advanced medical equipment—such as imaging systems, radiation therapy units, and robotic surgical tools—pose a significant financial burden on the foundation. These financial constraints limit DMMRC’s ability to invest in the cutting-edge technology necessary to offer the most effective and up-to-date treatments. Additionally, the rapid pace of technological advancements in the medical field means that the foundation may struggle to keep its facilities and services competitive without regular upgrades. This financial limitation not only affects the quality of care provided but also hinders the foundation’s capacity to scale its operations and serve a growing number of patients effectively.

Mitigation Strategy: DMMRC is seeking partnerships with technology providers and medical equipment manufacturers to secure discounts, donations, or lease arrangements for advanced technology. Additionally, the foundation is prioritizing the allocation of funds towards the most critical equipment needs.

11. Risk of Suboptimal Patient Follow-Up and Continuity of Care Due to Geographic Dispersion

Risk Description: DMMRC’s patient base is spread across a vast geographic area, including some of the most remote and underserved regions of Maharashtra and Rajasthan. This geographic dispersion poses a significant challenge to ensuring consistent follow-up and continuity of care for cancer patients, many of whom require long-term monitoring and regular follow-up appointments. The lack of reliable transportation options in these rural areas can make it difficult for patients to attend follow-up visits, leading to gaps in care continuity. Additionally, the foundation’s ability to track patient progress and coordinate care across different regions is hampered by the absence of an integrated healthcare record system. These challenges increase the risk of disease progression, treatment failures, and ultimately poorer health outcomes, as patients may not receive the timely interventions and ongoing support necessary to manage their conditions effectively.

Mitigation Strategy: DMMRC is implementing mobile health solutions and telemedicine services to improve follow-up care for patients in remote areas. The foundation is also enhancing its patient tracking systems to ensure better coordination of care across different regions.

12. Risk of Inadequate Training for Community Health Workers Impacting Program Delivery in Rural Areas

Risk Description: Community health workers (CHWs) are a vital component of DMMRC's strategy to extend healthcare services to rural and remote areas. However, the effectiveness of CHWs in delivering healthcare programs is contingent upon the quality of training they receive. DMMRC faces the risk that CHWs may not receive adequate or consistent training, leading to suboptimal program delivery. This risk is particularly pronounced in rural areas where training resources may be limited, and where CHWs often operate with minimal supervision. Inadequate training can result in poor health education, improper patient management, and ineffective implementation of health interventions. Moreover, the high turnover rate among CHWs in rural areas, driven by job insecurity and lack of career development opportunities, exacerbates this risk by creating a continuous need for training and retraining.

Mitigation Strategy: DMMRC is standardizing its training programs for CHWs, ensuring that all receive comprehensive initial training. The foundation is also introducing mentorship and support systems to help CHWs build their skills and confidence in delivering healthcare services.

13. Risk of Delays in Implementing the Tobacco Cessation Program Due to Social Acceptance of Tobacco Use

Risk Description: Tobacco use is a deeply entrenched habit in many of the communities served by DMMRC, particularly in rural and semi-urban areas. The foundation's Tobacco Cessation Program, based at Saidham Cancer Hospital, is crucial for reducing cancer incidence, but it faces significant challenges due to the widespread social acceptance of tobacco use. Cultural norms and social practices that favor tobacco consumption make it difficult to convince individuals to participate in cessation programs. The social pressure to continue using tobacco, coupled with a lack of awareness about its health risks, contributes to low enrollment and engagement in the program. This social acceptance poses a major obstacle to the program's success, delaying the foundation's efforts to curb tobacco-related diseases and reduce the overall cancer burden in these communities.

Mitigation Strategy: DMMRC is intensifying its public health campaigns to raise awareness about the dangers of tobacco use and the benefits of cessation. The foundation is also engaging community leaders to advocate for tobacco cessation within their communities, helping to shift social norms.

14. Risk of Inefficient Resource Allocation in Multi-Project Operations Due to Competing Priorities

Risk Description: As DMMRC expands its operations across multiple healthcare projects—ranging from cancer care to community health initiatives—the foundation faces the challenge of efficiently allocating its limited resources. With multiple projects running simultaneously, there is a risk that resources (such as funds, personnel, and equipment) may be spread too thin, leading to suboptimal outcomes in one or more projects. This risk is exacerbated by the competing priorities among different projects, which can create internal conflicts over resource distribution. If not managed effectively, this could lead to delays in project implementation, compromised quality of care, and an overall reduction in the foundation's impact. Additionally, the lack of a centralized resource management system could result in inefficiencies, such as duplicated efforts or misallocation of critical resources, further straining DMMRC's operational capacity.

Mitigation Strategy: DMMRC is implementing a centralized resource management system to better track and allocate resources across its various projects. Regular reviews and strategic planning sessions are conducted to align project priorities and ensure efficient resource distribution.

15. Risk of Insufficient Data Security and Privacy Protections for Sensitive Patient Information

Risk Description: DMMRC handles a large volume of sensitive patient information, including medical records, personal data, and treatment histories. The foundation's expanding use of digital platforms and electronic health records (EHR) to manage this data introduces significant risks related to data security and privacy. Without robust cybersecurity measures in place, there is a heightened risk of unauthorized access, data breaches, or cyberattacks, which could expose confidential patient information. Such incidents could lead to severe consequences, including legal liabilities, loss of patient trust, and reputational damage. Furthermore, compliance with data protection regulations (such as India's IT Act and emerging data privacy laws) is essential to avoid penalties and ensure the foundation's continued operation. The increasing reliance on digital systems, coupled with the complexity of managing patient data across multiple locations, amplifies these risks.

Mitigation Strategy: DMMRC is enhancing its cybersecurity measures by implementing encryption protocols and regular access controls. The foundation is also training staff on data protection best practices and ensuring compliance with relevant regulations.

16. Risk of Subpar Health Outcomes Due to Limited Access to Specialized Care in Remote Areas

Risk Description: While DMMRC provides a broad range of healthcare services through its mobile clinics and outreach programs, access to specialized care remains limited in remote areas. Patients in these regions often require advanced medical interventions, such as oncology, cardiology, and surgical services, which may not be readily available through the foundation's existing infrastructure. The lack of specialized care options can lead to delayed diagnosis and treatment, exacerbating health issues and increasing the risk of mortality. Furthermore, the logistical challenges of referring patients to distant tertiary care centers complicate the continuity of care, as many patients are unable or unwilling to travel long distances for specialized treatment. This gap in service provision could undermine DMMRC's mission to deliver comprehensive healthcare to underserved populations, particularly for those with complex medical needs.

Mitigation Strategy: DMMRC is expanding its partnerships with tertiary care centers and exploring the use of telemedicine for specialist consultations. The foundation is also enhancing its referral networks to facilitate smoother patient transfers to specialized facilities when needed.

17. Risk of Community Resistance to Health Interventions Due to Misinformation and Local Beliefs

Risk Description: In the rural and tribal communities served by DMMRC, local beliefs, myths, and misinformation about healthcare interventions can significantly hinder the foundation's efforts to promote public health. Community resistance to vaccination, cancer screenings, and other preventive measures often stems from deeply rooted cultural beliefs or mistrust of modern medicine. This resistance is further fueled by misinformation, which can spread rapidly in close-knit communities, leading to fear and rejection of DMMRC's services. The risk is that without adequate community engagement and education, the foundation may face considerable obstacles in achieving its health intervention goals, resulting in low participation rates, the persistence of preventable diseases, and a failure to improve health outcomes in these populations.

Mitigation Strategy: DMMRC is intensifying its community engagement efforts by working closely with local leaders and influencers to build trust and dispel myths. The foundation is also using culturally appropriate communication strategies to educate communities about the benefits of its health interventions.

18. Risk of Operational Disruptions Due to Inadequate Infrastructure in Rural Project Locations

Risk Description: DMMRC operates in rural areas where basic infrastructure, such as reliable electricity, water supply, and transportation networks, is often lacking. These infrastructural deficiencies pose significant operational risks, as they can disrupt the foundation's ability to deliver healthcare services efficiently. Frequent power outages, poor road conditions, and limited access to clean water can delay medical procedures, hinder the operation of medical equipment, and reduce the overall quality of care provided. Inadequate infrastructure also complicates logistics, making it difficult to transport medical supplies, mobilize healthcare teams, and maintain communication with remote project sites. These challenges could lead to increased operational costs, reduced service availability, and compromised patient care, ultimately impacting DMMRC's ability to fulfill its mission.

Mitigation Strategy: DMMRC is investing in backup power solutions, such as generators and solar energy systems, and is working with local authorities to improve infrastructure in key project locations. The foundation is also optimizing logistics planning to account for transportation and communication challenges.

19. Risk of Financial Instability Due to Fluctuations in Funding for Long-Term Projects

Risk Description: DMMRC relies on a mix of donations, grants, and government funding to support its long-term projects, such as the construction of healthcare facilities and the expansion of mobile clinic services. However, the foundation is vulnerable to financial instability if these funding sources fluctuate. Changes in donor priorities, economic downturns, or delays in grant disbursements could lead to funding shortfalls, disrupting ongoing projects and delaying new initiatives. The risk is particularly acute for long-term capital-intensive projects, where sustained funding is critical to maintaining momentum and achieving project milestones. Financial instability could force the foundation to scale back its operations, reduce staff, or delay the completion of critical infrastructure, ultimately compromising its ability to provide essential healthcare services.

Mitigation Strategy: DMMRC is diversifying its funding portfolio by seeking new donors, exploring alternative revenue streams, and establishing financial reserves to buffer against funding fluctuations. The foundation is also implementing stringent financial management practices to ensure efficient use of available resources.

20. Risk of Environmental and Health Hazards Due to Improper Disposal of Medical Waste

Risk Description: The proper disposal of medical waste is critical to preventing environmental contamination and protecting public health. DMMRC generates significant amounts of medical waste through its hospitals, mobile clinics, and outreach programs. However, in rural areas where waste management infrastructure is often inadequate, there is a risk that medical waste may not be disposed of properly. Improper disposal—such as open burning, unregulated landfills, or unsanitary handling practices—can lead to the spread of infectious diseases, environmental pollution, and harm to the community. This risk is compounded by the lack of awareness and training among local healthcare workers regarding safe waste disposal practices.

Failure to manage medical waste effectively could not only endanger public health but also expose DMMRC to legal liabilities and reputational damage.

Mitigation Strategy: DMMRC is enhancing its medical waste management protocols by providing training on safe disposal practices and collaborating with local waste management authorities.

21. Risk of Delays and Challenges in Scaling Cervical Cancer Screening and Treatment Programs in Rural Areas

Risk Description: DMMRC's cervical cancer screening and treatment programs are critical in addressing the high incidence of cervical cancer in rural Maharashtra. However, scaling these initiatives to reach a larger population presents risks related to logistical delays, insufficient infrastructure, and limited access to healthcare facilities in remote areas. The reliance on external medical suppliers, fluctuating material costs for medical equipment, and regulatory approvals for mobile units or clinics may further complicate the timely expansion of these programs. These challenges can delay the rollout of screening camps and treatment facilities, leaving many women at risk of undiagnosed or untreated cervical cancer. Additionally, budget overruns due to unforeseen operational hurdles can strain DMMRC's resources, potentially limiting its capacity to maintain program momentum and reach the intended rural populations effectively.

Mitigation Strategy: DMMRC is enhancing logistical planning and improving coordination with local health authorities to streamline the expansion process. Regular progress assessments and contingency budgets are in place to address cost fluctuations and regulatory delays. DMMRC is also collaborating with external partners and local suppliers to secure stable pricing for medical equipment and ensure the availability of resources needed for cervical cancer screening and treatment.

22. Risk of Suboptimal Outcomes in the Aster Volunteers Community Medical Services Due to Digital Infrastructure Limitations

Risk Description: DMMRC's partnership with Aster DM Foundation to provide telemedicine and primary healthcare services in Barmer, Rajasthan, through the Aster Volunteers Community Medical Services program, relies heavily on digital infrastructure. The success of this initiative depends on the availability and reliability of internet and telecommunication services in these rural areas. However, the digital divide in remote regions of Rajasthan poses a significant risk, as limited internet access and frequent connectivity issues can hinder the effectiveness of telemedicine consultations and delay critical medical interventions. Additionally, the lack of digital literacy among the local population could reduce the program's reach and effectiveness, limiting the intended impact on community health.

Mitigation Strategy: DMMRC is conducting digital literacy workshops to ensure that beneficiaries can effectively utilize telemedicine services.

23. Risk of Insufficient Capacity Building and Training in the Implementation of the Samruddha Kisan Project

Risk Description: The Samruddha Kisan Project, aimed at improving the health and livelihoods of residents in Akole, Ahmadnagar district, relies on the effective training and capacity building of local healthcare assistants and Anganwadi workers. However, DMMRC faces the challenge of ensuring that these individuals are adequately trained to deliver high-quality healthcare services in a consistent and sustainable manner. The risk arises from potential gaps in training, limited follow-up support, and the varying levels of existing knowledge and experience among trainees. Inadequate capacity building could lead to inconsistent service delivery, reducing the overall effectiveness of the project and potentially diminishing the trust and participation of the local community.

Mitigation Strategy: DMMRC is monitoring systems to track the progress of trainees and provide continuous support to ensure sustained impact.

24. Risk of Program Interruptions Due to Dependency on External Transportation Providers

Risk Description: DMMRC's outreach programs, particularly mobile clinics and supply distribution efforts, are dependent on external transportation providers. This dependency poses a significant risk, as any disruptions in transportation services—whether due to logistical issues, strikes, or provider unreliability—can lead to delays or interruptions in program delivery. Inconsistent transportation services can result in missed health appointments, delayed supply deliveries, and reduced access to essential healthcare for remote populations. This risk is especially pronounced in areas where alternative transportation options are scarce, making the foundation's programs vulnerable to external logistical challenges.

Mitigation Strategy: DMMRC is establishing agreements with multiple transportation providers to ensure redundancy and reduce dependency on a single provider. The foundation is also exploring the acquisition of its own vehicles for critical transportation needs.

25. Risk of Inconsistent Implementation of Nutritional Programs Due to Varying Local Food Practices

Risk Description: DMMRC’s nutritional programs are essential for addressing malnutrition and promoting healthy eating habits in rural communities. However, the effectiveness of these programs can be compromised by the diverse and varying food practices across different regions. Local diets, cultural preferences, and food availability can vary significantly, making it challenging to implement standardized nutritional guidelines. The risk is that nutritional programs may not resonate with local populations or may inadvertently promote foods that are culturally inappropriate or difficult to obtain. This inconsistency can lead to reduced participation, suboptimal nutritional outcomes, and a lack of sustained behavior change regarding dietary practices.

Mitigation Strategy: DMMRC is tailoring its nutritional programs to reflect local food practices and preferences, ensuring that recommendations are culturally appropriate and feasible. The foundation is also working with local farmers and food suppliers to improve the availability of nutritious foods in line with program goals.

26. Risk of Program Delays and Reduced Impact Due to Seasonal Agricultural Demands on Target Populations

Risk Description: Many of the communities served by DMMRC are primarily engaged in agriculture, with seasonal demands that significantly affect their availability to participate in health programs. During planting and harvest seasons, community members may prioritize agricultural work over attending health camps, screenings, or educational sessions, leading to program delays and reduced impact. This seasonal variation in participation can make it challenging for DMMRC to maintain consistent program delivery and achieve its health objectives. Additionally, the physical demands of agricultural labor may exacerbate health issues, further complicating the foundation’s efforts to promote wellness and prevent disease.

Mitigation Strategy: DMMRC is aligning its program schedules with the agricultural calendar, offering services during off-peak seasons and providing flexible timing for health interventions.

27. Risk of Reduction or Discontinuation of Donations and Grants Due to Changes in the Financial Position of Our Donors

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) relies heavily on donations and grants to fund its healthcare initiatives. These contributions are largely discretionary, and any significant changes in the financial position of our donors could lead to a reduction or cessation of donations. This poses a substantial risk to DMMRC’s financial stability and its ability to maintain and expand its charitable healthcare services. In the event that key donors experience economic difficulties or reprioritize their charitable contributions, the trust’s operations, particularly in underserved rural areas, could face delays or cutbacks, potentially impacting the health outcomes of vulnerable populations.

Mitigation Strategy: DMMRC is taking steps to diversify its donor base to reduce reliance on a few major contributors. Transparent communication with donors is being fostered to strengthen long-term commitments, and the trust is working towards establishing a financial reserve to cushion against potential fluctuations in funding.

28. Risk of Adverse Impact on Operations Due to Changes in Laws Governing Corporate Social Responsibility (CSR) Contributions

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) relies on donations and grants, a significant portion of which come from corporate entities fulfilling their obligations under Corporate Social Responsibility (CSR) laws. Any changes in laws governing CSR policies—such as a reduction in the amount companies are mandated to allocate toward CSR initiatives—could lead to a significant decrease in donations to the trust. A reduction in CSR-related funding would adversely affect DMMRC’s ability to sustain its charitable healthcare programs and outreach initiatives, particularly in underserved areas. This risk is especially concerning, as many of the trust’s operations depend on consistent corporate funding to address critical healthcare needs.

Mitigation Strategy: DMMRC is diversifying its donor base to reduce dependency on CSR contributions from specific corporations. The trust is also establishing financial reserves to manage potential funding fluctuations and proactively monitoring changes in CSR regulations.

29. Risk of Uncertainty in Fund Utilization and Deployment Due to Reliance on Internal Estimates and Changing Conditions

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) operates in a dynamic environment where funding requirements and the allocation of resources are based on internal estimates made by the trust’s management. These estimates are subject to change due to factors beyond the trust’s control, such as shifts in economic conditions, healthcare needs, donor contributions, or unforeseen expenses. Any variation in the utilization of funds—whether due to changing healthcare priorities, operational exigencies, or shifts in external conditions—can impact the trust’s ability to deploy resources efficiently.

This uncertainty may result in the rescheduling or alteration of planned healthcare initiatives, affecting the trust's ability to achieve its goals and maintain its operations in underserved areas.

Mitigation Strategy: DMMRC is strengthening its internal financial controls and regularly reviewing its funding allocation to ensure responsiveness to changing conditions. The trust has established clear reporting mechanisms and contingency plans to manage deviations in fund deployment. Additionally, DMMRC maintains close communication with donors to ensure transparency and alignment of fund utilization with the trust's core objectives

30. Risk of Potential Future Litigation or Legal Proceedings Impacting the Trust's Operations and Financial Stability

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) is currently not involved in any civil, tax, or legal litigation. However, there is no assurance that the trust will remain free from legal challenges or tax scrutiny in the future. Any involvement in litigation—whether related to tax matters, regulatory compliance, or civil disputes—could have a significant adverse impact on the trust's operations, financial stability, and ability to deliver healthcare programs. Legal proceedings can lead to financial strain through legal costs, fines, or penalties, as well as potential reputational damage, which may affect donor confidence and reduce funding. Prolonged litigation could also divert resources away from the trust's core healthcare activities, limiting its ability to maintain its social impact.

Mitigation Strategy: DMMRC is ensuring compliance with all applicable laws and regulations to minimize the risk of future litigation. The trust has also established legal monitoring mechanisms and retains professional legal advisors to provide guidance on regulatory and tax matters. By maintaining thorough documentation and transparent practices, DMMRC aims to reduce the likelihood of legal disputes and ensure swift resolution if any arise.

31. Risk of Financial Reporting Differences Due to Variations in Accounting Standards Applicable to Charitable Trusts

Risk Description: The financial statements of Dr. Mane Medical Foundation and Research Center (DMMRC) are prepared in accordance with the accounting standards applicable to charitable trusts in India, such as Indian GAAP (Generally Accepted Accounting Principles). However, significant differences exist between Indian GAAP and other accounting frameworks, such as Ind AS (Indian Accounting Standards), which some stakeholders or donors may be more familiar with. These differences may impact the way the trust's financial condition, operations, and cash flows are presented in financial reports. If DMMRC's financial statements were prepared using different accounting standards, the trust's reported financial performance could vary, potentially affecting stakeholders' assessment of its financial health.

Mitigation Strategy: DMMRC ensures full transparency in the preparation and presentation of its financial statements in compliance with Indian GAAP. The trust also communicates clearly with donors and stakeholders about the accounting principles used and is open to providing additional clarifications as needed. Furthermore, DMMRC consults with financial advisors to ensure that its reporting aligns with best practices while meeting all regulatory requirements.

32. Risk of Operational Impact Due to Dependency on Key Trustees and Founder

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) relies heavily on the expertise and leadership of its trustees and founder for formulating strategies, managing operations, and ensuring the successful implementation of its healthcare programs. The experience and insights provided by these individuals are vital to the trust's growth and its ability to achieve its charitable mission. If DMMRC is unable to retain or replace such key personnel, the foundation's operations, planning, and execution of healthcare initiatives may be adversely affected. This could lead to delays or challenges in achieving the desired impact, particularly in terms of healthcare delivery to underserved populations.

Mitigation Strategy: DMMRC is investing in succession planning and capacity building to ensure the long-term sustainability of its leadership and operations. The trust also fosters a collaborative environment that encourages knowledge sharing among its leadership team and key staff, ensuring that critical operations continue smoothly even in the absence of specific individuals.

33. Risks Associated with Non-Utilization of Funds: A Threat to Achieving Social Impact

Risk Description: There is a risk that the funds raised may not be utilized as planned due to various factors, including changes in project requirements, external circumstances, or unforeseen challenges. As the deployment of the funds is based on management estimates and has not been independently appraised, there is a risk that the actual utilization of the funds may differ from the planned utilization. This may result in delays or changes to the planned project expenditure and funding requirements.

Mitigation Strategy: DMMRC has established a robust project monitoring and evaluation system to track the progress of its projects and ensure that funds are utilized as planned. DMMRC has a strong focus on transparency and accountability, and regularly reports on its project activities and financials to its stakeholders.

34. Risk of Adverse Impact on Operations Due to Dependency on a Limited Number of Significant Donors

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) relies heavily on the consistent support of a limited number of key donors who contribute significantly to specific programs. The table below outlines some of the major donors from the past three financial years whose contributions have been crucial for the trust's operations:

Partnership Since (FY)	Donor Name
2022	Volkart foundation Indian Trust
2022	ASK Foundation
2022	SBI Foundation
2022	Aster DM healthcare
2023	Meyer Organics Pvt Ltd

The loss of any of these significant donors, for any reason, could materially impact DMMRC's ability to continue its healthcare programs, particularly those aimed at underserved rural populations. There is also no assurance that these donors will continue to contribute at the levels they have historically, or that they will continue to donate at all. Such a reduction or discontinuation of key donations would have an adverse effect on DMMRC's financial position and its ability to implement planned healthcare services.

Mitigation Strategy: DMMRC is actively cultivating a diversified donor base to reduce reliance on a small group of key contributors. A dedicated fundraising team is in place to ensure the continued flow of funds from a broad range of sources. Additionally, DMMRC's leadership closely monitors donor relations and is prepared to seek alternative funding avenues to address any shortfalls and ensure minimal disruption to program delivery.

External Risk Factors:

35. Strategic Misalignment and Adaptation to Evolving Healthcare and Stakeholder Expectations

Risk: Strategic risks for DMMRC involve challenges or uncertainties related to the organization's long-term objectives and strategic direction. These risks may stem from changes in the healthcare landscape, evolving stakeholder expectations, or strategic misalignments. For instance, missing critical opportunities for expansion, facing competitive threats, or failing to adapt to shifts in patient needs or healthcare regulations could negatively impact the organization's mission and sustainability.

Mitigation: DMMRC mitigates strategic risks through continuous strategic planning and review processes. Regular environmental scans and scenario planning exercises help anticipate emerging trends and challenges within the healthcare sector. The organization engages key stakeholders in strategic discussions to align on goals and foster innovation. Diversifying funding sources, exploring new partnerships, and maintaining flexibility in strategic planning enhance the organization's ability to navigate uncertainties and adapt to changes in the external environment.

36. Operational Risk: Disruption of Healthcare Delivery Due to External Factors

Risk: External factors such as natural disasters, political instability, or public health emergencies may disrupt the NGO's healthcare delivery operations. These disruptions could lead to interruptions in access to healthcare facilities, delays in patient care, or challenges in maintaining essential services, potentially compromising the organization's ability to serve patients and fulfill its mission.

Mitigation: Dr. Mane Hospitalized NGO has developed robust operations continuity plans to address potential disruptions in healthcare delivery. These plans include identifying key risks, establishing emergency response protocols, and pre-positioning essential resources such as medical supplies and alternative care sites. The NGO also collaborates with local authorities, emergency responders, and community organizations to ensure coordinated response efforts and support during crises. Additionally, remote consultation services, telemedicine, and alternative care delivery models have been implemented to maintain continuity of care in the face of external disruptions.

37. Impact of Future Pandemics: Navigating the Uncertainty of Health Crises

Risk: The experience of the COVID-19 pandemic has highlighted the significant risks posed by future health crises. Such pandemics could disrupt the NGO's operations, delay healthcare program implementation, and increase the demand for services, particularly among vulnerable populations. The uncertainty surrounding future pandemics requires the organization to be prepared for rapid response and adaptation to new public health challenges.

Mitigation: To mitigate the risks associated with future pandemics, Dr. Mane NGO is committed to enhancing its emergency response plans. This includes close collaboration with public health authorities, continuous investment in health education and prevention programs, and the development of scalable healthcare delivery models.

The NGO also prioritizes the health and safety of its staff through regular training and the provision of necessary protective equipment. By proactively addressing these challenges, the organization aims to ensure the continuity of its healthcare services and the well-being of the communities it serves.

38. Risks Related to Financial Instruments Tenure/Termination: Managing Tenure and Listing Termination

Risk: Financial instruments issued by the NGO, such as Zero Coupon Zero Principal (ZCZP) Instruments, may face tenure or listing termination risks under specific conditions. These include achieving the fundraising objectives or the expiration of the tenure provided in the fundraising documents. If the tenure of these instruments ends without meeting fundraising goals, or if there is ambiguity in reporting progress, it could lead to investor dissatisfaction and impact future fundraising efforts.

Mitigation: To address this risk, Dr. Mane NGO commits to transparent and regular reporting on the progress of its fundraising objectives. The organization ensures clarity for investors by adhering to the specified tenure of the financial instruments and submitting all required certifications to regulatory bodies. This approach promotes trust and accountability, ensuring that investors are fully informed and that the NGO's fundraising efforts are successful.

39. Repayment: Understanding ZCZP Instruments Nature

Risk: ZCZP Instruments, by their nature, do not carry any interest, and no amount is repayable upon the expiry of their tenure. This lack of repayment may be a concern for potential investors who are unfamiliar with the unique nature of these financial instruments. Failure to clearly communicate this could lead to misunderstandings and negatively affect investor relations.

Mitigation: DMMRC mitigates this risk by clearly communicating the unique nature of ZCZP Instruments to potential investors. The NGO will provide detailed explanations during the investment process, setting realistic expectations regarding the non-repayable nature of these instruments. By ensuring that investors fully understand the terms and conditions, the organization fosters trust and maintains strong investor relations.

40. Absence of Secondary Market for ZCZP Instruments: Untradeable Instruments

Risk: There is no secondary market for ZCZP Instruments issued by non-profit organizations, meaning that these instruments are not tradable. This lack of tradability may deter potential investors who seek liquidity or the ability to trade their investments. If not properly communicated, this limitation could lead to investor dissatisfaction or reluctance to invest in future offerings.

Mitigation: To address this risk, DMMRC is committed to transparently communicating the non-tradable nature of ZCZP Instruments to potential investors. The NGO ensures that all investors are fully aware of the limitations regarding tradability and redemption, setting clear expectations from the outset. This transparency helps to build trust and encourages investors to make informed decisions, thereby supporting the NGO's financial sustainability.

41. Risk of Uncertainty in Achieving Funding Targets for Charitable Initiatives and Timely Allocation of Resources

Risk Description: Dr. Mane Medical Foundation and Research Center (DMMRC) depends on successful fundraising campaigns and donor commitments to achieve the objectives of its charitable initiatives. However, there is no guarantee that all fundraising efforts will meet their targeted goals, and if sufficient funds are not raised, the trust may face challenges in allocating resources for its projects in a timely manner or at all. If DMMRC does not receive a substantial portion of the required funds (e.g., 75% of the target), the initiative could be deemed unsuccessful, and any pledged funds may need to be refunded in accordance with applicable regulations. In cases where partial funding is received (e.g., above 75% but below 100%), DMMRC may have to source the remaining funds from other unrestricted reserves to fulfill the initiative's goals. This uncertainty can strain the trust's financial planning and delay key healthcare programs.

Mitigation Strategy: DMMRC is implementing proactive strategies to broaden its donor base and secure early commitments during fundraising campaigns. The trust also maintains a reserve of unrestricted funds to cover any shortfall and ensure that its charitable objectives can be met even in the event of partial funding success. Additionally, ongoing communication with donors and stakeholders is maintained to encourage sustained financial support.

SECTION III – INTRODUCTION

GENERAL INFORMATION

Dr. Mane Medical Foundation and Research Centre (referred to as the "Trust" or "Issuer") was established in 2011 in Ahmadnagar, Maharashtra. It was officially registered as a society on September 15, 2011, under the Societies Registration Act of 1860, with registration number 733/2011 issued by the Sub-Registrar's office in Ahmadnagar. Subsequently, the Trust was registered under Trust No. F16166 on February 04, 2013, with Public Trust Registration Office at Assistant Charity Commissioner in Ahmadnagar under the Bombay Public Trust Act of 1950. With around 1,500 cancer-related deaths daily in India and approximately 2.8 million new cases each year, the foundation focuses on raising awareness, promoting early detection, and providing necessary interventions and follow-up care.

Under the leadership of Dr. Swapnil Mane, a renowned Gynaec Oncosurgeon, the foundation has positively impacted over 620,000 individuals through free cancer check-ups, awareness campaigns, and community outreach programs in Maharashtra and Rajasthan. Key initiatives include cervical cancer detection programs and mobile health clinics to ensure vital services reach underserved populations.

The foundation also emphasizes community engagement to combat the stigma surrounding cancer, aiming for a cancer-free future in rural India through education and access to healthcare services. The Saidham Cancer Hospital, a 30-bed facility in Rahuri Tehsil, Ahmadnagar, leads cancer care initiatives and has become instrumental in comprehensive cancer treatment.

Additionally, the Medical Research Center drives innovation through clinical trials and collaborations with leading institutions. Recognized as a Scientific and Industrial Research Organization by the Government of India, the research center has secured 13 patents and published 38 research papers, significantly advancing cancer care methodologies.

For details of the projects of our Trust, see “*Our Operations*” beginning on page 33 of this Draft Fund Raising Document.

Registration:

Registration No. Societies Registration Act, 1860: 733/2011 (Perpetual until withdrawn)

Registration No. Bombay Public Trusts Act, 1950: F 16166 (Perpetual until withdrawn)

Permanent Account Number: AABTD6717C

NGO Darpan Portal ID: MH/2016/109312

NSE Registration No.: NSESENPO0056 (Validity Up to March 14, 2025)

GuideStar Number (GSN): 11168

Registered Office:

Dr. Mane Medical Foundation and Research Centre

Address: Dhanore, Tal-Rahuri, Dist-Ahmadnagar, Maharashtra-413711

Tel.: 02426-235500, +91 7498136701

Website: www.saidhamhospital.com

Email: drswapnil117@yahoo.com

Corporate Office:

Address: Saidham Hospital, Nagar-Manmad Road,

Near Water Tank, Behind Hotel Bhagyashri Rahuri,

Dist - Ahmadnagar, Maharashtra, India – 413705

Tel.: +91 7498136701

For further details, see “*History and Main Objects*” on page 62 of this Draft Fund Raising Document.

Trust Contact Person:

Dr. Swapnil Mane

Address: Dhanore, Tal-Rahuri, Dist-Ahmadnagar, Maharashtra-413711

Mobile No.: +91 7498136701;

Email: drswapnil117@yahoo.com

Advisor to the Issue:**M/s ERIX Advisors****Address:** Deepak Talkies, 38 N.M. Joshi Marg,

Lower Parel, Mumbai- 400013

Contact Person: CS Payal Gupta**Contact Number:** +91 9082503639**Email:** cs@erixadvisors.com**Website:** www.erixadvisors.com**Registrar to the Issue:****Bigshare Services Private Limited****Address:** S6-2, Pinnacle Business Park, Next to Ahura Centre,

Mahakali Caves Road, Andheri East, Mumbai – 400093

Tel: +91 22 6232 8200**Facsimile:** +91 22 6263 8299**Email:** info@bigshareonline.com**Investor Grievance Email:** investor@bigshareonline.com**Website:** www.bigshareonline.com**Contact Person:** Mr. Vinayak Morbale**SEBI Registration No.:** INR000001385**CIN:** U99999MH1994PTC076534

Bigshare Services Private Limited, has by its letter dated July 09, 2024, given its consent for its appointment as Registrar to the Issue and for its name to be included in this Draft Fund-Raising Document, the Fund-Raising Document, and in all the subsequent periodical communications to anyone issued pursuant to the Issue.

Investors may contact the Registrar to the Issue or our Trust Contact Person in case of any pre-Issue or post-Issue related issues such as non-receipt of Allotment Advice, demat credit of allotted ZCZP Instruments, refunds, transfers, etc. as the case may be.

All grievances relating to the Issue may be addressed to the Registrar to the Issue, giving full details such as name, Application Form number, address of the Applicant, Permanent Account Number, number of ZCZP Instruments applied for, amount paid on Application, Depository Participant name and client identification number.

Statutory Auditors**P. S. Bhandari & Associates****Firm Registration Number:** 126953W**Address:** Flat no. 102, Golden Emirald,

1st Floor, Vrindavan Colony, Kothi Road, Ahmadnagar-414001

Email: psbhandari.associates@gmail.com**Contact Person:** CA Amrut D. Patel**Contact No:** +91 9890615535**Changes in auditors during the last three years:**

Except as stated below, there has been no change in the auditors of our company during the last three years:

Name of Auditor	Date of Change	Reason for Change
M/s Suresh D Daule & Co.	January 15, 2023	Due to Pre-Occupation
M/s P. S. Bhandari & Associates	January 20, 2023	Appointment in place of resigned Auditor

Stock Exchange

The ZCZP Instruments offered through this Draft Fund Raising Document and Final Fund Raising Document are proposed to be listed on NSE Social Stock Exchange and NSE Social Stock Exchange shall be the Designated Stock Exchange. Our Trust has received 'in-principle' approval from NSE vide their letter bearing number [●] dated [●].

Operations

Our Trust has a physical existence, is operational and is accessible for visits at our Corporate Office.

Underwriting

The Issue is not required to be underwritten.

Minimum subscription

In terms of the SEBI ICDR Regulations, for an issuer undertaking a public issue of zero coupon zero principal instruments the minimum subscription for such public issue of zero coupon zero principal instruments shall be 75% of the Issue Size.

If our Trust does not receive the minimum subscription of 75% of Issue Size, prior to the Issue Closing Date, the entire Application Amount shall be refunded to the Applicants.

Further, no separate arrangements have been made in case of subscription above 75% of the Issue Size but below 100% of the Issue Size.

If the stated minimum subscription amount is not received within the specified period, the application money received is to be credited only to the bank account from which the subscription was remitted. To the extent possible, where the required information for making such refunds is available with our Trust and/or the Registrar, refunds will be made to the account prescribed. However, where our Trust and/or the Registrar does not have the necessary information for making such refunds, our Trust and/or the Registrar will follow the guidelines prescribed by SEBI in this regard.

Impact of Under-Subscription on NGO's Social Mission:

1. Insufficient Funding Impacting Project Objectives:

Inadequate capital may impede the timely implementation of the foundation's cancer care programs, disrupting schedules for delivering vital health services.

2. Impeded Impact on Beneficiary Communities:

Under-subscription to funding initiatives directly affects outreach to intended beneficiary communities, potentially slowing the rate of improvement in living conditions and overall well-being for patients.

3. Challenges in Resource Allocation:

Insufficient funds may force the foundation to reassess resource allocation, potentially diverting resources from critical projects to cover operational costs, thereby impacting the effectiveness of program delivery.

4. Community Disappointment and Eroded Confidence:

Under-subscription can lead to disappointment within beneficiary communities, eroding confidence in the foundation's capacity to bring about meaningful and sustainable positive change in cancer care and prevention.

Utilization of Issue proceeds

For details on utilization of Issue proceeds see, “Objects of the Issue” beginning on page 22 of this Draft Fund Raising Document.

Issue Program*

ISSUE OPENS ON	[●]
ISSUE CLOSES ON	[●]
PAY IN DATE	Application Date. The entire application Amount is payable on Application.
DEEMED DATE OF ALLOTMENT	The date on which the Board of Trustees, approves the Allotment of the ZCZP Instruments for the Issue or such date as may be determined by the Board. The actual Allotment of ZCZP Instruments may take place on a date other than the Deemed Date of Allotment.

** The Issue shall remain open for subscription on Working Days from 10:00 a.m. to 5:00 p.m. (Indian Standard Time) during the period indicated above, except that the Issue may close on such earlier date or extended date as may be decided by the Board of Trustees of our Trust. On the Issue Closing Date, the Application Forms will be accepted only between 10 a.m. and 3 p.m. (Indian Standard Time) and uploaded until 5 p.m. or such extended time as may be permitted by the Stock Exchange. Further, pending mandate requests for applications placed on the Issue Closing Date will be validated by 5 p.m. (Indian Standard Time) on one Working Day after the Issue Closing Date. For further details please see “Issue Related Information” on page 108 of this Draft Fund-Raising Document.*

Applications Forms for the Issue will be accepted only from 10:00 a.m. to 5:00 p.m. (Indian Standard Time) or such extended time as may be permitted by the Stock Exchange, during the Issue Period as mentioned above on all days between Monday and Friday (both inclusive barring public holiday) by the Registrar. On the Issue Closing Date, Application Forms will be accepted only between 10:00 a.m. to 3:00 p.m. (Indian Standard Time).

For details in relation the Basis of Allotment, please see “Issue Related Information” on page 108 of this Draft Fund-Raising Document.

OBJECTS OF THE ISSUE

Issue Proceeds

Our Trust has filed this Draft Fund-Raising Document for a public issue of zero coupon zero principal instruments of face value of ₹ 1/- each aggregating up to ₹ 1.50 Cr. The details of the proceeds of the Issue are summarized below.

The details of the proceeds of the Issue are summarized below:

S. No.	Particulars of the Issue	Estimated amount (in ₹ Lacs)
1.	Gross Proceeds of the Issue	●
2.	Less: Issue related expenses*	●
	Net Proceeds*	●

**To be finalized and updated, prior to filing of the Final Fund Raising Document with the NSE.*

Requirement of Funds and Utilization of Net Proceeds

The said Instruments shall be utilized for the “**HEAL (Healthcare Enhancement and Awareness for Life)**”. The following table details the amount proposed to be financed from Net Proceeds:

S. No.	Particulars	Cost (INR)
1.	Counseling, Diagnosis, and Screening for Cervical Cancer (INR 500 per kit for 10,000 beneficiaries)	5,000,000
2.	Procurement of Medicines for Patients (INR 400 per patient for 6,000 patients)	2,400,000
3.	Endoscopic Camera for Operation Theatre (Unit Cost: INR 2,270,000 per unit, Number of Units: 2)	4,540,000
4.	Human Resources - Program Staff (Social Worker, Pharmacist, Lab Technician, Driver, Nurse, Qualified Gynecologist)	2,460,000
5.	Fuel Expenses, Stationery, and Administrative Costs	600,000
	Total	15,000,000

(hereinafter referred to as “**Objects**”)

The main objects clause of the Trust Deed of our Trust permits our Trust to undertake its existing activities as well as the activities for which the funds are being raised through the Issue.

The Issue is being made pursuant to the provisions of the SEBI ICDR Regulations read with the SSE Framework Circular, NSE Norms, as applicable. Our Trust proposes to utilize the proceeds raised through the Issue, after deducting the Issue related expenses to the extent payable by our Trust (“Net Proceeds”) towards funding the objects listed under this section.

The public issuance of Zero Coupon Zero Principal Instruments by a registered Not for Profit Organization in accordance with these regulations shall be deemed to be in compliance with rule 19(2)(b) of the Securities Contracts (Regulation) Rules, 1957.

Project Summary: The HEAL (Healthcare Enhancement and Awareness for Life) Project is designed to address significant healthcare challenges in rural Maharashtra, particularly the early detection, treatment, and prevention of cervical cancer. The project responds to the critical gaps in healthcare infrastructure in underserved regions, such as Rahuri Tehsil in Ahmadnagar District, where access to essential cancer screening and treatment services is severely limited.

Goal: To reduce mortality due to cervical cancer among 10,000 rural women from Rahuri Tehsil of Ahmadnagar district by December 2025, contributing to the achievement of Sustainable Development Goal 3 (SDG-3).

Objectives:

- Health Improvement:** Improve health among 10,000 women across 20 villages by increasing access to cervical cancer prevention, early detection, and treatment services.
- Screening and Diagnosis:** Screen 10,000 women for cervical cancer through organized camps, followed by diagnostic tests (Pap tests and breast cancer examinations).

3. **Treatment and Surgery:** Provide medical aid and conduct necessary Cancer Surgeries for at least 300 direct beneficiaries, including purchasing an endoscopic camera for surgeries.

Healthcare Challenges in Rural Maharashtra

Overview: Rural communities in Maharashtra face multiple healthcare challenges, from inadequate infrastructure to socio-economic disparities and geographical barriers. These challenges contribute to poorer healthcare outcomes, with higher morbidity and mortality rates compared to urban areas. The HEAL Project, led by Dr. Mane Medical Foundation and Research Centre, seeks to address these issues by focusing on the prevention, early detection, and treatment of cervical cancer in Ahmadnagar district.

Challenges in Rural Healthcare

1. **Limited Healthcare Infrastructure:** Only 30% of primary health centers (PHCs) in rural Maharashtra are adequately staffed and equipped, leading to long waiting times, overcrowding, and restricted access to essential services. For example, in the Nandurbar district, the average distance to the nearest PHC is 7.5 km, with some villages as far as 20 km away. This distance, coupled with poor road connectivity and lack of transportation, hampers timely medical attention.
2. **Socio-economic Disparities:** Socio-economic factors, such as poverty and lack of education, significantly impede healthcare access in rural areas. The National Family Health Survey (NFHS-5) reports an infant mortality rate of 41.1 per 1,000 live births in the lowest wealth quintile, compared to 16.5 in the highest wealth quintile. Additionally, only 35% of women in rural Nashik have completed secondary education, compared to 65% in urban areas, leading to reduced health literacy and delayed diagnosis and treatment of illnesses.
3. **Geographical Barriers:** Maharashtra's diverse geography, including hilly terrain and dense forests, poses significant challenges to healthcare delivery. Many villages are in remote, hard-to-reach locations, making continuous care difficult. A report by the Maharashtra State Rural Livelihood Mission indicates that 12% of villages are more than 5 km from the nearest all-weather road, further limiting healthcare access.
4. **Impact on Healthcare Outcomes:** These combined challenges result in poor healthcare outcomes in rural Maharashtra. The NFHS-5 reports a maternal mortality ratio of 167 per 100,000 live births in rural areas, compared to 113 in urban areas. Additionally, the prevalence of stunting among children under five years is significantly higher in rural areas, with 36.1% in Amravati district compared to 25.6% in urban settings. These disparities highlight the need for targeted interventions to improve rural healthcare.

Need Assessment/Baseline Survey Report

Policy and Programme for Cancer Control and Prevention: India's National Cancer Control Programme (NCCP), initiated in 1975-76, aims to combat cancer by enhancing Regional Cancer Centres (RCCs), developing oncology wings in medical institutions, and supporting NGOs in Information, Education, and Communication (IEC) activities. However, the absence of a specific national policy on cervical cancer control results in inadequate and uneven screening practices, mainly available at tertiary levels. These efforts often fall short, as many facilities lack the comprehensive diagnostic and treatment services required, leaving patients with limited options.

Economic Status of Patients: Ahmadnagar, one of India's most economically disadvantaged districts, highlights the socioeconomic difficulties faced by rural populations. Rahuri Tehsil's economy, heavily reliant on agriculture, is plagued by instability due to unpredictable rainfall, leading to widespread poverty. The district's GDP, at only 900 USD, further underscores the financial constraints experienced by the local population.

Healthcare Infrastructure in Rahuri Tehsil: The doctor-to-population ratio in Rahuri Tehsil is a concerning 1:5000, significantly lower than the national average of 1:1700. This shortage is exacerbated by the lack of diagnostic facilities for cervical cancer in primary and secondary health centers. Furthermore, there is no tertiary health center within a 50 km radius, and diagnostic centers in Rahuri Tehsil are not equipped for cervical cancer screening.

Cervical Cancer in India: Cervical cancer remains the second most common cancer among Indian women, with an incidence rate of 18.3% and a mortality rate of 9.1%, according to GLOBOCAN 2020. Most cases are diagnosed at advanced stages, complicating treatment efforts. Contributing factors include low income, poor access to healthcare, and inadequate screening.

Key Issues Identified:

1. Gaps in health system management.
2. Shortage of qualified cytologists and pathologists.
3. Lack of integration with primary healthcare systems.
4. Use of unsustainable technology.
5. Inadequate and inequitable coverage.
6. Absence of a coordinated national strategy for cervical cancer.

Recommendations:

Based on the needs assessment, the following priority areas are identified:

- **Screening and Early Detection:** Implement comprehensive cervical cancer screening programs targeting underprivileged populations, focusing on rural areas like Rahuri Tehsil, where the incidence rate is 18 patients per 10,000 population.
- **Access to Treatment:** Develop and evaluate models of community-based cancer treatment and support groups specific to rural settings, ensuring that patients who cannot afford high-cost surgeries in major cities receive the necessary support and treatment locally.
- **Capacity Building:** Strengthen healthcare infrastructure by addressing gaps in system management, enhancing training for healthcare professionals, and integrating cancer care services with primary healthcare systems.
- **Collaboration:** Foster better communication between oncologists and community physicians to ensure continuity of care and effective treatment outcomes.

HEAL Project: Comprehensive Solution Implementation Plan (SIP)

Introduction: Cervical cancer is a critical public health issue in India, with over 12,000 new cases diagnosed annually. Despite efforts under the National Cancer Control Programme (NCCP), the lack of sufficient cancer treatment facilities and a specific national policy on cervical cancer control exacerbates the issue. The HEAL project aims to bridge these gaps by focusing on the prevention, early detection, and treatment of cervical cancer in Ahmadnagar district, contributing to the achievement of Sustainable Development Goal 3 (SDG-3) by December 2025.

Project Summary: The HEAL project targets 10,000 beneficiaries from the ultra-poor section of society in Ahmadnagar, Maharashtra. The project will identify, screen, counsel, diagnose, and treat these beneficiaries, aiming for sustainable health outcomes and reduced cervical cancer mortality rates among rural women by December 2025.

Problem Statement & Project Rationale:

- **Global Context:** The World Health Organization (WHO) estimates that 70% of cancer deaths occur in low- and middle-income countries (LMICs). By 2030, LMICs are expected to face 24.1 million new cancer cases annually, highlighting the need for effective cancer control measures to address inequity and stimulate sustainable development.
- **National Context:** India reported 1,157,294 new cancer cases in 2018, with 784,821 deaths and 2,258,208 people living with cancer. Tobacco-related cancers account for a significant proportion of cases, emphasizing the need for primary prevention and control. Cancer registry data suggest approximately 800,000 new cases annually, with an overall cancer burden potentially reaching 2,400,000 cases at any given time.
- **Local Context:** In Rahuri block, Ahmadnagar district, with a population of 294,748, literacy rates are 51.66% for males and 48.34% for females. The doctor-to-patient ratio is 1:1700, with six primary healthcare centers and four secondary healthcare centers, which are insufficient to meet healthcare demands, particularly for cancer treatment. The intervention by Dr. Mane Medical Foundation and Research Centre is crucial in addressing these challenges and contributing to making the block, district, and state cancer-free.

Organizational Background: Dr. Mane Medical Foundation and Research Centre, a non-profit registered in 2011, has conducted over 8,125 direct cancer surgeries and impacted 291,380 lives through various health initiatives in Maharashtra impacting women, children, and senior citizens from the ultra-poor sections of society.

Impact of Past Projects

Dr. Mane Medical Foundation and Research Centre has a proven track record of successful health-related projects:

1. **Cancer Surgery Project:** Conducted over 8,000 direct cancer surgeries, impacting 64,973 lives through other health initiatives.
2. **Health Awareness Project:** Conducted health awareness campaigns and workshops in rural areas, impacting over 10,000 people.

Project Goals and Objectives

- **Project Objectives:**
 1. Improve health among 10,000 women across 20 villages for cervical cancer.
 2. Screen 10,000 women beneficiaries for cervical cancer.
 3. Conduct Pap tests and breast cancer examinations for 10,000 beneficiaries.
 4. Provide primary medical aid to at least 6,000 direct beneficiaries.
 5. Purchase an endoscopic camera for cancer surgeries.

Target Groups/Communities: The HEAL project targets 10,000 rural women from the ultra-poor sections of society in Ahmadnagar, Maharashtra. Beneficiaries include women aged 18-45 years, at higher risk of developing cervical cancer due to limited access to healthcare services.

Scope of Activities:

1. **Training and Capacity Building:**
 - Train healthcare professionals, community health workers, and volunteers on cervical cancer prevention, screening, and treatment.
 - Develop training modules and workshops focusing on sustainable practices in cervical cancer care.
2. **Cancer Screening Camps:**
 - Organize cervical cancer screening camps across 20 villages under Rahuri Tehsil, providing free Pap tests, breast cancer examinations, and health education.
 - Use mobile health units to reach remote and underserved areas.
3. **Diagnostic Services:**
 - Provide diagnostic services for 10,000 women at Dr. Mane Medical Foundation and Research Centre, including Pap tests, colposcopy, and biopsies.
 - Establish partnerships with local health centers to facilitate referrals and follow-ups.
4. **Cancer Surgeries:**
 - Conduct 300 cancer surgeries for women diagnosed through the project, subsidizing costs for ultra-poor beneficiaries.
 - Purchase and utilize an endoscopic camera to enhance the quality and effectiveness of surgeries.
5. **Monitoring and Evaluation (M&E):**
 - Develop a robust M&E framework to track project progress, measure outcomes, and ensure accountability.
 - Regularly collect and analyze data on key performance indicators (KPIs) such as the number of women screened, diagnosed, and treated.
 - Adjust project activities based on M&E findings to optimize impact.

Expected Outputs:

1. 100 healthcare professionals trained in cervical cancer prevention and treatment.
2. 100 cervical cancer screening camps to be organized, reaching 10,000 women.
3. Diagnostic services provided to 10,000 women, with 300 surgeries conducted.
4. An endoscopic camera purchased and utilized for cancer surgeries.

Expected Outcomes:

1. Increased awareness and knowledge of cervical cancer among 10,000 rural women.
2. Early detection of cervical cancer cases, leading to timely treatment and better survival rates.
3. Improved healthcare infrastructure and capacity in Rahuri Tehsil for cervical cancer care.

Expected Impact:

1. Significant reduction in cervical cancer mortality rates in Rahuri Tehsil by December 2025.
2. Enhanced overall health and well-being of women in the targeted rural communities.
3. Contribution to the broader national and global efforts in achieving SDG-3, ensuring healthy lives and promoting well-being for all.

Budget Breakdown for Project HEAL

Budget Head	Project Description	Unit Cost (INR)	No. of Units	Amount (INR)
Prevention, detection, and initial treatment of Cervical cancer beneficiaries under Project HEAL	Support 10,000 women beneficiaries under the project towards counseling, diagnosis, and initial treatment.	500 per kit	10,000	5,000,000
Medicine Cost	Procure medicine to support needy patients diagnosed with cancer.	400 per patient	6,000	2,400,000
Endoscopic Camera for the Operation Theatre	Water-proof C-Mount Single Chip High Definition Endoscopic Camera 1/3" High Sensitivity CCD, Digital Zoom, DVI-D Output for Superior Image, RGB Output, Advanced Image Processor, Accurate Color Rendition, Full HD Recorder, High Definition Laparoscope Diameter 10mm 30-Degree, Laser Welded for Durability, LED Light Source, Fiber Optic Cable (Indian), Make - ERBE Company.	2,270,000 per unit	2	4,540,000
Social Worker to Implement Project on Ground	Social worker for stakeholder management, community interaction, planning of health camps, and internal coordination.	40,000 per month	12	480,000
Pharmacist	To provide medicine support to patients.	30,000 per month	12	360,000
Lab Technician	To conduct specific tests and provide support to patients.	30,000 per month	12	360,000
Driver	To operate and drive the mobile medical van, facilitating healthcare access across 20 villages.	20,000 per month	12	240,000
Nurse	To assist in medical procedures, patient care, and follow-up treatments for beneficiaries.	25,000 per month	12	300,000
Qualified Gynecologist	To provide specialized care, diagnosis, and treatment related to gynecological health for the project beneficiaries.	60,000 per month	12	720,000
Fuel Expense	To cover fuel costs for the mobile medical van, ensuring uninterrupted service delivery to remote areas.	25,000 per month	12	300,000
Stationery, Information Bulletin Distribution, Administrative Costs	To cover expenses for necessary stationery, information bulletin distribution, and other administrative costs to ensure smooth project implementation and communication.	-	-	300,000
Total				1,50,00,000

Timelines / Schedule of Implementation

The HEAL project will be implemented over 12 months, with the following timeline:

Activity	Timeline
Project Planning & Preparation	Month 1-2
Screening & Diagnosis	Month 3-5
Treatment & Follow-up	Month 6-10
Monitoring & Evaluation	Month 11-12
Final Reporting & Project Closure	End of Month 12

Expected Interventions

1. **Endoscopic Camera Installation:** Install an endoscopic camera in the operation theatre.
2. **Camps:** Conduct daily camps over the project period, impacting an average of 102 beneficiaries per camp.
3. **Primary Medical Aid:** Provide primary medical aid to at least 10,000 direct beneficiaries.
4. **Workshops:** Conduct quarterly workshops/group discussions at health centers to increase awareness.

Approach

The HEAL project will adopt the following approach and methodology:

- Community outreach and mobilization
- Screening and diagnosis of cervical cancer
- Treatment and follow-up of patients
- Awareness and education about cervical cancer
- Capacity-building of healthcare providers
- Monitoring and evaluation of project progress

Methodology:

The project will be conducted in 20 villages of Rahuri Tehsil, Ahmadnagar district, Maharashtra, targeting a population of 10,000 women. To achieve the laid-down objectives, community outreach services will be provided, and liaison with healthcare service providers will be established. Two field investigators will be recruited: one as a nurse (ANM) and the other as an outreach worker (case manager), both fluent in Marathi, the regional language. Before the project's inception, these individuals will undergo training to improve their skills, prevent faulty observations, and avoid incorrect recordings. Other staff involved in the survey will include support staff from the health center and a part-time clerical worker.

Key influential figures from the community, including elected representatives, officials from voluntary agencies, and religious/social workers, will be contacted to ensure maximum utilization of healthcare services. The project's objectives and benefits will be explained to them to secure their cooperation during field activities. Their ongoing support will be maintained by regularly updating them on the project's progress and gathering information on community needs and developments. Activities will be scheduled to coincide with bazaar days, festivals, and social gatherings to ensure maximum participation from the beneficiaries.

For early detection of cervical cancer in hard-to-reach women, those who do not respond to usual outreach methods will be traced through interviews with healthcare registrants, ASHAs, and Anganwadi workers. Two modes will be used to collect PAP smears from participants:

1. **Walk-in PAP Screening Test Clinics:** These clinics, operated by a nurse, will be set up without the need for appointments, using a first-come, first-served approach. A health center mobile van will provide transportation to and from the clinic to minimize accessibility barriers due to a lack of transportation.
2. **In-Home PAP Test Screening:** This option will be available for women unable to attend the walk-in clinic due to personal reasons, despite the provided transportation facility, and for those whose test results indicate a need for quarterly testing. This approach will help reduce loss to follow-up after abnormal (positive) PAP test results. Following PAP testing, cervical biopsies will be performed on women with positive/abnormal results to confirm the diagnosis.

To increase awareness of cervical cancer among village healthcare providers, quarterly workshops and group discussions will be organized at the health center, focusing on primordial and primary prevention of cervical cancer.

After confirmation with biopsy, cervical cancer will be staged, and treatment options will be individualized based on the staging and other factors such as the exact location of cancer within the cervix, the type of malignancy (squamous cell or adenocarcinoma), surgical fitness, age, and family planning wishes of the patients. The treatment stages are as follows:

- **Stage 0 (Carcinoma in situ):** Treatment options will include cryosurgery, laser surgery, loop electrosurgical excision procedure (LEEP/LEETZ), and cold knife conization. Hysterectomy will be the ultimate treatment for adenocarcinoma in situ.
- **Stage IA1:** Women with stage IA1 who wish to have children may opt for treatment with a cone biopsy. Women who do not wish to maintain fertility can be treated with a hysterectomy.
- **Stage IA2:** Women who want to maintain fertility may undergo radical trachelectomy with removal of pelvic lymph nodes (pelvic lymph node dissection) or cone biopsy and pelvic lymph node dissection, followed by observation. Women who do not wish to maintain fertility may choose radical hysterectomy alone or with pelvic lymph node dissection.
- **Stages IB and IIA:** The main treatment options will include surgery, radiation, or radiation combined with chemotherapy (concurrent chemoradiation).
- **Stage IB1 and IIA1:** Standard treatment will involve radical hysterectomy with pelvic lymph node dissection.
- **Stage IIB, III, and IVA:** Radiation therapy combined with chemotherapy (concurrent chemoradiation) will be recommended, using either cisplatin or cisplatin plus fluorouracil (5-FU).
- **Stage IVB:** Stage IVB cervical cancer is not usually considered curable, with treatment options including radiation therapy to relieve symptoms.

Evaluation:

Evaluation will be conducted by an Ethics Committee responsible for developing evaluation tools and materials. A review board will meet every three months to reassess the program's goals and implementation. Dr. Anup Kharde, MD (Preventive and Social Medicine), will serve as the consultant to evaluate the process and outcome of the intervention by comparing them with a control sample of similar women served by another health center in the same communities.

The **process evaluation** will describe the program's implementation, providing information on its structure, procedures, and accomplishments. It will examine how the program is implemented, which outputs are produced, and how closely the actual program followed the initial design.

The **outcome evaluation** will focus on the effects of the intervention, using intermediate outcome measures to determine if any changes occurred in knowledge, attitudes, and behaviors related to Pap test screening. The evaluator will also assess the intervention's long-term effects on help-seeking behavior and use of the health center. The long-term outcome evaluation will assess morbidity and mortality rates for cervical cancer, with baseline mortality data collected through the Cancer Registry. Given the long latency period for cervical cancer, changes may not be detected for several years, but the evaluation will compare current mortality rates to those several years after the proposed intervention.

Doctor Team:

S. No	Full/Part-time	Name	Designation	Qualification
1	Full-time	Dr. Swapnil M. Mane	Gynaec. Oncosurgeon	MBBS, DGO, FCPS, DNB, MD
2	Visiting	Dr. Prakash Aghav	Gynaecologist	MBBS, MS
3	Visiting	Dr. Mahesh Late	Gynaecologist	MBBS, MS
4	Visiting	Dr. Sheela Waghmare	Gynaecologist	MBBS, MS
5	Visiting	Dr. Jeevan Choudhary	Gynaecologist	MBBS, DNB

Paramedical Staff Available:

Sr. No	Full-time/Part-time	Name	Designation	Qualification
1	Full-time	Mr. George Magar	Admin Officer	BA
2	Full-time	Mrs. Suman Jadhav	Nurse	GNM
3	Full-time	Mrs. Asha Salve	Nurse	GNM
4	Full-time	Mr. Nitin Pawar	Receptionist	HSC
5	Full-time	Mr. Prakash Tupe	BSC, DMLT	GNM

Proposed Interventions:

A) Early Detection and Treatment of Cancer

1. Cancer Screening Camps:

- **Objective:** To conduct comprehensive cancer screening camps focusing on cervical cancer across Rahuri Tehsil, Ahmadnagar district, Maharashtra.
- **Target:** Screen 10,000 women over the project period, with an emphasis on early-stage detection.
- **Implementation Approach:**
 - **Community Mobilization:** Engage local communities through awareness drives in collaboration with local NGOs and healthcare providers to ensure maximum participation in screening camps.
 - **Screening Camps:** Deploy mobile screening units equipped with the necessary medical technology to remote areas. These camps will be staffed by trained healthcare professionals, including Gynecologist, and support staff.
 - **Follow-up and Treatment:** Women diagnosed with early-stage cancers will be referred to Saidham hospital for further diagnostic tests and treatment, with support for transportation and subsidized care.
 - **Monitoring & Evaluation:** Post-camp follow-up will ensure that all patients receive the recommended treatment and are monitored for progress. Success will be measured by the number of early-stage cancer cases identified and treated effectively.
- **Infrastructure and Resources:**
 - **Mobile Units:** Mobile screening units equipped with mammography, Pap smear, and ultrasound facilities.
 - **Personnel:** Oncologists, gynecologists, radiologists, nurses, and community health workers.
 - **Logistics:** Transportation for patients to hospital, collaboration with local health centers for follow-up care.
- **KPIs:**
 - Number of women screened.
 - Number of early-stage cancer cases detected.
 - Number of successful referrals and treatments.

B) Health Awareness and Education Programs

1. Community Health Workshops:

- **Objective:** To educate the community about the importance of early detection and prevention of cancer and other life-threatening diseases.
- **Target:** Reach 10,000 individuals over the project period with health education programs.
- **Implementation Approach:**
 - **Health Ambassadors:** Train local health ambassadors from within the community to lead health workshops, focusing on cancer awareness, hygiene, and nutrition.
 - **Workshops:** Organize regular workshops at community centers, schools, and local gatherings to educate about cancer risks, symptoms, and prevention strategies.
 - **Educational Materials:** Distribute easy-to-understand pamphlets, posters, and digital content in local languages to reinforce the messages delivered during workshops.
- **Infrastructure and Resources:**
 - **Training Modules:** Develop culturally sensitive training modules for health ambassadors.
 - **Educational Content:** Create and distribute content in Marathi and other local languages.
 - **Collaboration:** Partner with Asha Workers and community leaders to ensure widespread participation.

- **KPIs:**
 - Number of individuals reached through workshops.
 - Increase in awareness levels measured through pre-and post-workshop surveys.
 - Reduction in late-stage cancer diagnoses in the community.

Schedule of Implementation

The project will be implemented in a phased manner, with specific tasks outlined for each quarter over a one year period. The timeline includes pre-implementation activities, actual implementation phases, and post-implementation monitoring and evaluation.

Tasks	Q1 '25	Q2 '25	Q3 '25	Q4 '25
Pre-Implementation				
Community Mobilization	✓	✓		
Needs Assessment	✓			
Training of Health Ambassadors	✓	✓		
Implementation				
Screening Camps			✓	✓
Health Workshops			✓	✓
Post-Implementation				
Monitoring & Evaluation				✓

Key Performance Indicators (KPIs)

Intervention	Output KPIs	Outcome KPIs
Cancer Screening Camps	Number of women screened	Number of early-stage cancers detected and treated
	Number of follow-up treatments facilitated	Reduction in late-stage cancer cases over time
Health Awareness Workshops	Number of workshops conducted	Increase in community awareness levels
	Number of individuals reached	Reduction in risky health behaviors (e.g., tobacco use, late check-ups)

Sustainability Considerations

To ensure the long-term sustainability of the HEAL Project, several key strategies will be employed:

1. **Community Ownership:** The project will work closely with local communities, ensuring that they are actively involved in both the implementation and ongoing management of health centers. This will be facilitated through the establishment of local health committees.
2. **Capacity Building:** Continuous training and capacity-building initiatives will ensure that local healthcare workers can manage and operate the health centers independently in the long run.
3. **Financial Sustainability:** The project will explore partnerships with local governments, NGOs, and private sector stakeholders to secure ongoing funding and support. This includes potential revenue generation through nominal fees for certain services.
4. **Exit Strategy:** A clear exit strategy will be developed, ensuring that the health centers are fully integrated into the local healthcare infrastructure, with continued support from local health authorities.

Assumptions, Limitations, and Risks

- **Assumptions:**
 - Local communities will be receptive to the proposed interventions.
 - Sufficient funding will be secured to cover all project costs.

- **Limitations:**
 - Access to some remote areas may be limited due to infrastructural challenges.
 - Availability of trained healthcare professionals in rural areas.
- **Risks:**
 - Resistance from local communities due to cultural beliefs or misinformation.
 - Potential delays in procurement or construction activities.

Logical Framework

Narrative Summary	Verifiable Indicators	Means of Verification	Assumptions
Goal: To reduce cervical cancer mortality.	Mortality rate reduced among target women by project end.	Health records, mortality statistics	Sustained participation and cooperation.
Objective 1: Improve health for 10,000 women.	Improvement in health indicators post-treatment.	Health surveys, follow-up visits	Beneficiaries access and utilize services.
Objective 2: Screen 10,000 women for cancer.	100% of targeted women screened.	Screening records	Availability of screening resources.
Objective 3: Conduct diagnostic tests.	Pap and breast tests conducted for all participants.	Test records, health reports	Adequate diagnostic facilities available.
Objective 4: Provide primary medical aid.	10,000 women receive medical aid.	Medical aid records, patient feedback	Timely medical aid delivery.
Objective 5: Purchase endoscopic camera.	Camera purchased and operational by set date.	Procurement documents, usage logs	Timely and sufficient funding.

Funding Plan

Other than the funds to be raised through the proposed issue, our Trust confirms that for the purpose of this Issue, funding plan will not be applicable, as the objects are proposed to be funded through the Net Proceeds.

Monitoring of utilization of funds

There is no requirement for appointment of a monitoring agency in terms of the SEBI ICDR Regulations. The Board of Trustees our Trust shall monitor the utilization of the proceeds of the Issue. Our Trust shall submit to the Stock Exchanges a statement in respect of utilization of the Net Proceeds, on a quarterly basis, containing (a) category-wise amount of monies raised, (b) category-wise amount of monies utilized, (c) balance amount remaining unutilized, until the utilization of the Net Proceeds in accordance with this Draft Fund Raising Document.

Interim use of proceeds

Our Trust confirms that the unutilized amounts from the Net Proceeds shall be kept in a separate bank account and shall not be co-mingled with other funds.

Issue related expenses break-up

The expenses for this Issue include, inter alia, advisor fees, fees payable to the Registrar to the Issue, printing and distribution expenses, Statutory Auditor Fee, Advertisement expenses, listing fees and any other expense directly related to the Issue.

The Issue expenses and listing fees will be paid by our Trust. The estimated breakdown of the total expenses for this Issue is as follows*:

Particulars	Amount	As percentage of Issue proceeds (in%)	As percentage of Total expenses of the Issue (in %)
Fee payable to intermediaries (Registrar to the Issue, Advisors to the Issue and Auditor etc.)	[•]	[•]	[•]
Fees payable to the regulators including Stock Exchanges	[•]	[•]	[•]
Advertising and marketing, printing and stationery Costs	[•]	[•]	[•]
Other miscellaneous expenses	[•]	[•]	[•]
Grand Total	[•]	[•]	[•]

**To be finalised and updated, prior to filing of the Final Fund Raising Document with the NSE. The expenses are indicative and are subject to change depending on the actual level of subscription to the Issue and the number of Allotees, market conditions and other relevant factors.*

Variation in terms of contract or objects in this Draft Fund-Raising Document

Our Trust shall not, at any time, vary the terms of the objects for which this Draft Fund-Raising Document is issued, except as may be prescribed under the applicable laws. Further, in case of any material deviation in the use of proceeds as compared to the Objects of the Issue, the same shall be intimated / disclosed to NSE.

It is important to note that the project timeline is interconnected, and any changes to the project commencement time will have an impact on the overall timeline. Therefore, if the project commencement time is altered, the subsequent activities and targets mentioned in the above table will need to be adjusted accordingly. Adapting the timeline ensures that the activities are appropriately sequenced and aligned with the project's implementation phases. By considering the seasonality and making necessary adjustments, the project can maintain a logical flow and optimize the available time for each component, contributing to the successful implementation of the HEAL program.

Benefit / interest accruing to Promoter/Trustees out of the object of the Issue

Neither our Trustees nor the senior employees of our Trust are interested in the Objects of the Issue in any manner.

Details of any past issuances made by the Social Enterprise on Social Stock Exchange during the last 3 years, if any:

There have been no issuances in the past made by the Social Enterprise on Social Stock Exchange during the last 3 years.

OUR OPERATIONS

Some of the information contained herein, including information with respect to our vision, our target segment, strategy and operations contain forward-looking statements that involve risks and uncertainties. This section should be read in conjunction with the sections “Forward-Looking Statements”, “Risk Factors” and “Financial Statements” on pages 8, 9 and 77 of this Draft Fund Raising Document.

In this section any reference to “we”, “us” or “our” refers to ‘**Dr. Mane Medical Foundation And Research Centre**’ (the “Trust”). Unless otherwise indicated, or unless the context otherwise requires, the financial information included herein is based on our Audited Financial Statements. For further information, see “Financial Information” on page 77 of this Draft Fund Raising Document.

About Dr. Mane Medical Foundation and Research Center

Dr. Mane Medical Foundation & Research Center, located in Ahmadnagar, Maharashtra, is a charitable trust dedicated to cancer care and prevention since its establishment in 2011. Cancer is a critical health crisis in India, with approximately 1,500 people dying daily and around 28 lakh new cases reported each year. The objectives of the foundation's projects include raising awareness, promoting early detection, ensuring appropriate interventions, and providing follow-up care. The foundation operates with a mission to uplift grassroots communities in Maharashtra and Rajasthan, focusing on those in remote and economically disadvantaged areas facing significant health challenges, including cancer.

Dr. Swapnil Mane, a renowned Gynaec Oncosurgeon and the driving force behind the foundation, has dedicated his life to improving healthcare access and outcomes for underserved populations. Dr. Mane Medical Foundation & Research Center has directly impacted the lives of over 6,20,000 individuals through innovative healthcare programs in Maharashtra and Rajasthan. The foundation's initiatives include free cancer check-ups, awareness campaigns, and community outreach programs aimed at improving healthcare access. The foundation has made significant strides in addressing the challenges of cancer detection and treatment in underprivileged communities. It has collaborated with various organizations to implement projects such as cervical cancer detection programs and mobile health clinics, ensuring that vital services reach those in need.

In addition to its comprehensive cancer care services, the foundation emphasizes the importance of community engagement and education to combat the stigma surrounding cancer. Through its efforts, it aims to create a cancer-free future for rural India by promoting awareness and facilitating access to essential healthcare services.

Cancer Burden in India:

Cancer is the second most common cause of death worldwide. 1500 deaths daily in India. 14.5 lakhs new cases & 550000 deaths annually. Today 25 lakhs people are affected due to Cancer in India. 14.5 lakhs new cases diagnosed with cancer annually, more than 70% cases are present in advanced stages accounting for poor survival & high mortality. The incidence in India is 70-90/10 thousand populations, 40% cases due to lung & mouth cancers. 1,25,000 women's affected by cervical and uterine cancer, it is the most common in women, followed by Breast Cancer. 50,000 women die due to cervical cancer every year.

The main reason for cancer is various Addictions (Tobacco chewing, Guthka, Mava, Smokings) Bad dietary habits, no exercise, personal inhygiene, early marriages, early child bearing in women, multiple sexual partner's, Ignorance about disease, Delayed diagnosis of cancer, Unaffordable costly treatment, lack of medical treatment facilities, poor economy of patients. This has given cancer the dubious distinction of being a "killer disease".

Early detection is vital for improving outcomes in these cancers, yet screening rates in India remain low due to limited awareness, restricted access to healthcare, and cultural taboos surrounding women's health.

(Source: National cancer Registry)

Healthcare Crisis in Rural Maharashtra: A Closer Look at Rahuri Tehsil

Rural communities in Maharashtra, particularly in Rahuri Tehsil, face severe challenges in accessing quality healthcare due to factors like limited infrastructure, socio-economic disparities, and geographical barriers. These issues directly affect healthcare outcomes, resulting in higher morbidity and mortality rates compared to urban areas.

In Rahuri Tehsil, where farming is the main occupation, the majority of the population is landless and depends on daily wages. This precarious financial situation makes it nearly impossible for families to afford cancer treatment or even seek early diagnosis.

Dr. Mane, upon researching, discovered that Rahuri had no tertiary healthcare center within a 50 km radius and that the doctor-to-population ratio was a staggering 1:50,000, compared to the national average of 1:1,700. Shockingly, no medical facility in the area offered diagnostic services for cervical cancer, despite its high prevalence, affecting one in every 100 women.

The impact of cervical cancer in Rahuri Tehsil goes beyond alarming statistics; it disrupts lives, causing profound social, economic, and emotional distress for individuals and the community. With cervical cancer survival rates in India at just 46%, the lack of equitable access to early diagnosis and optimal treatment remains a significant hurdle in improving outcomes.

Our Vision

Our foundation envisions a nation where every individual and family has access to free and affordable healthcare, a fundamental right that empowers them to achieve their full human potential. We believe that quality healthcare is not a privilege but a basic entitlement, essential for everyone to lead a healthy and fulfilling life.

Our approach involves working collaboratively to design and execute programs that address the specific needs of underserved communities. We invest in preventive care, support mental health services, and advocate for policies that ensure everyone can access the care they require without financial hardship.

Comprehensive Rural Healthcare Strategy:

Mobile Healthcare Services: DMMFARC has developed a multi-faceted approach to address healthcare challenges in rural areas. One key element is our collaboration with initiatives like the SBI Sanjeevani Clinic on Wheels, which operates across multiple districts. This mobile service brings essential healthcare directly to rural communities, offering screenings and consultations that would otherwise be out of reach.

Community Awareness and Education: We have organized over 765 awareness and detection camps to educate the public about cancer, its symptoms, and the importance of early detection. These efforts have significantly increased community knowledge and encouraged proactive health-seeking behaviors.

Partnerships and Collaborations: Partnerships play a crucial role in our work. We collaborate with various organizations, including the ASK Foundation and Meyer Organics, to enhance our outreach and resource availability. These collaborations facilitate specialized projects such as cervical cancer detection and telemedicine services, improving healthcare delivery in rural settings.

Financial Assistance Programs: To address financial barriers faced by low-income families, we have established free treatment options through our Patients' Funding Pool. This initiative helps cover the costs of diagnostics, surgeries, and follow-up care, ensuring that financial constraints do not prevent access to necessary services.

Training and Capacity Building: Training and capacity building are also a priority. We invest in training local healthcare providers to improve their skills in cancer screening and management. This approach ensures that community health workers are well-equipped to deliver quality care and support to patients.

Innovative Cancer Care Model: Finally, we have pioneered the "**Hospital Model of Cancer Care (Saidham Hospital)**," an innovative approach that focuses on integrated, community-based cancer treatment and prevention. This model emphasizes holistic care, including psychological support and palliative care for patients undergoing treatment, ensuring comprehensive support for those in need.

Key Focus Areas

Early Detection of Cancer

Our hospital prioritizes the early detection of Breast, Cervical, Uterine, and Ovarian Cancers, particularly among women in rural areas, to enable effective treatment and reduce mortality rates.

Treatment for Rural Cancer Patients:

We are committed to providing comprehensive treatment for patients diagnosed with breast, cervical, uterine, and ovarian cancers through our screening camps. Our advanced equipment at the Cancer Hospital in Rahuri supports ICU and surgical procedures.

Health Awareness Campaigns:

We conduct extensive awareness programs in both rural and urban areas to educate communities about the prevention of breast, cervical, uterine, and ovarian cancers and the importance of regular medical check-ups.

Comprehensive Health Services:

We organize health camps addressing a range of needs, including cancer diagnosis, blood donation drives, eye screenings, and family planning initiatives.

Support for the Underprivileged:

We ensure access to healthcare for the poor and needy by providing medical services, ambulances, and essential medicines.

Target Segment

1. Rural Women

- Women in remote areas, particularly in Rahuri Tehsil, Ahmadnagar district, Maharashtra, are a key focus for DMMFARC. This includes women aged 18-50 and older, many from low-income backgrounds, facing challenges in accessing healthcare.
- Their primary needs include early detection and treatment of cervical cancer, affordable healthcare, and increased health education. There's also a critical need for emotional and psychological support during treatment.

2. Low-Income Families

- These families, often near the poverty line and reliant on agriculture or informal jobs, need financial assistance for healthcare costs, which are often prohibitive.
- Access to medical services, mobile clinics, and community health camps are essential. They also need support navigating the healthcare system, including referrals and access to specialized care.

3. Local Healthcare Providers

- Healthcare workers in rural Maharashtra require training to effectively screen and manage cervical cancer.
- They need access to medical tools and diagnostic equipment, support for knowledge sharing, and collaboration to improve service delivery in rural areas.

4. Community Leaders and Local Organizations

- These leaders and organizations play a vital role in mobilizing support and implementing health programs. They need partnerships, resources for outreach, and capacity-building support to enhance their impact in rural health interventions.

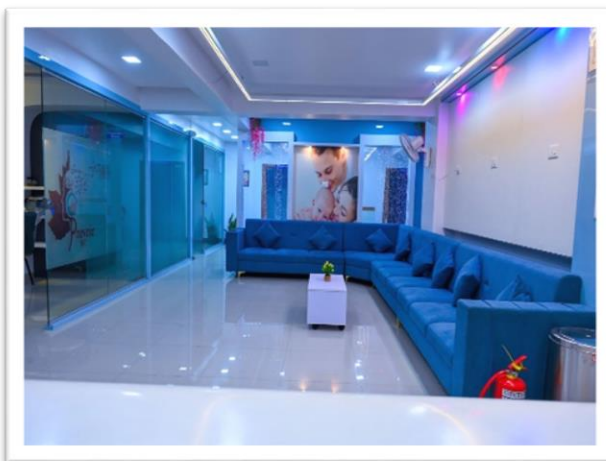
5. General Public in Rural Communities

- This segment includes all age groups, particularly adolescents and adults, who need comprehensive health education on disease prevention, hygiene, and nutrition.
- Public awareness campaigns and access to preventive services like vaccination and regular check-ups are critical for improving health outcomes and reducing disease incidence.

Our Projects

1. Saidham Cancer Hospital, Rahuri

Dr. Mane Medical Foundation & Research Center operates the Saidham Cancer Hospital, a 30-bed facility that has become a leader in cancer care initiatives, particularly in Rahuri Tehsil, Ahmadnagar, home to India's first rural cancer project. Since its establishment, the hospital has focused on comprehensive cancer care, including prevention, early detection, and treatment, addressing the critical health challenges faced by rural communities.



Saidham Cancer Hospital offers state-of-the-art cancer care services, supported by a highly skilled workforce, advanced equipment, and access to essential medications. The hospital is actively involved in raising public awareness about cancer and provides care to patients under various government schemes. With approximately 100 outpatient visits, 5-10 admissions, and 4-5 surgeries daily, it serves as a vital resource for cancer patients in the region.

Notably, the hospital has performed nearly 15,705 free surgeries under different government initiatives aimed at supporting underprivileged patients. Through its commitment to affordable and accessible cancer treatment, SAIDHAM continues to make a significant impact on the lives of those affected by cancer in rural India.

Overview of Our Specialized Departments

Our hospital features a range of specialized departments designed to deliver expert care and advanced treatments across various medical disciplines. Here's a brief overview of each:

Gynaecology



Our Gynaecology Department is dedicated to providing comprehensive women's health care, encompassing routine gynecological examinations, preventive care, and the management of conditions such as menstrual disorders, endometriosis, and pelvic pain. We utilize advanced diagnostic and therapeutic options, including cutting-edge technology like 3D ultrasounds and minimally invasive procedures, ensuring precise diagnosis and effective treatment tailored to each patient's needs.

Our approach emphasizes personalized and compassionate care, focusing on building supportive relationships to address both the physical and emotional aspects of gynecological health. Staffed with highly qualified gynaecologists and support teams, our department offers specialized care in areas like reproductive endocrinology and fertility treatments, ensuring that each patient receives the most up-to-date and effective care possible.

Surgical Oncology

Our Surgical Oncology Department focuses on managing various cancers through complex procedures, including tumor resections and reconstructive surgeries, customized to each patient's needs. We use cutting-edge tools, such as robotic-assisted surgery and advanced imaging systems, to ensure precision, minimize invasiveness, and improve surgical outcomes. We collaborate with oncologists, radiologists, and other specialists to provide comprehensive cancer care, addressing all aspects from pre-operative assessments to post-operative care.

Additionally, we prioritize not just cancer removal but also preserving function and aesthetics, using techniques like microvascular reconstruction to achieve the best cosmetic results, especially in sensitive areas.

Medical Oncology



Our Medical Oncology Department focuses on treating cancer with non-surgical methods like chemotherapy, targeted therapy, and immunotherapy. We design personalized treatment plans based on cancer type, stage, and overall health. We incorporate the latest advancements, such as new chemotherapy regimens and targeted therapies, while using bio-safety cabinets to minimize toxicity and ensure safety. Our team provides supportive care to manage side effects and enhance quality of life, including pain management, nutritional support, and psychological counseling.

We emphasize a patient-centered approach, involving patients in treatment decisions and offering comprehensive support throughout their journey to ensure a comfortable and effective treatment experience.

Obstetrics and Gynecology

Our Obstetrics and Gynecology Department provides comprehensive maternal care, including prenatal, labor, delivery, and postnatal services, aiming for a healthy pregnancy and safe delivery for both mother and baby. We offer advanced delivery services with technology like continuous fetal monitoring and advanced ultrasound imaging to manage both routine and high-risk pregnancies. We collaborate with expectant mothers to create personalized birth plans that address their preferences and medical needs, covering pain management, delivery methods, and postnatal care.

Additionally, our department offers a range of gynecological services, including contraceptive counseling, menopausal care, and treatment for gynecological disorders, integrating preventative care with specialized treatment as necessary.

General Medicine

Our General Medicine Department offers holistic patient care, addressing both symptoms and underlying causes of acute and chronic conditions. Our skilled physicians diagnose and manage a wide range of medical issues using advanced diagnostic tools. We emphasize preventive and wellness care, including routine check-ups, health screenings, and lifestyle counseling to maintain overall health.

Additionally, our general physicians collaborate with specialists from other departments to ensure comprehensive and coordinated care for patients with complex health issues.

General Surgery



The General Surgery Department provides a wide range of surgical services for conditions affecting various body parts, including the abdomen and digestive tract. We offer minimally invasive techniques, such as laparoscopic and endoscopic surgeries, to reduce recovery time and improve outcomes. Our operation theatres are equipped with advanced technology, including high-definition imaging systems and robotic-assisted tools, for enhanced precision and safety.

We focus on patient-centered care, offering detailed pre-operative and post-operative instructions and maintaining a supportive environment throughout the surgical process.

Paediatric

The Paediatric Department offers specialized medical care for infants, children, and adolescents, managing everything from routine illnesses to complex medical issues. We provide advanced diagnostic and therapeutic services, including paediatric imaging, developmental screenings, and specialty consultations, with facilities tailored for young patients. Our family-centered approach involves educating and supporting families, ensuring they are well-informed and actively involved in their child's care.

Our dedicated team of paediatricians and specialists is trained in child-specific medical care, committed to delivering compassionate and effective treatment.

Medical Research Center



The Medical Research Center drives medical science forward through innovative research, including clinical trials, observational studies, and experimental research across various fields. We enhance our research impact by collaborating with leading institutions, universities, and industry partners, ensuring that discoveries are translated into practical treatments.

Recognized as a **Scientific and Industrial Research Organization by the Government of India**, the Saidham Cancer Hospital's Research Center is at the forefront of medical research, focusing on innovative surgical techniques and cancer treatment methodologies. The center has been granted **13 patents, 04 copyrights, and has published 38 research papers**, contributing significantly to the advancement of cancer care.

Preventive Oncology

The Preventive Oncology Department is dedicated to early cancer detection and prevention. We offer screening programs, such as mammograms, colonoscopies, and genetic testing, to catch potential risks before they progress. Personalized risk assessments are conducted based on individual health history, family background, and lifestyle, allowing us to create tailored prevention strategies and screening plans.

We also provide education on cancer prevention, including lifestyle changes and smoking cessation, and offer counselling to support informed health decisions. Our preventive services are integrated with diagnostic and treatment oncology to ensure a seamless continuum of care for at-risk patients.

Family Medicine Comprehensive

The Family Medicine Department offers comprehensive care for patients of all ages, from infants to the elderly. Our services include preventive care, chronic condition management, and treatment for acute illnesses. We prioritize building long-term relationships with patients and their families, which allows us to understand their health needs and preferences deeply, enhancing continuity and personalization of care. We emphasize preventive and wellness services, such as routine check-ups, immunizations, and health screenings, aiming to promote overall health and prevent disease through proactive measures.

Our holistic approach addresses physical, emotional, and social aspects of health, and we coordinate with specialists and other healthcare providers to ensure effective management of complex health issues.

Our Advanced and Sophisticated Technology

Radio diagnostic



The Radio diagnostic Department at our facility is dedicated to enhancing patient care through advanced imaging technologies, bridging the gap between medical science and clinical practice. We offer a broad spectrum of diagnostic imaging techniques, including digital X-rays, ultrasound (USG), color Doppler, and multislice CT scans, which are essential for evaluating complex cases such as polytrauma and intensive care patients. Our department is equipped with state-of-the-art technology, providing high-quality images that aid in precise diagnostics and treatment planning. Our expert team of radiologists and technicians is highly trained, ensuring that each imaging study is performed and interpreted with the utmost accuracy.

Pathology

Our Pathology Department is integral to diagnosing and managing diseases through comprehensive laboratory services. We focus on diagnostic excellence, providing thorough examinations of tissues, cells, and fluids to identify diseases and monitor patient health. Our services include fine-needle aspiration cytology (FNAC), histopathology, and immunology studies. Equipped with cutting-edge technology and staffed by skilled pathologists, our laboratory ensures accurate and timely results that are crucial for effective patient management. We also collaborate closely with healthcare providers to integrate laboratory findings into patient care, enhancing the overall treatment process.

ICU

The Intensive Care Unit (ICU) at our hospital is dedicated to providing exceptional care for critically ill patients. Our focus includes comprehensive critical care, with a multidisciplinary team of intensivists and specialized nurses delivering high-quality care for severe health conditions. We use advanced monitoring systems and life-support technologies to ensure constant care and timely interventions. Additionally, we prioritize the continuous education of our staff through regular training programs, enhancing their skills in critical care management and improving patient outcomes.

Operation Theatre

Our operation theatres are designed with cutting-edge technology and safety features to ensure optimal surgical outcomes. Equipped with modular panels, HEPA filters, and laminar flow systems, they maintain a sterile environment crucial for surgical procedures. We utilize advanced operational technology integration panels for seamless communication and data sharing among the surgical team, enhancing procedural efficiency. Additionally, our patient-centric approach includes audio-visual counseling rooms, enabling patients and their families to make informed decisions about surgical options and procedures.

Pharmacy

Our in-house pharmacy services are a vital part of our healthcare delivery model. We provide comprehensive medication management, offering access to a range of medications, including branded and generic drugs, over-the-counter products, and specialized therapeutic options. By operating pharmacies within each hospital, we ensure quick access to medications for both inpatients and outpatients, enhancing the efficiency of care. Additionally, our pharmacists are available to counsel patients on medication use, potential side effects, and lifestyle products, ensuring holistic care that extends beyond prescriptions.

Training of Gynaecologists and Oncosurgeons



Saidham Hospital offers comprehensive care for gynaecological issues and provides advanced training in laparoscopy for aspiring gynaecologists. Under the expert guidance of Dr. Mane, a renowned specialist in Gynaec Endoscopy and Laparoscopy, the hospital delivers exceptional healthcare training. As chairman of the Dr. Mane Medical Foundation and Research Centre in Rahuri, Dr. Mane personally mentors students in gynaecological laparoscopy. The hospital's faculty also supports trainees, guiding them through their educational journey.

Saidham Hospital has trained over 130 gynaecologists in Gynaec Endoscopy and more than 50 in Non-Descent Vaginal Hysteroscopy. This specialized training is rare both in India and internationally. Dr. Mane's dedication as a trainer contributes significantly to the development of future gynaecologists. Saidham Cancer Hospital, recognized for its leading center for gynaecological

endoscopy and infertility training, has provided hands-on training to 500 gynaecologists and oncosurgeons over the past six years, including 450 from India and 50 from abroad. The program is renowned for its advanced and globally competitive training in gynaecological oncology.

Patients attended by the hospital in last three financial years

The hospital has catered its services to 400000 patients for OPD and diagnostics, to 200000 patients for indoor services so in totality 600000 patients were catered during the year 2021-2022.

The hospital has catered its services to 550000 patients for OPD and diagnostics, to 275000 patients for indoor services so in totality 825000 patients were catered during the year 2022-2023.

The hospital has catered its services to 6150000 patients for OPD and diagnostics, to 300000 patients for indoor services so in totality 6450000 patients were catered during the year 2023-2024.

2. SBI Foundation's Sanjeevani Clinics on Wheels Project: Impact and Outreach

The SBI Foundation's flagship CSR project, Sanjeevani Clinics on Wheels, is a transformative initiative delivering critical healthcare services across some of Maharashtra's most challenging terrains, including Thane, Nandurbar, Gadchiroli, and Ahmadnagar districts. By deploying mobile medical vans equipped with multispecialty facilities, the project brings state-of-the-art healthcare to some of India's most remote and underserved populations.

How it Works:

The clinics follow a strategic approach to target 20 villages in each block:

1. **Needs Assessment:** The team conducts a thorough assessment of the healthcare needs of the villages. This includes identifying common health problems, the availability of healthcare facilities, and the accessibility of existing services.
2. **Scheduling Visits:** Based on the assessment, a schedule is created for regular visits to each village. The frequency of visits is determined by the specific healthcare needs of the community.
3. **Mobile Clinic Deployment:** A fully equipped mobile clinic is deployed to the targeted village on the scheduled day. The clinic is staffed with a team of healthcare professionals, including doctors, nurses, and paramedics.

4. **Providing Comprehensive Care:** The clinics offer a wide range of healthcare services, including:
- General health check-ups
 - Diagnosis and treatment of common ailments
 - Maternal and child healthcare
 - Immunization programs
 - Awareness campaigns on health and hygiene
 - Referrals to specialized care when necessary



Ahmadnagar District: A Lifesaving Partnership

In Ahmadnagar, Sanjeevani Clinics on Wheels operates in partnership with Saidham Cancer Hospital, extending its reach to 20 villages in the Rahuri block. The mobile medical van provides a wide range of healthcare services, including general consultations, specialized treatments, and follow-up care. During the reporting period, this initiative has significantly impacted approximately 43,200 beneficiaries, offering services such as:

- **Mobile Outpatient Department (MOPD) Services:** Essential medical consultations provided to 7,250 individuals.
- **Special Health Camps:** Four specialized camps organized, offering targeted healthcare services to 970 attendees.
- **Health Awareness Campaigns:** A total of 264 awareness camps conducted, educating and benefiting around 12,000 villagers on various health-related issues.
- **Swachh Bharat Abhiyan Camps:** Four sanitation awareness camps engaging 1,600 people, promoting hygiene and cleanliness in the community.

Thane District: Reaching the Unreached

In the Shahapur block of Thane district, *Sanjeevani Clinics on Wheels* extends its services to 20 rural villages. This project has reached approximately 12,200 individuals, addressing critical healthcare needs through:

- **Primary Healthcare Services:** Regular medical check-ups and treatments, ensuring that even the most isolated communities have access to essential healthcare.
- **Health Camps:** Special focus on women and children, addressing malnutrition, maternal health, and preventive care.
- **Health Education and Awareness Programs:** Empowering the community with knowledge on disease prevention, hygiene, and healthy living practices.

Nandurbar District: Bridging the Healthcare Gap

In the tribal-dominated district of Nandurbar, the *Sanjeevani Clinics on Wheels* initiative has made a profound impact on the lives of approximately 14,200 beneficiaries. The project focuses on:

- **Mobile OPD Services:** Providing consultations and treatment for common ailments, reducing the burden of disease in this underserved area.
- **Health Camps:** Focused on preventive care and early detection of diseases, particularly in women and children.
- **Community Health Initiatives:** Conducting health awareness and education programs to improve the overall health literacy of the population.

Gadchiroli District: Serving the Most Remote Regions

In the Armori block of Gadchiroli, a district known for its dense forests and hilly terrains, Sanjeevani Clinics on Wheels serves 20 villages, reaching around 17,200 beneficiaries. This initiative is a lifeline for the tribal and underdeveloped regions, providing:

- **Comprehensive Primary Healthcare:** Addressing both acute and chronic health conditions with regular medical services.
- **Specialized Health Camps:** Targeting specific health challenges prevalent in the region, such as malnutrition and infectious diseases.
- **Health and Hygiene Education:** Promoting better health practices among the tribal populations, focusing on reducing disease transmission and improving overall well-being.

3. Cancer Awareness and Screening Camps

Saidham Cancer Hospital is deeply committed to raising cancer awareness and promoting early detection, particularly in the underserved rural and tribal regions of Maharashtra. The hospital regularly organizes cancer awareness and screening camps aimed at educating communities about the various types of cancer, their symptoms, and available treatment options. These camps are crucial in areas where healthcare access is limited and awareness about cancer is low.

During these camps, a dedicated team of medical professionals from Saidham Cancer Hospital conducts free cancer screenings. The screening process includes comprehensive physical examinations and diagnostic tests such as mammograms, Pap smears, and oral inspections, which are vital for detecting early signs of cancer. By identifying cancer at an early stage, these camps significantly enhance the chances of successful treatment and recovery, ultimately saving lives.

Since its inception, Saidham Cancer Hospital has conducted over 560 cancer awareness and screening camps, directly reaching out to more than 400,000 individuals across remote areas in Maharashtra. The hospital's initiatives have also focused on addressing common health challenges in tribal communities, such as malnutrition, low birth weight, malaria, and diarrhea, which contribute to a higher vulnerability to cancer. Through these efforts, the hospital has identified and provided treatment to over 8,000 individuals diagnosed with cancer.

Free Cancer Treatment

Saidham Cancer Hospital believes that quality cancer care should be accessible to everyone, regardless of their financial situation. To ensure that underprivileged patients are not deprived of necessary treatment, the hospital offers free cancer treatment services. These services include consultations, diagnostic tests, chemotherapy, radiation therapy, and surgeries at no cost to the patients.

The hospital's team of experienced oncologists, surgeons, and medical professionals utilizes state-of-the-art techniques and equipment to provide the highest standard of care. Additionally, the hospital offers financial assistance to patients who need extra support, helping them access government schemes like the Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) and other subsidies. The hospital also arranges transportation and accommodation for patients undergoing treatment, ensuring that logistical challenges do not hinder their recovery.

Community-Based Cancer Project

Recognizing the alarming statistic that over 2,500 cancer-related deaths occur daily in India, Saidham Cancer Hospital has launched a comprehensive community-based cancer project. This initiative focuses on cancer prevention, awareness, and screening, with a particular emphasis on rural and tribal areas where healthcare access is limited.

The project's achievements include:

- **Screening and Awareness:** Conducting over 560 cancer awareness and screening camps in remote regions, reaching out to more than 400,000 people.
- **Treatment:** Providing life-saving cancer surgeries to over 8,000 patients through various initiatives, including partnerships with organizations like the Indian Oil Corporation Ltd.
- **Prevention:** Promoting cancer prevention as a cost-effective strategy, with the potential to prevent 30-50% of all cancer cases through lifestyle changes and early interventions.

Project Data

- **Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY) Free Cancer Surgeries**
 - **Location:** Rural Maharashtra
 - **Value:** ₹88 Lakhs
 - **Beneficiaries:** 8,000 individuals
- **Indian Oil Corporation Ltd. Cancer Treatment Support**
 - **Location:** Maharashtra
 - **Value:** ₹43 Lakhs
 - **Beneficiaries:** 28,200 individuals

4. Cervical Cancer Screening and Treatment Initiatives

Several significant initiatives are making strides in the fight against cervical cancer, particularly in underserved regions:



Comprehensive Screening Programs

- **Location:** Rahuri and surrounding rural areas.
- **Impact:** Over the past five years, more than 10,000 women have been screened for cervical cancer, significantly contributing to early detection efforts.

Early Detection and Diagnosis

- **Tools:** Advanced diagnostic methods such as Pap smears and HPV testing.
- **Outcome:** Early detection rates have increased by 40%, leading to more effective interventions.

Community Outreach and Education

- **Campaigns:** Extensive awareness campaigns to educate women about the importance of regular cervical cancer screenings.
- **Reach:** These campaigns have reached over 50,000 women, resulting in a notable increase in participation in screening programs.

Treatment and Follow-Up

- **Services:** Accessible treatment options including surgical interventions and chemotherapy.
- **Outcome:** Over 500 women have received treatment with an 85% success rate in early-stage cases, contributing to better survival outcomes.

Training and Capacity Building

- **Focus:** Training local healthcare providers in cervical cancer screening and treatment techniques.
- **Training:** More than 100 healthcare workers have been trained, enhancing the overall capacity to address cervical cancer comprehensively.

Impact and Outcomes

- **Reduction in Deaths:** A 25% reduction in cervical cancer-related deaths in the region.
- **Quality of Life:** Significant improvement in the quality of life for cervical cancer survivors in Rahuri.

Project Data

Meyer Organics Pvt. Ltd. Cervical Cancer Project

- **Focus:** Screening for precancerous changes and early-stage cancers.
- **Annual PAP Tests:** 10,000.
- **Objective:** To reduce cancer mortality, lower incidence rates, and identify individuals requiring more frequent or specialized screenings.

Volkart Foundation Cervical Cancer Project

- **Collaboration:** In partnership with Saidham Cancer Hospital.
- **Focus:** Early detection and treatment of cervical cancer in rural Ahmadnagar.
- **Annual PAP Tests:** 10,000.
- **Impact:** Crucial in improving cancer detection rates and survival outcomes in these communities.

Volkart Foundation Community-Based Project

- **Location:** Rahuri Tehsil.
- **Value:** ₹30 Lakhs.
- **Beneficiaries:** 26,200 individuals.

Altico Advisors Limited Cervical Cancer Project

- **Location:** Maharashtra.
- **Value:** ₹72 Lakhs.
- **Beneficiaries:** 43,500 individuals.

5. Community-Based Tribal Health Project

India is home to 635 tribal groups and 75 primitive tribes, many of whom face severe health challenges such as malnutrition, low birth weight, malaria, and diarrhea. Alarming, 42% of tribal children are underweight. To address these critical needs, Saidham Cancer Hospital has organized 765 health camps, providing essential nutrition and timely medical care to alleviate suffering in these underserved communities.

Health Initiatives and Impact

Saidham Cancer Hospital

- **Focus:** Treatment for various diseases.
- **Location:** Rahuri, Western Maharashtra.
- **Value:** ₹1.27 Crore.
- **Beneficiaries:** 400,000 individuals.

6. Free COVID-19 Treatment

During the COVID-19 pandemic, Saidham Cancer Hospital quickly adapted to the crisis by converting part of its facilities into a dedicated COVID-19 treatment center. The hospital provided free treatment to over 350 patients, ensuring access to critical care during the pandemic.

In addition to medical treatment, the hospital launched a widespread awareness campaign, conducting sessions in public places like banks, shops, malls, and markets. These sessions emphasized the importance of COVID-19 safety protocols, such as mask-wearing, social distancing, and hand hygiene, helping to curb the spread of the virus.

7. Aster Volunteers Community Medical Services – Barmer, Rajasthan



Aster DM Foundation has partnered with Saidham Cancer Hospital to launch the Aster Volunteers Community Medical Services program. This initiative leverages digital platforms to provide primary healthcare to economically and financially disadvantaged populations in Barmer, Rajasthan, where access to healthcare is often limited or unavailable.

Health Initiatives and Impact

ASTER Volunteers Community Medical Services

- **Focus:** Telemedicine and primary healthcare.
- **Location:** 36 villages in the Barmer District, Rajasthan.
- **Value:** ₹23 Lakhs.
- **Beneficiaries:** 175,000 individuals.

8. ASK's Samruddha Kisan Project – Akole, Ahmadnagar

The Samruddha Kisan Project focuses on improving the lives and livelihoods of residents in the remote and hilly areas of Akole, a tribal block in Ahmadnagar district. Activities include the creation of soakage pits, health awareness campaigns, medical camps led by qualified doctors, and capacity-building initiatives for Anganwadi workers and healthcare assistants.

Health Initiatives and Impact

ASK Foundation

- **Focus:** Primary healthcare and treatment of patients.
- **Location:** Akole Tehsil, Maharashtra.
- **Value:** ₹44 Lakhs.
- **Beneficiaries:** 7,200 individuals

9. Bajaj Electricals Tobacco Cessation Center



Located at Saidham Cancer Hospital in Rahuri, this center offers comprehensive support to individuals in Ahmadnagar and surrounding areas who are seeking to quit tobacco. The facility is a critical part of the initiative to create a healthier, tobacco-free India, providing both medical assistance and counseling to those in need. It assist individuals in quitting tobacco use through counseling, support groups, and medical interventions and has supported over 500 individuals in their journey towards a tobacco-free life, contributing to better long-term health outcomes.

10. Menstrual Hygiene Management

Awareness Sessions:

- **Educational Workshops:** Conducted in schools, these workshops targeted adolescent girls to debunk myths and taboos associated with menstruation. The sessions focused on educating girls about menstrual health, hygiene practices, and the biological aspects of menstruation, ensuring they have accurate and reliable information.

Peer Group Formation:

- **Support Groups:** Established peer groups for girls in classes 9th to 12th, creating a safe and supportive environment where they could openly discuss menstrual health issues, share experiences, and receive guidance. These groups helped in building a community where girls could support one another, fostering a sense of solidarity and confidence.

Benefits:

- **Empowerment and Impact:** Through these initiatives, 1,600 girls were empowered with the knowledge and resources to manage their menstrual health effectively. This empowerment led to improved school attendance and increased self-confidence, helping girls to continue their education without interruption during menstruation.

11. Nutrition Support and Education

These camps are crucial in detecting early signs of nutritional deficiencies and addressing them promptly.



Community Nutrition Programs:

- **Transact Walks and Home Visits:** The program included community-based activities such as transact walks and home visits, where health workers engaged directly with families to disseminate information on balanced diets, proper nutrition, and healthy eating habits. School sessions were also conducted to educate children on the importance of nutrition.

Anemia Testing and Support:

- **Screening Camps:** Held anemia screening camps where 70 adolescent girls were tested, identifying 35 individuals with anemia.

Interventions:

- **Counseling and Nutritional Support:** Affected individuals received personalized counseling sessions and nutritional supplements to address anemia. Follow-up support was provided four times a year to monitor progress and ensure sustained improvement in their health.

Results:

- **Health Improvement:** There was a significant improvement in hemoglobin levels and overall health among the beneficiaries, reducing the long-term impacts of anemia. The program's success in addressing anemia contributed to better academic performance and overall well-being for the participants.

Initiative to Build a Charitable Cancer Hospital in Ahmadnagar, Maharashtra

The Dr. Mane Foundation is set to build a state-of-the-art 500-bed charitable cancer hospital in Kakadi, Shirdi, located in the Ahmadnagar district of Maharashtra. This initiative aims to address the critical need for accessible and high-quality cancer care in rural areas, where such facilities are currently lacking. The hospital will be strategically positioned near the Shirdi International Airport, ensuring easy access for patients from remote villages. With a commitment to providing comprehensive cancer services, the facility will not only focus on treatment but also on education and community outreach to raise awareness about cancer prevention and early detection. The foundation envisions this hospital as a center of excellence for cancer research, contributing to the overall improvement of healthcare in the region.

The proposed hospital will feature a variety of specialized departments, including medical oncology, surgical oncology, pediatric oncology, and more, with a total of 500 beds allocated across these services. The bed distribution includes 100 beds each for medical and surgical oncology, 30 for pediatric oncology, and additional beds for various specialties such as gynecology oncology and emergency medicine. This comprehensive approach aims to provide holistic care from diagnosis through treatment to recovery, addressing the diverse needs of cancer patients in the community. The Dr. Mane Foundation is dedicated to enhancing healthcare access, reducing the burden of cancer, and ultimately contributing to a healthier future for underserved populations in India.

IMPACT ASSESSMENT

a. Strategic Intent and Planning

i. What is the social or environmental challenge the organization and/or the instrument listed is addressing? Has this changed in the last year?

Social or Environmental Challenge Addressed

The Dr. Mane Medical Foundation & Research Center (DMMFARC) is addressing the acute healthcare challenges faced by rural and underserved populations in Maharashtra, particularly in Rahuri Tehsil, Ahmadnagar. The core problem revolves around the stark disparity in healthcare access, especially for critical issues like cancer care and women's health. Despite significant progress in urban healthcare infrastructure, rural areas remain severely underserved, leading to late-stage diagnoses and poor health outcomes. The lack of accessible, affordable, and quality healthcare services continues to impact these communities.

Extent of the Challenge

The healthcare challenge in rural Maharashtra is profound. In Rahuri Tehsil, the doctor-to-population ratio is as high as 1:50,000, compared to the national average of 1:1,700. This severe shortage of healthcare providers is compounded by the lack of medical facilities, with no tertiary care centers within a 50 km radius. Women face significant barriers to accessing care, with cultural stigmas and economic constraints often preventing them from seeking timely treatment.

Causes and Consequences

The root causes of these healthcare challenges are multifaceted:

Geographical Barriers: The remote and scattered nature of rural communities makes it difficult for residents to access healthcare facilities, forcing patients to travel long distances.

Socio-Economic Disparities: A large portion of the rural population lives below the poverty line, making healthcare unaffordable. The economic burden of travel, treatment, and lost wages discourages seeking medical help.

Cultural and Social Barriers: Stigmas associated with diseases like cancer, particularly cervical cancer, lead to delays in seeking treatment.

Inadequate Healthcare Infrastructure: The lack of local healthcare facilities, trained medical professionals, and essential diagnostic tools contributes to poor health outcomes.

The consequences of these challenges are dire, including late-stage cancer diagnoses, untreated preventable diseases, and high rates of maternal and child mortality, pushing families deeper into poverty.

Changes Over the Last Year

Over the past year, DMMFARC has made significant strides in expanding and enhancing its initiatives. Key changes include:

Expanded Reach: The number of villages covered by the mobile medical units has increased to 20 villages across the Rahuri Block of Ahmadnagar.

Increased Community Engagement: More health awareness sessions and specialized health camps have led to greater community participation.

Strengthened Partnerships: Collaborations with local health centers, government bodies, and other NGOs have improved service delivery.

Enhanced Service Quality: Investments in better diagnostic tools and training for healthcare providers have improved service quality and beneficiary satisfaction.

Focus on Sustainability: A user fee model for some services has been introduced to ensure long-term operational effectiveness while keeping fees minimal for vulnerable groups.

- ii. **How is the organization attending to the challenge or planning to attend to the challenge? Has this changed in the last year?**

How the Organization is Attending to the Challenge

The Dr. Mane Medical Foundation & Research Center (DMMFARC) is tackling the healthcare challenges in rural Maharashtra through a comprehensive approach focused on accessibility, early detection, and preventive healthcare.

Key components of their strategy include:

1. Mobile Medical Units (MMUs) - "SBI Sanjeevani - Clinic on Wheels"

- **Accessibility:** MMUs travel to remote villages, providing essential healthcare services directly to underserved populations. These units are equipped with diagnostic tools and staffed by healthcare professionals.
- **Primary Healthcare Services:** MMUs offer general consultations, diagnostic testing, medication distribution, and specialized camps in areas like gynecology and orthopedics.
- **Cancer Screening and Treatment:** A key focus is early detection of cervical and breast cancer through screenings in remote areas. DMMFARC facilitates referrals to Saidham Hospital for advanced care.

2. Health Awareness and Education

- **Community Engagement:** Regular health awareness sessions cover preventive healthcare, early detection, hygiene, sanitation, and nutrition.
- **Behavioural Change:** Sessions address misconceptions and cultural taboos, especially regarding women's health, to empower individuals to manage their health proactively.

3. Partnerships and Collaborations

- **Collaborative Efforts:** DMMFARC works with local health centres, government bodies, and NGOs to enhance the reach, effectiveness, and sustainability of programs.
- **Capacity Building:** The foundation invests in training local healthcare workers to improve screening and disease management skills.

4. Financial Assistance and Sustainability

- **Affordability:** Most services are provided free or at subsidized rates. Financial assistance is offered for transportation and other costs.
- **Sustainability Initiatives:** A minimal user fee has been introduced for some services, waived for vulnerable groups, to ensure long-term sustainability.

Changes Over the Last Year

Over the past year, DMMFARC has made several strategic adjustments and expansions:

- **Expanded Geographic Reach:** The number of villages served by MMUs has increased, allowing the program to impact more lives.
- **Increased Frequency and Scope of Services:** Health camps and awareness sessions have become more frequent, with a broader scope including mental health and chronic disease management.
- **Enhanced Collaboration with Local Health Centres:** Partnerships have been strengthened, enabling better coordination of care and more comprehensive services.
- **Focus on Women's Health:** Targeted programs aim to increase awareness and early detection of cervical and breast cancers.
- **Adoption of Technology and Data-Driven Approaches:** Digital tools are being integrated for patient data tracking and outcome monitoring.
- **Increased Community Involvement:** Local health committees and community health volunteers are being formed to build trust and ensure programs meet community needs.

iii. Who is being impacted (target segment)? Has this changed in the last year?

Target Segment and Impact

Primary Target Segment

1. **Rural Women:** DMMFARC primarily focuses on women in remote and underserved areas, particularly in Rahuri Tehsil, Ahmadnagar. These women, often aged 18-50 or older, come from low-income backgrounds and face significant challenges in accessing healthcare. Their key needs include early detection and treatment of cervical and breast cancers, along with general health education and emotional support during medical treatment.
2. **Low-Income Families:** Another critical target segment includes low-income families who rely on agriculture or informal jobs. These families often cannot afford basic healthcare services. DMMFARC supports them by providing financial assistance for healthcare costs, ensuring access to essential services through mobile clinics and community health camps.
3. **Local Healthcare Providers:** DMMFARC also focuses on local healthcare workers in rural areas. By providing training and resources, the foundation enhances the ability of these providers to effectively screen and manage diseases like cancer, improving the overall quality of healthcare available in these regions.
4. **Community Leaders and Organizations:** Local leaders and community organizations play a vital role in mobilizing support for health programs. DMMFARC engages these stakeholders by providing resources and capacity-building support to help them deliver effective health interventions.

Changes Over the Last Year

1. **Expanded Reach to Additional Villages:** DMMFARC has increased the number of villages served by the "SBI Sanjeevani - Clinic on Wheels" initiative, allowing the foundation to impact more individuals in remote and underserved areas.
2. **Increased Focus on Women and Children:** While women remain a primary focus, there has been a heightened emphasis on addressing the health needs of children, including initiatives related to nutrition and hygiene education.
3. **Enhanced Engagement with Local Health Workers:** DMMFARC has intensified efforts to train and involve local healthcare providers, dedicating more resources to build their capacity to handle a broader range of health issues.
4. **Inclusion of Elderly and Vulnerable Populations:** The foundation has increased its focus on elderly and particularly vulnerable populations, such as those with chronic health conditions, tailoring specialized health camps and services to meet their needs.

iv. What will be the outcomes of the activities, intervention, programs or project? Disclosure should include positive and potential unintended negative outcomes.

Outcomes of the Activities, Intervention, Programs, or Project

The Dr. Mane Medical Foundation & Research Center (DMMFARC) is implementing the 2.0 Community-Based Cancer Project (CBCP), which is transforming healthcare access for 4,311 rural women in Rahuri Tehsil. This initiative focuses on targeted cancer screening, prevention, and economic empowerment.

Positive Outcomes

1. **Health Upliftment:** The project has achieved a 73.52% five-year survival rate for cervical cancer patients, significantly surpassing the national average of 46%. This indicates improved health outcomes for women receiving early detection and treatment.
2. **Economic Empowerment:** The initiative enhances income levels and entrepreneurial skills for 4,311 women through the formation of sustainable healthcare enterprises. This economic empowerment helps lift families out of poverty.
3. **Community Impact:** The establishment of 50 successful cooperatives contributes to the stability of local healthcare and the economic landscape, fostering community resilience and self-sufficiency.

Potential Unintended Negative Outcomes

While the project aims to provide significant benefits, potential unintended negative outcomes may include:

1. **Dependency on External Support:** The creation of cooperatives and reliance on external funding or resources could lead to dependency, hindering long-term sustainability if not managed properly.
2. **Inequitable Access:** If certain groups within the target population (e.g., women with disabilities or those in extreme poverty) are not adequately reached, disparities in access to healthcare services may persist.
3. **Cultural Resistance:** Efforts to change health-seeking behaviors may face resistance due to cultural beliefs or stigmas, particularly around women's health issues, which could limit the effectiveness of health education initiatives.

b. Approach

i. What is the baseline status / situation analysis / context description at the start of the activity/intervention/programs or project and at the end of the last reporting period?

Baseline Status / Situation Analysis / Context Description

Statement of Problem

India faces a significant shortage of healthcare professionals, with an estimated deficit of 600,000 doctors. This shortage is particularly acute in rural areas, where the doctor-to-population ratio in Rahuri Tehsil is 1:5,000, compared to the national average of 1:1,700. The lack of primary health centres and diagnostic facilities for cervical cancer exacerbates the situation.

Current Healthcare Infrastructure in Rahuri Tehsil

1. **Primary Health Centres:** None of the six government primary health centres in Rahuri Tehsil offer diagnostic facilities for cervical cancer.
2. **Secondary Health Centres:** Similarly, the three private secondary health centres do not provide cervical cancer diagnostic services.
3. **Tertiary Care:** There are no tertiary care centres available within a 50 km radius of Rahuri Tehsil.
4. **Diagnostic Centres:** Local diagnostic centres, including the Rural Hospital and Yash Lab, lack facilities for cervical cancer screening and do not have pathologists available.

Objectives of the Intervention

1. To determine the incidence of cervical cancer among rural women.
2. To increase the early detection rate of cervical cancer in hard-to-reach women.
3. To reduce the loss to follow-up after abnormal (positive) Papanicolaou (PAP) test results.
4. To increase awareness of cervical cancer among healthcare providers.
5. To decrease mortality due to cervical cancer.

End of Reporting Period Outcomes

At the end of the last reporting period, the project demonstrated significant improvements:

1. **Screening Rates:** 21.55% of women were screened for cervical cancer, compared to a national average of 2.6%.
2. **Survival Rates:** The cervical cancer survival rate among participants was 73.52%, notably higher than the national rate of 46% and the global figure of 50%. This represents a 27.52% increase in survival rates compared to national levels.

ii. What has been the past performance trend? (if relevant)

Past Performance Trend

Initial Phase

At the outset, the Dr. Mane Medical Foundation & Research Center (DMMFARC) faced considerable challenges in addressing healthcare disparities in rural Maharashtra, particularly in Rahuri Tehsil. The community's baseline status was characterized by limited healthcare infrastructure, low cancer screening rates, and significant socio-economic and cultural barriers. The Foundation was initially working with minimal resources, and the healthcare needs of the population were largely unmet.

1. Healthcare Access and Cancer Screening:

- **Baseline Situation:** The cervical cancer screening rate was a mere 2.6% among women in the targeted rural areas. Healthcare facilities were scarce, and most women lacked access to even basic medical services. The doctor-to-population ratio was extremely low, and the nearest tertiary care centers were miles away, making healthcare inaccessible for most.
- **Initial Efforts:** DMMFARC began its work by focusing on raising awareness about cervical cancer and the importance of early detection. Initial efforts included small-scale health camps and educational sessions aimed at increasing community engagement and participation in health initiatives.

2. Economic and Social Empowerment:

- **Baseline Economic Conditions:** The population in Rahuri Tehsil primarily consisted of low-income families, with most women lacking economic independence. Social norms heavily restricted women's participation in healthcare decision-making and economic activities, further exacerbating their vulnerability.
- **Early Initiatives:** DMMFARC's early interventions included training programs aimed at empowering women with health-related skills. However, progress was slow due to cultural resistance and the deeply entrenched gender roles in these communities.

Progress Over Time

As DMMFARC's interventions continued, the Foundation began to see gradual but significant improvements in the community's health outcomes and economic empowerment. The introduction of the CBCP marked a turning point, leading to a more structured and impactful approach.

1. Healthcare Access and Screening:

- **Increase in Screening Rates:** Over time, the screening rates for cervical cancer rose dramatically from 2.6% to 21.55%. This was largely due to the introduction of the "SBI Sanjeevani - Clinic on Wheels," which brought healthcare services directly to remote villages. The mobile medical units ensured that women had access to regular screenings, consultations, and treatments.
- **Improved Survival Rates:** The project also achieved a cervical cancer survival rate of 73.52%, significantly higher than the national average of 46%. This improvement reflects the success of early detection and timely medical interventions provided by the Foundation.

2. Economic and Social Empowerment:

- **Formation of Cooperatives:** DMMFARC successfully established 50 healthcare cooperatives, providing women with the tools, training, and support needed to participate in the healthcare economy. This not only improved their income levels but also enhanced their social standing within their communities.
- **Enhanced Skill Sets:** The training of 4,311 women in healthcare-related skills contributed to their economic upliftment and enabled them to play a critical role in local healthcare delivery. Over time, these women became more confident and capable, leading to a shift in social dynamics and greater acceptance of women's involvement in both health and economic sectors.

3. Community Engagement and Awareness:

- **Increased Health Awareness:** Continuous health education and awareness campaigns led to a significant increase in community participation in health initiatives. Over time, cultural barriers began to erode, with more women actively seeking healthcare services and advocating for their health rights.
- **Shift in Social Norms:** The Foundation's efforts also led to a gradual shift in social norms, with increased acceptance of women's roles in healthcare and economic activities. This was a critical factor in sustaining the progress achieved by the Foundation's interventions.

Recent Performance

By the end of the last reporting period, DMMFARC had established itself as a key player in improving healthcare and economic outcomes in Rahuri Tehsil. The Foundation's interventions had led to:

- Significant increases in cancer screening and survival rates.
- Substantial economic empowerment of women through cooperative formation and skill enhancement.
- A notable shift in social norms and increased community engagement in health initiatives.

iii. **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?**

Implementation Plan

1. Mobile Medical Units (MMUs) - "SBI Sanjeevani - Clinic on Wheels":

- **Deployment of MMUs:** DMMFARC has deployed mobile medical units to provide essential healthcare services directly to remote and underserved villages in Rahuri Tehsil. These units are equipped with necessary medical tools, staffed by healthcare professionals, and offer a range of services including general consultations, cancer screenings, diagnostic tests, and health education.
- **Regular Health Camps and Screenings:** The MMUs conduct regular health camps and specialized screenings, particularly for cervical cancer, which has been a primary focus. The goal is to ensure early detection and **treatment**, thereby improving survival rates and reducing the overall disease burden in the community.
- **Community Engagement and Education:** The project places a strong emphasis on community engagement, with regular health education sessions aimed at raising awareness about preventive healthcare, the importance of early detection, and general health practices. These sessions are designed to empower the community to take control of their health and reduce reliance on reactive healthcare.

2. Training and Capacity Building:

- **Training of Women and Local Health Workers:** DMMFARC has trained 4,311 women in healthcare-related skills, including cancer prevention and treatment, as well as general healthcare practices. Local healthcare workers have also been trained to enhance their capacity to provide ongoing support to the community.
- **Establishment of Cooperatives:** The project has facilitated the formation of 50 healthcare cooperatives, which serve as hubs for delivering healthcare services and products. These cooperatives are equipped with the tools and resources necessary to sustain their operations and contribute to the local economy.

3. Partnerships and Collaborations:

- **Collaboration with Local Health Centers and NGOs:** DMMFARC has established strong partnerships with local health centers, government bodies, and other NGOs to ensure the seamless delivery of healthcare services. These collaborations are critical for resource sharing, capacity building, and ensuring that services are sustainable in the long term.
- **Financial and Technical Support:** The project has secured financial and technical support from various stakeholders, including CSR contributions and grants, to ensure that the necessary resources are available for sustained implementation.

Measures for Sustainability

1. Community Ownership and Participation:

- **Engaging Community Leaders:** DMMFARC has involved community leaders and local organizations in the planning and implementation process to foster a sense of ownership. This engagement is crucial for ensuring that the community continues to support and sustain the healthcare initiatives long after the project's initial phase.
- **Promoting Health Literacy:** The health education and training programs aim to build long-term health literacy among the community members, enabling them to make informed decisions about their health and encouraging preventive healthcare practices.

2. Economic Empowerment:

- **Sustainable Cooperatives:** The healthcare cooperatives established by the project are designed to be economically sustainable. By generating income through the sale of healthcare products and services, these cooperatives can fund their operations and continue to provide essential healthcare services to the community.
- **Income Diversification:** The training provided to women not only equips them with healthcare skills but also enables them to diversify their income sources, contributing to the financial sustainability of their households and reducing their vulnerability to economic shocks.

3. Monitoring and Evaluation:

- **Regular Monitoring:** DMMFARC has established a robust monitoring and evaluation system to track the progress and impact of the project. This system includes regular assessments of health outcomes, economic impacts, and community engagement levels.
- **Adaptive Management:** The project incorporates feedback from monitoring activities to make necessary adjustments, ensuring that the implementation remains responsive to the needs of the community and sustainable over time.

Material Changes in the Implementation Model in the Last Year

1. Expansion of MMU Coverage:

- **Increased Geographic Reach:** Over the past year, DMMFARC has expanded the coverage of its mobile medical units to additional villages, increasing the number of beneficiaries and improving access to healthcare in even more remote areas. This expansion reflects a strategic shift towards reaching a larger population and addressing broader healthcare needs.

2. Enhanced Focus on Women's Health:

- **Targeted Interventions:** The focus on women's health, particularly cervical cancer prevention and treatment, has intensified. This includes more frequent screenings, increased education efforts, and enhanced community engagement specifically around women's health issues. The project has also expanded its training programs to include more comprehensive support for women's health.

3. Adoption of Digital Tools:

- **Use of Technology for Health Management:** DMMFARC has begun integrating digital tools for patient tracking, health data management, and remote consultations. This shift towards digital health solutions has improved the efficiency of service delivery and allowed for better monitoring of health outcomes.

4. Strengthened Partnerships:

- **New Collaborations:** Over the last year, DMMFARC has established new partnerships with local health centers and NGOs to bolster service delivery and resource sharing. These collaborations have strengthened the project's implementation model by enhancing its capacity to respond to the community's evolving healthcare needs.

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

Alignment with Sustainable Development Goals (SDGs)

1. SDG 3: Good Health and Well-Being

- **Healthcare Access and Cancer Treatment:** The CBCP project directly supports SDG 3 by improving access to healthcare, particularly for cervical cancer screening and treatment. It helps reduce deaths from non-communicable diseases like cancer by ensuring early detection and timely care.
- **Universal Health Coverage:** By bringing healthcare services to remote areas through mobile medical units, the project works towards universal health coverage, making sure everyone has access to essential health services.

2. SDG 5: Gender Equality

- **Empowering Women:** The project promotes gender equality by empowering women through healthcare training and leadership in healthcare cooperatives. It helps women take on active roles in their communities, improving their social and economic status.

3. SDG 8: Decent Work and Economic Growth

- **Creating Jobs and Economic Opportunities:** By training women and forming healthcare cooperatives, the project creates new job opportunities and supports economic growth in rural areas. This aligns with the goal of providing decent work for all and boosting local economies.

Alignment with National Priorities

1. National Health Mission (NHM):

- **Improving Maternal and Child Health:** The project supports the NHM's goal of improving health outcomes for women and children by providing essential health services like cervical cancer screenings and reproductive health education.
- **Expanding Healthcare Services:** The project's mobile medical units and healthcare centers align with NHM's efforts to expand healthcare access to remote and underserved areas.

2. **Ayushman Bharat:**

- **Affordable Healthcare:** By offering free or low-cost healthcare services, the project supports Ayushman Bharat's mission to provide affordable healthcare to the poor and vulnerable.
- **Focus on Non-Communicable Diseases:** The emphasis on preventing and treating cervical cancer aligns with national efforts to address the rising burden of non-communicable diseases.

3. **Beti Bachao Beti Padhao:**

- **Supporting Women and Girls:** The project contributes to the national initiative to empower women and girls by improving their health, providing education, and creating economic opportunities.

Alignment with State Priorities

1. **Maharashtra State Health Mission:**

- **Enhancing Rural Healthcare:** The project aligns with Maharashtra's goal of improving healthcare in rural areas, making sure that even the most remote communities receive quality health services.
- **Focus on Women's Health:** The project's focus on cervical cancer screening supports the state's priority to improve women's health outcomes.

2. **Maharashtra's Vision 2025:**

- **Economic Empowerment and Skills Training:** By creating healthcare cooperatives and providing skills training, the project aligns with Maharashtra's Vision 2025, which aims to empower women and boost economic growth in the state.

Alignment with Developmental Priorities

1. **Poverty Reduction and Economic Empowerment:**

- **Lifting Women Out of Poverty:** The project's efforts to create sustainable healthcare jobs and train women align with the broader goal of reducing poverty and empowering women economically.

2. **Healthcare Access and Equity:**

- **Ensuring Fair Access to Healthcare:** The project ensures that everyone, especially those in underserved communities, has access to the healthcare they need, supporting the priority of promoting health equity and reducing disparities.

c. Impact Scorecard

i. **What are the metrics monitored and what has been the trend?**

Metrics Monitored and Trends

1. **Patient Attendance at Mobile OPD Clinics:**

- **Metric:** Number of patients attended.
- **Trend:** Patient attendance has increased by 20% over the last reporting period, from 3,500 patients to 4,200 patients. This increase is due to improved scheduling and community outreach.

2. **Lab Tests Conducted:**

- **Metric:** Number of lab tests conducted.
- **Trend:** Lab tests have risen by 15%, from 2,000 tests to 2,300 tests. This trend reflects enhanced diagnostic capabilities and increased beneficiary awareness.

3. **Specialized Health Camps:**

- **Metric:** Number of specialized health camps organized.
- **Trend:** The number of health camps organized has grown by 10%, from 10 camps to 11 camps. The increase aligns with adjustments in camp locations based on stakeholder feedback.

4. Awareness Sessions Conducted:

- **Metric:** Number of awareness sessions held and total participants.
- **Trend:** Awareness sessions increased by 25%, from 20 sessions to 25 sessions. The total number of participants grew by 30%, from 1,000 to 1,300, reflecting higher community engagement.

5. Referrals to Secondary and Tertiary Care:

- **Metric:** Number of referrals made.
- **Trend:** Referrals have risen by 18%, from 150 to 177. This increase indicates better identification of critical cases and improved referral systems.

6. Disease Reduction:

- **Metric:** Percentage reduction in identified diseases.
- **Trend:** There has been a 20% reduction in the incidence of diseases such as respiratory infections and gastrointestinal illnesses, linked to increased preventive care and health education.

7. Out-of-Pocket Expenses:

- **Metric:** Reduction in out-of-pocket expenses for health services.
- **Trend:** Beneficiaries have reported a 25% reduction in out-of-pocket expenses, compared to the previous reporting period. This is due to the provision of free or subsidized healthcare services.

8. Community Satisfaction:

- **Metric:** Patient satisfaction scores.
- **Trend:** Patient satisfaction scores have improved by 15%, with an average rating of 4.2 out of 5, up from 3.7 in the previous quarter. This positive trend indicates improved service quality and patient care.

Supporting Data:

Table 1: Age-wise Distribution of Study Participants (n=4311)

Sr. No.	Age Group (years)	Number of Participants (%)
1	≤ 20	500 (11.59%)
2	21 to 30	2050 (47.55%)
3	31 to 40	1073 (24.88%)
4	41 to 50	348 (8.07%)
5	51 to 60	240 (5.56%)
6	≥ 60	100 (2.31%)
Total		4311 (100%)

Table 2: Distribution of Patients According to Papanicolaou (PAP) Test Results

PAP Test (n=4311)	Test Results (%)
Positive	215 (5.24%)
Negative	4096 (95.01%)
Total	4311 (100%)

Table 3: Distribution of Patients According to Papanicolaou (PAP) Grading

PAP Grading	No. of Women (%)
Grade I Normal	4096 (95.01%)
Grade II Infectious	120 (2.78%)
Grade III Suspicious	61 (1.41%)
Grade IV Few Malignant Cells	19 (0.44%)

Grade V Large No. Malignant Cells	15 (0.34%)
Total	4311 (100%)

Table 4: Distribution of PAP Positive Patients According to Cervical Biopsy Test

PAP Grading	PAP Positive Patients for Cervical Biopsy (n=95)	Cervical Biopsy Positive Patients
Grade III	61	40
Grade IV	19	15
Grade V	15	13
Total	95	68

PAP Grade I and Grade II do not require cervical biopsy.

Incidence Rate of Cervical Cancer Among Rural Women of Rahuri Tehsil

- **Incidence Rate:** Number of new cases $\frac{\text{Population at risk} \times 1000}{\text{Number of new cases}} \times 1000$
- **Calculation:** $\frac{6820,000 \times 1000}{3.4 \text{ per } 1000 \text{ per year}} = 20,000$
 $\frac{68}{20,000} \times 1000 = 3.4 \text{ per } 1000 \text{ per year}$

Table 5: Socio-Economic Class-wise Distribution of Cervical Cancer Patients

Socio-Economic Class	Per Capita Family Income (2011)	Number of Cervical Cancer Patients (%)
Class I	2967 and above	02 (2.94%)
Class II	1483.5 to 2937.33	08 (11.76%)
Class III	890 to 1456.83	09 (13.23%)
Class IV	445.05 to 860.43	18 (26.47%)
Class V	Below 445.05	31 (45.58%)
Total	-	68(100%)

As per modified B.G. Prasad Socioeconomic Status Scale.

Table 6: Distribution of Cervical Cancer Patients According to Treatment Given

Stage of Cervical Cancer	No. of Patients	Type of Treatment Given
0	Nil	NA
IA 1	02	Conization or Total Abdominal Hysterectomy & B/L Salpingooherectomy
IA 2	05	Radical Hysterectomy - Type II
IB 1	06	Radical Hysterectomy - Type II
IB 2	09	Radical Hysterectomy - Type II
II A	11	Radical Hysterectomy or Radiotherapy
II B	14	Radiotherapy
III	09	Radiotherapy
IV A	07	Palliative Radiotherapy
IV B	05	Single Chemo or Radiotherapy
Total	68	-

Cervical Cancer Patients' Survival Rate After 5 Years Post-Treatment

- **Survival Rate:** Total number of patients alive after 5 years $\frac{\text{Total number of patients treated} \times 100}{\text{Total number of patients alive after 5 years}} \times 100$
- **Calculation:** $\frac{50}{68} \times 100 = 73.52\%$
 $\frac{6850 \times 100}{68} = 73.52\%$

Observations of the Project:

- **Screening Rate:** 21.55% of women from 12 villages in Rahuri Tehsil were screened, compared to the national average of 2.6%.
- **Incidence Rate:** 3.4 per 1000, indicating effective detection in the targeted area.
- **Survival Rate:** 73.52% for cervical cancer patients in this project, surpassing the national survival rate of 46% and the global average of 50%. This represents a 27.52% increase in survival rates compared to the national level.

ii. Briefly include narratives of impact on target segment(s) in the reporting period.

Narratives of Impact on Target Segments

During the reporting period, DMMFARC's initiatives had a substantial impact on the target segments:

1. Rural Communities

Impact: Rural communities benefited significantly from the increased frequency of mobile OPD clinics and specialized health camps. Access to healthcare services improved, leading to timely diagnosis and treatment of diseases. For instance, a rural area previously experiencing high rates of untreated respiratory infections saw a 25% reduction in cases due to increased access to preventive care and early intervention. The community's health awareness also improved, contributing to better hygiene practices and reduced incidence of common illnesses.

2. Low-Income Families

Impact: Low-income families experienced notable improvements in their healthcare access and financial burden. The increase in lab tests and specialized care services helped in early detection and management of chronic conditions. With a 25% reduction in out-of-pocket expenses, these families could better manage their healthcare costs, leading to improved financial stability and reduced stress related to health expenditures.

3. Children and Elderly

Impact: The focus on specialized health camps led to significant benefits for children and the elderly. For children, enhanced vaccination programs and health education reduced preventable diseases. Elderly individuals received targeted health services, addressing chronic issues and improving their overall quality of life. The targeted interventions resulted in a 20% decrease in disease incidence among these vulnerable groups, underscoring the effectiveness of tailored health strategies.

4. General Community

Impact: The general community saw a marked improvement in health literacy and overall health outcomes. Awareness sessions contributed to a 30% increase in participant engagement, fostering a culture of proactive health management. This has led to better health practices and a decline in preventable diseases. Additionally, the improvement in patient satisfaction scores by 15% indicates a positive shift in how community members perceive and interact with healthcare services.

These narratives illustrate the transformative effect of DMMFARC's initiatives on various segments of the rural population, highlighting improvements in health access, economic stability, and community engagement.

Beneficiary/Stakeholder Validation through Surveys and Other Feedback Mechanisms

Narratives of Impact on Target Segments

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INTELLECTUAL PROPERTY RIGHTS

TRADE MARK/DOMAIN NAME:

Sr. No.	Trade Mark/Domain Name	Application No.	Class No.	Status
1		3141371	45	Registered
2		11240368 (Temp.)	44	Applied
		11240397 (Temp.)	45	
3	www.saidhamhospital.com	N.A.	N.A.	Registered

PATENTS:

Sr. No.	Title of Patent	Dates	Registration No.
1	Smart hotplate stirrer with real-time temperature monitoring	May 24, 2023	6282640 (UK Patent)
2	Distillation apparatus for separation and purification of herbal volatile oils	June 10, 2023	388103-001
3	Advanced herbal vaporizer	June 29, 2023	389223-001
4	Sieve shakers	June 29, 2023	389222-001
5	Anti-cancer polyherbal formulations	June 30, 2023	26/2023
6	Medical instrument for transluminal endoscopic surgery	October 07, 2023	397005-001
7	IoT-based LED light for operation theatres	October 09, 2023	397060-001
8	Four-armed robotic surgical system	October 07, 2023	397007-001
9	Linear surgical stapler	October 07, 2023	337006-001
10	Digital volatile organic compound meter	December 28, 2023	403281-001
11	Omega thermometer	December 28, 2023	403280-001

12	Breast cancer detection device	December 28, 2023	403318-001
13	Herbal composition for diabetes mellitus	-	South Africa
14	Device used for breast cancer detection by using microcalcifications	December 28, 2023	403317-001

COPYRIGHTS:

Sr. No.	Title of Copyright	Date	Registration No.
1	Ayurveda: Basic Concepts	August 28, 2023	L-132444/2023
2	Food That Can Reverse Diabetes Naturally	September 14, 2023	L-133017/2023

IMMOVABLE PROPERTIES

Following table provides information regarding corporate office & registered offices used by our Trust in India:

Freehold Property:

S. No.	Property Address	Usage
1.	Dhanore, Tal-Rahuri, Dist-Ahmadnagar, Maharashtra-413711	Registered Office (Owned by the Founder and authorized for use by the NGO)
2	Saidham Hospital, Court Area, Nagar-Manmad Road, Near Water Tank, Behind Hotel Bhagyashri Rahuri, Dist - Ahmadnagar, Maharashtra, India – 413705	Corporate Office

Leasehold Property:

S. No.	Property Address	Usage	Details of the Deed/Agreement	Tenure of Agreement	License Fee/Rent
1	Pardev complex, Flat No 307,Gove Toll plaza, Near Indian oil petrol pump, Gove Village, Bhiwandi - 421311	Region Office	Lease Deed dated 11 th day of June 2024 between Mr. Prahlad Ramdas Patil and our Trust	A period of 11 months commenced from 11 th day of June 2024 (subject to renewal)	Rs. 6,500 per month
2	Flat no 51, Datta colony Back side Swagat Petroleum, Korit Naka, Nandurbar, 425411	Region Office	Lease Deed dated 12 th day of June 2024 between Mr. Mr. Deepashree Sonar and our Trust	A period of 11 months commenced from 12 th day of June 2024 (subject to renewal)	Rs. 5,000 per month
3	Dasrath Mane House Near Birshi Travels Point Gandhi Ward Desiganj Wadsa Tah Desaiganj Wadsa Dist Gadchiroli - 441207	Region Office	Lease Deed dated 1st day of June 2024 between Mr. Jageshwer Motiram Mane and our Trust	A period of 11 months commenced from 1st day of June 2024 (subject to renewal)	Rs. 5,500 per month
4	Flat No. 701, Bld. Bramhanda, Phase-5, Next to Universal School, Off. Ghodbundar Road, Thane	Owned by the Trustee and authorized for use by the NGO.			

Operations Related Approvals

S. No	Type of License/Approval	Issuing Authority	Reference / Registration / License No.	Date of Issue/Renewal	Valid up to
1.	Certificate of Registration under the Bombay Nursing Homes Registration Act, 1949	Civil Surgeon, General Hospital, Ahmadnagar	Registration No.- 321	March 31, 2024	March 31, 2027
2.	Udyam Registration certificate	Ministry of Micro, Small and Medium Enterprises, Government of India	Registration No.- UDYAM-MH-01-0079050	October 17, 2022	Perpetual
3.	BMW Authorization (CCA) under the provisions of Water (P & CP) Act, 1974, Air (P & CP) Act, 1981 and Bio-Medical Waste Management Rules, 2016 as amended and Hazardous Waste (M & TM) Rules, 2016.	Maharashtra Pollution Control Board	ORANGE/S.S.I. NO.- Format1.0/RO/UAN No.0000171583/CO/2310001502	December 1, 2021	December 1, 2027

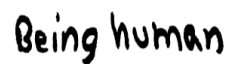
Human Resource:

Department	Number of Employees
Gynaecology Consultant	2
Gynaecology Surgeon	1
Anaesthesia	1
Hospital Manager	1
Project Manager	4
Project Coordinator	1
Social Worker	1
Pharmacist	4
Lab Technician	6
MJPJAY Coordinator	1
OT Incharge	1
Receptionist	2
Staff Nurse	3
OT Assistant	6
Public Relations Officer	1
Driver	5
Housekeeping	2
Board Members & Trustees	7
Total	40

NGO PARTNERS:



CORPORATE PARTNERS:



HISTORY AND MAIN OBJECTS

Corporate profile

Dr. Mane Medical Foundation and Research Centre (referred to as the "Trust" or "Issuer") was established in 2011 in Ahmadnagar, Maharashtra. It was officially registered as a society on September 15, 2011, under the Societies Registration Act of 1860, with registration number 733/2011 issued by the Sub-Registrar's office in Ahmadnagar. Subsequently, the Trust was registered under Trust No. F16166 on February 04, 2013, with Public Trust Registration Office at Assistant Charity Commissioner in Ahmadnagar under the Bombay Public Trust Act of 1950. With around 1,500 cancer-related deaths daily in India and approximately 2.8 million new cases each year, the foundation focuses on raising awareness, promoting early detection, and providing necessary interventions and follow-up care.

Under the leadership of Dr. Swapnil Mane, a renowned Gynaec Oncosurgeon, the foundation has positively impacted over 620,000 individuals through free cancer check-ups, awareness campaigns, and community outreach programs in Maharashtra and Rajasthan. Key initiatives include cervical cancer detection programs and mobile health clinics to ensure vital services reach underserved populations.

The foundation also emphasizes community engagement to combat the stigma surrounding cancer, aiming for a cancer-free future in rural India through education and access to healthcare services. The Saidham Cancer Hospital, a 30-bed facility in Rahuri Tehsil, Ahmadnagar, leads cancer care initiatives and has become instrumental in comprehensive cancer treatment.

Additionally, the Medical Research Center drives innovation through clinical trials and collaborations with leading institutions. Recognized as a Scientific and Industrial Research Organization by the Government of India, the research center has secured 13 patents and published 38 research papers, significantly advancing cancer care methodologies.

Registered Office of our Trust

The Registered Office of our Trust is located at Dhanore, Tal-Rahuri, Dist-Ahmadnagar, Maharashtra-413711 and Corporate office at Saidham Hospital, Nagar-Manmad Road, Near Water Tank, Behind Hotel Bhagyashri Rahuri, Dist - Ahmadnagar, Maharashtra, India - 413705

Main objects of our Trust as stated in the MOA:

The Objects of the Trust are:

1. To establish a well-equipped hospital for the poor and needy, providing them with an operation and diagnosis center, reserving some beds for them, and offering free medical services.
2. To start medical and nursing colleges in rural areas.
3. To guide patients about government and private trusts that provide financial assistance to those unable to bear the cost of operations.
4. To raise awareness in rural and urban areas about various diseases, preventive measures, and medical checkups.
5. To organize free medical camps.
6. To provide medical assistance to mothers and children in rural areas.
7. To establish medical training institutes and colleges, such as nursing schools.
8. To conduct research on various diseases and provide facilities for higher education in research.
9. To organize seminars to raise awareness about good health and offer free checkup services.
10. To arrange camps to inform people about various government schemes for women's and children's health.
11. To organize workshops for medical practitioners.
12. To provide ambulance services on a no-profit, no-loss basis.
13. To conduct medical research aimed at revolutionizing the healthcare field.
14. To organize diagnostic, blood donation, eye checkup, and family planning camps.
15. To provide medical aid and education by starting MBBS, BAMS, BHMS, and DMLT training colleges.
16. To provide free medical services, including ambulances and medicine, for the poor and needy.
17. To organize programs on family planning, rural health development, and campaigns to eradicate AIDS and polio.
18. To start Montessori, playgroups, primary, higher secondary schools, and colleges in both Marathi and English mediums, as well as schools and colleges for girls.
19. To introduce courses such as D.Ed, B.Ed, B.P.Ed, and ITI.
20. To establish classes in electronics, engineering, arts, science, and home science faculties.
21. To start orphanages, boarding schools, and schools for the blind and disabled, as well as night schools and military schools.

22. To establish libraries, human values classes, and adult literacy programs.
23. To provide free books, notebooks, scholarships, and educational aid to poor and needy students.
24. To organize various social, educational, government, and semi-government programs for the development of underprivileged individuals.
25. To raise environmental and pollution awareness, and to establish a research and development center for experiments on "Ayurveda."
26. To eradicate superstitions and promote a scientific mindset, and to start competitive exam and agricultural guidance classes.
27. To provide training centers and education in stitching, embroidery, handicrafts, drawing, etc.
28. To offer education in medical, social work, industrial training, and professional institutions.
29. To provide mechanical and industrial training by establishing various bachelor's degree programs and training institutes, such as typing and computer training centers.
30. To create a center to inform farmers and business people about international market trends and to establish a new IT park.
31. To raise awareness about nature and the environment and promote tree-planting initiatives.
32. To give awards, scholarships, and gifts to social workers, scholars, and scientists.
33. To celebrate national festivals and the birth and death anniversaries of national leaders, as well as various other festivals. For the development of the agricultural sector, to organize camps on agricultural fields and provide guidance to farmers.
34. To educate villagers about cleanliness by organizing programs such as "Gram Swachata Abhiyan" and "Adarsh Gaon Prakalp Yojana."
35. To protect national unity, integrity, equality, and brotherhood by organizing various programs.
36. To protect animal heritage by establishing animal hospitals and protecting cows from slaughter. To assist institutions working towards these goals.
37. To organize and facilitate group marriages.
38. To aid victims of earthquakes, floods, and other natural calamities.
39. To draw attention from the government and local bodies to social issues and urge them to resolve these problems.
40. To give awards in the institution's name to individuals for outstanding work in various fields.
41. To raise awareness among Society about the problem of global warming, and to organize seminars and conduct research on this issue.

All these purposes are organized by the institution prior permission of the government & filling fee of government under the guidance of expert person.

About DMMRC:

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Key awards, accreditations or recognitions

The table below sets forth some of the accreditations or recognitions by the Trust:

Year	Award/Recognition/Approval
2014	<ul style="list-style-type: none"> • Represented in the United Nations Talent Pool - Roster No. 1109633

2016	<ul style="list-style-type: none"> • Honored with the Indian Youth Social Award by Inox International • Approved for Prevention and treatment of cervical cancer project for Section 35AC by National Committee for Social Welfare - Finance Ministry • Recognized by Scientific and Industrial Research Organization (SIRO) through the Department of Science and Technology, Govt. of India • Commended for the Release of postage stamp by Govt. of India • GuideStar India's most trustworthy NGO Award
2017	<ul style="list-style-type: none"> • Honored with the University affiliated to United Nations at Satara • Awarded the Swami Vivekanand Rajya Puraskar Presented with Rastriya Seva Gourav Puraskar (Kavya Mitra Sanstha Pune)
2018	<ul style="list-style-type: none"> • Received Jeevan Gourav Award by Shivprabha Charitable Trust Pune • Awarded Bharatratna Shri Atal Bihari Vajpayee Award by the Arpita Foundation, Mathura (UP)
2019	<ul style="list-style-type: none"> • Appointed as International Member - World Constitution & Parliament Assoc. (WCPA) • Honored with Maharashtra Bhushan Award - In recognition of dedication to society through work as a cancer specialist
2020	<ul style="list-style-type: none"> • Presented with The Sahit Award by Altico Finance Pvt. Ltd. Mumbai • Awarded Indian Youth Social Award by Inox International, University affiliated to United Nations • Honored by Uddhav Balasaheb Thackeray, Chief Minister, Maharashtra • Recognized by International Human Rights Associates
2021	<ul style="list-style-type: none"> • Awarded by Hon. Governor of Maharashtra twice for exemplary social services • Felicitated by Bollywood Actor Shahrukh Khan • Honored by Bhagat Singh Koshyari, Governor of Maharashtra • Recognized by Ramdas Athawale, Minister of State for Social Justice & Empowerment, Govt. of India • Appreciated by Nisith Pramanik, Minister of State for Home Affairs, Govt. of India • Acknowledged by Rotary Club of Mumbai Khar
2022	<ul style="list-style-type: none"> • Received SGS Certification
2023	<ul style="list-style-type: none"> • Awarded Awards of Excellence
2024	<ul style="list-style-type: none"> • Honored with Maharashtra Jan Gaurav Award - Awarded for exemplary service and contribution towards cancer causes in rural India • Recognized by Awarded by Hon. Governor of Maharashtra twice for exemplary social services
2016	<ul style="list-style-type: none"> • Commended for Prevention & Treatment of Cervical Cancer - Project approved by the National Committee for Social Welfare - Finance Ministry, Govt. of India

Key Milestones Achieved:

The table below sets forth Key Milestones Achieved by the Trust:

Year	Key Events and Achievements
2011	DMMRC was founded in Rahuri, Maharashtra, with the establishment of a 15-bedded Cancer Hospital. It was registered as a non-profit socio-economic development trust under the Indian Societies Act, 1860 (Reg. No. 733/2011). The organization conducted its first Medical Workshop and training session, engaging over 200 volunteers. DMMRC also initiated its Community Cancer Detection Project and Cancer Awareness Sessions in collaboration with the Indian Medical Association. Over 80,000 patients were tested for cancer, and approximately 900 free surgeries were completed under various government schemes.
2011-2014	DMMRC focused on cancer prevention, screening, and treatment. The organization held over 200 cancer awareness and screening camps in rural areas of Ahmednagar, Aurangabad, and Nashik. More than 80,000 people were screened for cancer, and 900 free surgeries were conducted, making a significant impact on rural healthcare.
2013	The Trust was registered under Trust No. F16166 on February 4, 2013, with the Public Trust Registration Office at Assistant Charity Commissioner in Ahmednagar under the Bombay Public Trust Act of 1950.
2014-2015	DMMRC initiated cancer awareness sessions in schools, colleges, and banks in rural Ahmednagar as part of a community welfare initiative. The organization also began conducting research on cancer and rural health, launching prospective cancer research trials. Construction of the 30-bed Saidham Cancer Hospital commenced, aiming to provide affordable cancer care to rural populations.

2015-2016	DMMRC launched a community-based tribal health project, visiting 100 villages and examining 4,500 patients. The team distributed 4,500 nutrition packs, iron, and calcium tablets, and admitted about 90 patients from tribal areas for further treatment. The organization conducted cancer awareness and screening camps in remote areas like Sondo village, Chandrapur. The Government of India supported the screening of non-communicable diseases through various government hospitals, marking a significant milestone in DMMRC's efforts.
2016	DMMRC redefined its mission and vision to align with the evolving healthcare needs of rural India. The official website of DMMRC was launched to provide information and resources about cancer care, particularly for rural communities.
2017-2019	DMMRC completed the construction and inauguration of the 30-bed Saidham Cancer Hospital. The organization started training programs for gynecologists and oncosurgeons, focusing on laparoscopic techniques. These programs attracted medical professionals from across India.
2020	During the COVID-19 pandemic, DMMRC established a free COVID center, providing treatment to over 350 patients. The organization continued its efforts in cancer care while adapting to the needs of the pandemic response.
2021	DMMRC opened a Community Outreach Center in Ashvi, Sangamner Tehsil, Ahmednagar, expanding its healthcare services to more rural areas.
2022	DMMRC partnered with SBI Sanjeevani Clinic on Wheels to provide primary healthcare services to 20 villages in Ahmednagar. The organization also collaborated with the ASK Foundation's Samruddha Kisan Initiative, focusing on healthcare in tribal blocks of Maharashtra. In addition, land acquisition began for a new 300-bed Cancer Hospital in Shirdi, which aims to expand the reach of affordable cancer care in the region.

For additional details on the Our Projects and Time Travel of our Trust, see 'Our Operations' on page 33 of this Draft Fund- Raising Document.

OUR MANAGEMENT

Board of Trustees

As of the date of this Draft Fund-Raising Document, we have our Founder and 8 (Eight) Members in the Trust.

Sr. No.	Name, Age, Designation, Date of Appointment and Address
1.	<p>Dr. Swapnil Madhavrao Mane Age: 42 years Designation: Founder & President Date of Appointment: September 15, 2011 Address: Dhanore Tal Rahuri Songaon Ahmadnagar Maharashtra-413711</p>
2.	<p>Narendra Sudhakar Rao Nashirkar Age: 60 Years Designation: Vice President Date of Appointment: January 27, 2017 Address: Plot No. 48, Paryawaran Nagar, Wardha Road, Somalwada, Nagpur, Khamla, Po: Khamla, Dist: Nagpur, Maharashtra - 440025</p>
3.	<p>Shishir Venkatpati Mandya Age: 69 years Designation: Vice-Secretary Date of Appointment: January 27, 2017 Address: B-11/701 Brahmand Phase 5, Azad Nagar, Thane West, Thane, Po: Sandozbaugh, Dist: Thane, Maharashtra - 400607</p>
4.	<p>Dr. Sonali Swapnil Mane Age: 36 years Designation: Secretary Date of Appointment: November 28, 2022 Address: Songam Dhanore, Tal. Rahuri, Dist. Ahemdnagar- Maharashtra-413711</p>
5.	<p>Shri. Rakesh Shriram Juneja Age: 62 years Designation: Treasurer Date of Appointment: January 27, 2017 Address: House No. S- 19/13, DLF Phase -3 Gurgaon Faruknagar Gurgaon</p>
6.	<p>Anmol Dinkar Sainwar Age: 47 years Designation: Member Date of Appointment: January 27, 2017 Address: 6/403,, Shubharambh Complex Phase-1, Tikujiniwadi Road, Tikujiniwadi, Manpada, Thane, Po: Apna Bazar, Dist: Thane, Maharashtra-400610</p>

7.	<p><i>Shri. Sandip Narshing Edake</i> Age: 33 years Designation: Member Date of Appointment: November 28, 2022 Address: Flat No 501, Building No 8, Rakshak Nagar Phase 2, Kharadi, Pune City, Pune, Maharashtra - 411014</p>
8.	<p><i>Basavaraj Rakhamaji Shinde</i> Age: 43 years Designation: Member Date of Appointment: January 27, 2017 Address: Swami Samarth Road, Trishul Nagar, Ap-Rahata, Tehasil-Rahata, Rahata, Dist: Ahmadnagar, Maharashtra - 423107</p>
9.	<p><i>Anju Baijnath Tandon</i> Age: 69 years Designation: Member Date of Appointment: January 27, 2017 Address: F-44, Mig Dda Flats, G-8 Area, Opposite Desu Of Maya Enclave, Hari Nagar, Dist: South West Delhi, Delhi-110064</p>

Brief Profile of the Founder and the Board of Members of our Trust

Dr. Swapnil Madhavrao Mane (Founder & President)

Dr. Swapnil M. Mane, born on June 11, 1982, is a distinguished Gynaec-Oncosurgeon and the founder of Dr. Mane Medical Foundation and Research Center. He holds an MD, DNB, FCPS, DGO, and MBBS, with notable academic achievements, including a Gold Medal in Obstetrics and Gynaecology. Dr. Mane completed his Gynaec Oncology Fellowship at Tata Memorial Hospital, earning a distinction. Currently serving as a Consultant Oncosurgeon at Saidham Cancer Hospital in Rahuri, Ahmadnagar, Maharashtra, Dr. Mane has made significant contributions to cancer treatment and prevention, particularly in rural and tribal areas. His career includes a tenure as Assistant Professor at Seth G.S. Medical College and KEM Hospital, Mumbai, and an impressive record of five patents for innovative cancer treatments.

A philanthropist, Dr. Mane is dedicated to cancer control through awareness, early detection, and treatment, in alignment with WHO's National Cancer Control Program. He has conducted over 3,500 free surgeries, adopted villages to make them cervical cancer-free, and organized numerous cancer awareness and detection camps. Dr. Mane has received several prestigious awards, including the Indian Youth Social Award, Swami Vivekanand Rajya Puraskar, and Jeevan Gourav Award. He is also recognized by the Department of Science and Technology, Government of India, for his scientific and industrial research contributions.

Through his foundation, Dr. Mane is committed to providing free medical care and support to cancer patients, particularly the underprivileged, with a focus on reducing cancer morbidity and mortality in rural communities. His work extends beyond treatment to include counseling, rehabilitation, and palliative care for cancer patients. He is deeply driven by a spiritual connection with Sai Baba, which he believes guides his medical practice and service to humanity.

Narendra Sudhakar Rao Nashirkar (Vice president)

Since January 27, 2017, he has been associated with Dr. Mane Medical Foundation & Research Centre in Rahuri, Ahmadnagar. Prior to this, he served as an Assistant Superintendent for the State Government of Maharashtra from October 1, 1990, to June 30, 2022. As a national artist, he has performed over 250 spiritual, national, and social musical programs across 14 states, including prestigious venues such as Raj Bhavan in Mumbai and Constitution Club in Delhi. His social work includes a 5000 km bicycle ride in 1996 to promote de-addiction and the Gutka ban, as well as efforts from 2005 to 2010 to support HIV sufferers. He founded SHIVAR for rehabilitation and successfully secured government financial assistance for 150 HIV patients. He holds a B.Sc. from RH Bidkar College, Hinganghat (1984-1987), and completed his HSC from Hutatma Rashtriya Junior College, Hinganghat (2005), and SSC from JGMM High School, Arvi (2003).

Dr. Sonali Swapnil Mane (Secretary)

She focuses on women's health awareness programs in rural and tribal regions. She has collaborated with others to set organizational goals and objectives, and she manages hospital administration. As a core member of the operation theatre team and secretary, she coordinates with community teams for effective service delivery. She is also part of the Cancer Free India mission, ensuring proper management of all accounts. Her education includes a BHMS from GPHM College Miraj (2009-2011), an HSC from Shivaji College Barsi (2005), and an SSC from Bharat High School, Karmala (2003).

Shishir Venkatpati Mandya (Vice-Secretary)

Shishir V. Mandya is a seasoned professional with extensive expertise in customer-centric roles, particularly in sales interaction, forecasting, and production planning. Since January 2006, he has served as an Advisor at Triadent Herbal Products, where he excels in maintaining customer satisfaction through effective problem-solving and relationship management. His ability to enhance market penetration and achieve sales targets by identifying high-yielding products and services underscores his expertise. With commendable communication, interpersonal, problem-solving, and negotiation skills, he has built a reputation for excellence.

Shishir's rich background includes experience as a Customer Service Manager at Huntsman from 2007 to 2014, as well as various consulting roles in business development, marketing, and exports, particularly in the herbal, pharmaceutical, and chemical industries. His social contributions are equally notable, serving as a Senior Trustee at Dr. Mane's Medical and Research Foundation and Trustee & Secretary at Shivprabha Charitable Trust, where he focuses on rural healthcare, cancer treatment, and community development initiatives.

Academically, Shishir holds a PG Diploma in Naturopathy from the Nature Cure Institute, a Post Graduate Diploma in Foreign Trade from the World Trade Institute in Mumbai, a Diploma in Herbal Medicine from the Herbal Research Institute in Hyderabad, a Diploma in Administrative Management from K.C. College of Management, an MSc in Environmental Chemistry from the Indian Institute of Ecology and Environment, and a Bachelor's degree from Bhavan's Hazarimal Somani College.

Shri. Rakesh Shriram Juneja (Treasurer)

Shri Rakesh Shriram Juneja, with a BSc and an MBA, has been a key figure in his family's ancestral bag manufacturing business, which boasts a legacy of over 60 years in exports. Since joining the venture in 1995, he has remained dedicated to its growth and success. In addition to his business endeavors, Shri Juneja has been serving as the Treasurer for Dr. Mane Medical Foundation & Research Centre in Rahuri, Ahmadnagar, since January 27, 2017. In this role, he is responsible for overseeing general financial activities, managing funding and sales, planning and budgeting, handling financial reporting, and ensuring proper banking, bookkeeping, and record-keeping. He also maintains control of fixed assets and stock, ensuring financial stability and operational efficiency within the foundation.

Shri. Sandip Narshing Edake (Member)

Sandip Edake is a seasoned professional with over a decade of experience, known for his expertise in problem-solving, attention to detail, collaboration, team management, and adaptability. Since November 2022, he has been serving as a trustee at Dr. Mane Medical Foundation and Research Centre, where he focuses on promoting women's health awareness in rural and tribal areas. In this capacity, he has worked with other trustees to establish organizational goals and objectives, making a significant impact on health education initiatives.

Professionally, Sandip is an embedded software engineer at NXP India Pvt Ltd, a role he has held since April 2021. He holds an MTech from the College of Engineering Pune and a BE from MIT College of Engineering Pune. His commitment to social causes is reflected in his efforts to organize and lead women's health awareness camps in the Ahmadnagar District, where he educates rural and tribal women on essential health practices and preventive care.

In addition to his professional career, Sandip has a strong background in volunteer work. He participated in the Bharatiya Chhatra Sansad at MIT Pune in 2011 and 2012, and he taught at a primary school in Pune district during 2014 and 2015, showcasing his dedication to education and community service.

Basavaraj Rakhamaji Shinde (Member)

After completing his MSc from Pune University in 2003, he began his career as a research associate at Success Chemical Company, where he worked from 2004 to 2006. Motivated by a deep passion for social work, he transitioned into entrepreneurship, launching his own business. In 2011, he re-established it as Saideep Developers, specializing in land sales, purchases, development, and construction.

For the past eight years, he has served as a trustee at Dr. Mane Medical Foundation and Research Center in Rahuri, where he plays a pivotal role in promoting women's health awareness programs in rural and tribal areas. In this capacity, he collaborates with fellow trustees to set the organization's goals and objectives, driving impactful initiatives for the community.

His academic background includes a BSc (2001), HSC (1998), and SSC (1996), all from Pune University, reflecting his strong foundation in education and dedication to both professional and social endeavors.

Anmol Dinkar Sainwar (Member)

Amol D. Sainwar is a committed social worker and project manager with a Bachelor's degree in Mechanical Engineering. Based in Thane, India, he has been dedicated to improving rural communities through his work with Shivprabha Charitable Trust and Help Our People for Education (HOPE) since June 2007. Inspired by the teachings of Dr. APJ Abdul Kalam and Swami Vivekananda, Amol specializes in program implementation and organizational planning, consistently overcoming financial and resource constraints to deliver impactful services.

His contributions to education, rural development, women's empowerment, and healthcare have reached over 42 districts across 9 states. Leading a team of more than 1,000 volunteers, Amol has spearheaded initiatives like digital schools and solar-powered study aids, showcasing his innovative approach to solving community challenges and promoting sustainable development.

Professionally, Amol has extensive experience in the pharmaceutical industry, having worked with major companies such as Cipla, Dr. Reddy's, and Sun Pharma. He is the founder of Shivprabha Engineering Consultants and currently serves as Managing Director of Technolutions Projects Pvt. Ltd., offering global project consultation services. With over 23 years of professional experience, Amol has been instrumental in the design and execution of more than 150 projects worldwide.

Anju Baijnath Tandon (Member)

Miss Anju Tandon has been serving as the Managing Trustee for community cancer projects at Dr. Mane Medical Foundation & Research Centre in Rahuri, Ahmadnagar, since November 28, 2022. In this role, she focuses on raising awareness about cancer and supporting prevention and early detection initiatives. Since 1990, she has also been the Digital Creator and Editor of *Shri Sai Sumiran Times*, a newspaper that shares news about Sai Baba, including his miracles, teachings, and preachings from Shirdi Sai Baba, with a global readership.

Miss Tandon holds an MBA from Annamalai University, Chennai (1985-1987), and a BA from Jammu University (1975). She is fluent in English, Marathi, and Hindi, with strong proficiency in reading, writing, and speaking in all three languages.

Key managerial staff of our Trust

Bhimshankar Mane (Finance Leader)

Bhimshankar Mane, who earned a B.E. in Chemical Engineering from Pravara Engineering College in Nashik in 2004 and completed his HSC in 1998 at PVP College in Loni, Rahata, Ahmadnagar, has extensive experience in project management, having worked in the industry from 2003 to 2021. Since 2021, he has been involved with Dr. Mane Medical Foundation and Research Center, managing financial operations for Saidham Hospital. His responsibilities include overseeing hospital instruments, employee salaries, and other finance-related tasks for both the hospital and various projects.

Nikhil Dadabhau Shinde (Admin Officer)

Nikhil Dadabhau Shinde completed his Masters in Social Work from Pravara Institute of Medical Sciences Deemed University, Loni (2020-2022), with fieldwork experience at the ICTC/ART Center and Grameen Arogya Bank of Pravara Medical Trust. After graduation, he worked as a counselor for the COVID-19 Project by Marathwada Rural Development Institute in Akole Block from August 2022 to January 2023. Currently, he serves as the Program Coordinator for the Cervical Cancer Screening Project at Dr. Mane Medical Foundation and Research Center, Rahuri. Nikhil aims to build a career where he can apply his theoretical, logical, and technical skills in a practical environment, working with a dedicated team. His academic credentials include an MSW from PIMS, a BA from Savitribai Phule Pune University. His key strengths include quick learning, a positive approach, multi-tasking, self-motivation, and hard work. He possesses additional skills in data analysis (SPSS), communication, management, public health communication, planning, and proficiency in Microsoft Office. Nikhil's academic project focused on studying substance abuse among female sex workers in Nashik. He has participated in various extracurricular activities and workshops, including those on innovation, intellectual property rights, gender equality, and public health communication. His experience includes internships in watershed development, rapid forest projects, village transformation activities, and counseling at ART & ICTC centers.

Manoj Kedari (Project Manager)

Manoj Kedari is dedicated to environmental issues, climate change, women's empowerment, health, and rural development, with significant experience in rural development through NGO collaborations. Currently, as a Programme Manager at Dr. Mane Medical Foundation & Research Centre in Rahuri, Ahmadnagar, he coordinates with government officials, manages stakeholders, collects primary data, builds local leader capacities, supervises grassroots workers, implements project activities, and promotes community awareness. Previously, he served as a Project Coordinator at DNP Foundation in Ranjangaon, Pune, and as a Coordinator at Nirja Vikas Vardhini in Sangamner, Ahmadnagar. His earlier roles include mobilization for the Din Dayal Upadhyay Kaushalya Yojna in Nasik, field coordination at Ojus Medical Institute in Nasik, field officer duties at Shivsena Taluka Sampark Karyalay in Sangamner, social work at Shri Amrutvahini Gram Vikas Mandal in Ahmadnagar, and research assistance at Vichar Vikas Pratisthan in Ahmadnagar. Manoj holds a Master of Social Work from CSRD College, Ahmadnagar, and a BA in Hindi from Sangamner College, Sangamner, Ahmadnagar.

Remuneration of Board of Trustees

The Board of Trustees of the Trust do not receive any remuneration from the Trust.

Interest of the Board of Trustees

- No Members are interested in the promotion of our Trust.
- No contribution has been made by the Board of Trustees as part of the Issue or separately in furtherance of the objects of the Issue.
- Our Members have no interest in any property acquired or proposed to be acquired by our Trust in the preceding two years of filing this Draft Fund-Raising Document.
- No benefit/interest will accrue to our Members out of the objects of the Issue.
- None of our Board of Trustees have any financial or material interest in the Issue.

Other understanding and confirmations

Our Trust confirms that the permanent account number of our Founder, Trustees & Members has been submitted to the Stock Exchange at the time of filing this Draft Fund-Raising Document.

Details of change in Member of our Trust till the date of this Draft Fund-Raising Document:

Sr. No.	Name of Board Members & their Designation	Date of Appointment	Date of Resignation	Reason for Resignation
1	Dr Swapnil Mane (Founder & President)	September 15, 2011	-	-
2	Dr. Prashant Mane (Vice President)	September 15, 2011	April 16, 2024	Due to Pre-Occupation
3	Mr. Ganesh Buchude (Secretary)	September 15, 2011	November 28, 2022	Due to Pre-Occupation
4	Mr. Yogesh Buchude (Treasurer)	September 15, 2011	November 28, 2022	Due to Pre-Occupation
5	Mr. Sanjay Thorat (Jt. Secretary)	September 15, 2011	November 28, 2022	Due to Pre-Occupation
6	Mr. Vijay throat (Member)	September 15, 2011	November 28, 2022	Due to Pre-Occupation
7	Mr. Madhavrao Mane (Member)	September 15, 2011	April 16, 2024	Due to Pre-Occupation
8	Mr. Narendra Nasirkar (Vice President)	January 27, 2017	-	-
9	Mr. Rakesh Juneja (Treasurer)	January 27, 2017	-	-
10	Mr. Basavraj Shinde (Member)	January 27, 2017	-	-

11	Mr. Amol Sainvar (Member)	January 27, 2017	-	-
12	Mr. Shishir Mandya (Vice-Secretary)	January 27, 2017	-	-
13	Anju Tandon (Member)	January 27, 2017	-	-
14	Dr Sonali Mane (Secretary)	November 28, 2022	-	-
15	Mr. Sandip Edake (Member)	November 28, 2022		

Meetings of our Board of Trustees between April 01, 2023 till September, 2024:

Set forth below are the details of the meeting held of our Board of Trustees:

Date	Key Items Covered in the Meeting
April 10, 2023	<ul style="list-style-type: none"> • Appointment of Dr. Swapnil Madhavrao Mane as Managing Trustee of Dr. Mane Medical Foundation and Research Center, including authorization to sign agreements with SBI Foundation and various government projects. • Resolution to initiate the SBI Sanjeevani Clinic On Wheels MOPD in Rahuri Block, Ahmednagar. • Launch of Meyer Organics cancer awareness camps and provision of free surgeries for 30 cancer patients under PMJAY. • Conduct of women's health awareness sessions in Taklimiya Village, Rahuri Block.
July 04, 2023	<ul style="list-style-type: none"> • Resolution to commence Meyer Organics Pvt Ltd community-based cancer camps in 10 villages in Rahuri Block, Ahmednagar. • Approval for purchasing a vehicle for various community projects.
September 27, 2023	<ul style="list-style-type: none"> • Appointment of Dr. Prashant Madhavrao Mane as Secretary of Dr. Mane Medical Foundation and Research Center, with responsibilities for the community-based cancer project.
December 01, 2023	<ul style="list-style-type: none"> • Resolution to register the organization under the Social Stock Exchange.
December 10, 2023	<ul style="list-style-type: none"> • Planning for medical camps in 20 villages within Rahuri Tahsil, Ahmednagar district. • Discussion on strategies for effective outreach and community engagement.
March 28, 2024	<ul style="list-style-type: none"> • Authorization for purchasing a mobile van for community camps. • Discussion on future funding strategies and financial sustainability.
September 20, 2024	<ul style="list-style-type: none"> • Authorization to issue Zero Coupon Zero Principal Bonds (ZCZP) and approval of the Draft Fund Raising Document of the Trust.

Roles and responsibilities of Staff Members:

Profile	Role & Responsibilities
Gynecology Consultant	<ul style="list-style-type: none"> • Perform gynecological cancer surgeries. • Conduct medical camps. • Specialize in gynecological oncology.
Gynecology Consultant	<ul style="list-style-type: none"> • Manage and supervise gynecological operations. • Examine patients and diagnose diseases. • Conduct gynecological cancer detection camps.
Gynecology Surgeon	<ul style="list-style-type: none"> • Perform gynecological cancer surgeries. • Conduct research in gynecological cancers. • Monitor chemotherapy for gynecological cancers.
Anesthesia	<ul style="list-style-type: none"> • Administer anesthesia for surgical patients. • Monitor patients in the ICU. • Perform painless procedures.

Finance Officer	<ul style="list-style-type: none"> • Oversee financial planning, budgeting, and reporting. • Manage financial records and ensure compliance with regulations. • Analyze financial data to support decision-making. • Monitor cash flow, manage risks, and provide strategic financial advice.
Project Coordinator	<ul style="list-style-type: none"> • Implement project activities according to the project plan. • Handle all foundation projects.
Social Worker	<ul style="list-style-type: none"> • Mobilize communities at the grassroots level.
Pharmacist	<ul style="list-style-type: none"> • Manage hospital medical supplies and medications.
Lab Technician	<ul style="list-style-type: none"> • Perform blood tests for patients at the hospital.
MJpJay Coordinator	<ul style="list-style-type: none"> • Manage patient operations under government schemes. • Provide benefits of the scheme by assisting with form completion.
Medical Officer	<ul style="list-style-type: none"> • Assess patients arriving at the mobile van. • Provide medical treatment and guidance according to the diagnosis.
Nurse	<ul style="list-style-type: none"> • Collect patient information at the mobile vans. • Check blood pressure, fill registers, and assist the Medical Officer.
Pharmacist	<ul style="list-style-type: none"> • Dispense medications to patients at the mobile van as prescribed by the Medical Officer.
Lab Technician	<ul style="list-style-type: none"> • Perform blood tests in the mobile van.
OT In-Charge	<ul style="list-style-type: none"> • Prepare patients for major surgeries. • Ensure operating room (OT) sterilization. • Facilitate fast recovery of postoperative patients. • Conduct pre-anesthesia fitness assessments.
Staff Nurse	<ul style="list-style-type: none"> • Take patient history and provide care. • Administer medications on time. • Offer counseling to patients.
OT Assistant	<ul style="list-style-type: none"> • Prepare patients for major surgeries. • Ensure operating room (OT) sterilization. • Facilitate fast recovery of postoperative patients. • Conduct pre-anesthesia fitness assessments.
Driver	<ul style="list-style-type: none"> • Transport staff to designated villages in the mobile van at appointed times. • Keep the vehicle clean and maintain records.
Housekeeping	<ul style="list-style-type: none"> • Clean all hospital and campus areas.

Appointment and performance appraisal process:

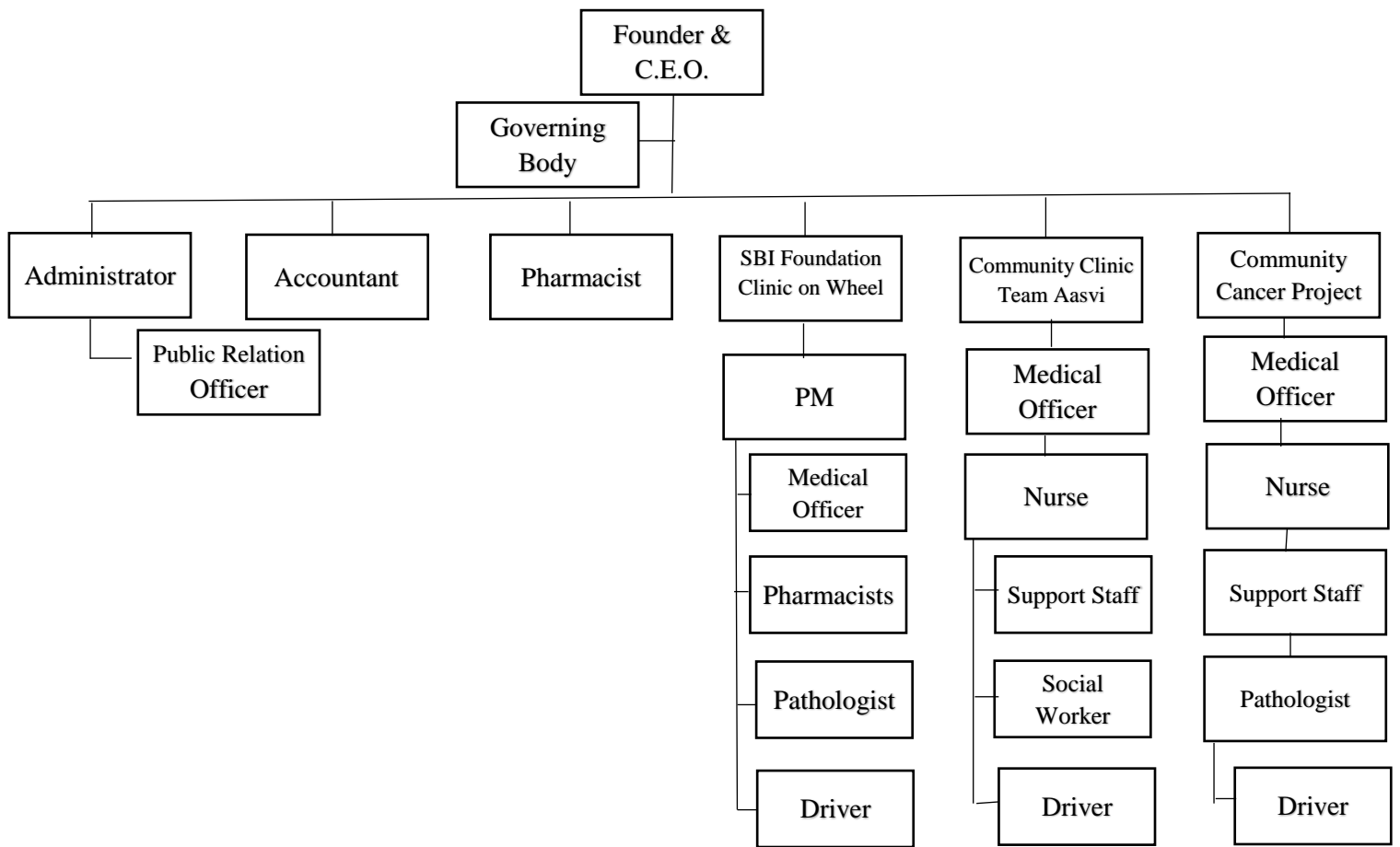
- It has provided formal letters to all its staff defining their roles and responsibilities. Dr. Mane Medical Foundation and Research Centre specifically confirms that all those persons having the roles defined in the SEBI regulation have been given clear appointment letters.
- It has a periodic performance appraisal process for our employees, wherein the increments and incentives are paid on the basis of the target achieved by such employees that are set at the beginning of the year.

DONATIONS

Dr. Mane Medical Foundation and Research Centre receipts of past three financial years:

Sr. No.	Names of Donors	Amount
2021-22		
1.	Bag Maker	23,00,000
2.	Being Human Salman Khan Foundation	13,00,000
3.	Dr. Hemant Nagarale	4,80,000
4.	Sandip Aedake	3,50,000
5.	Dr. Sapna Amin	3,20,000
6.	Madhumati Vinod Maheta	3,00,000
7.	Dr. Debika Biswas	2,80,000
8.	Dr Shireen Anawar Hammad	2,29,029
9.	Dr. S. Aswini	1,90,000
10.	Dr. Swarnima Shukla	1,00,000
	Total	58,49,029
2022-23		
1.	ASK foundation	44,00,000
2.	SBI Foundation	32,17,442
3.	Volkart foundation Indian Trust	30,00,000
4.	Dr. Nagesh Galipelli	23,00,000
5.	Govt. of Maharashtra	19,00,000
6.	Aster DM healthcare	14,00,000
7.	Ingram Micro India SSC limited	10,00,000
8.	Dr. Mohini Agrawal	1,00,000
9.	Dr. Amrendra Kumar	1,00,000
10.	Dr. Mansi Dedvikar	90,000
	Total	1,74,07,442
2023-24		
1.	SBI Foundation	1,64,89,500
2.	Meyer Organics Pvt Ltd	34,16,000
3.	Indian Oil Corporation Ltd	43,00,000
4.	Volkart Foundation Indian Trust	18,50,000
5.	ASK Foundation	24,45,045
	Total	2,85,00,545

ORGANOGRAM



OUR FOUNDER & TRUSTEES

The profile of our Managing Committee is given below:

	<p>Dr. Swapnil Madhavrao Mane Age: 42 years Designation: Founder & President Date of Appointment: September 15, 2011 Address: Dhanore Tal Rahuri Songaon Ahmadnagar Maharashtra-413711</p>
	<p>Narendra Sudhakar Rao Nashirkar Age: 60 Years Designation: Vice President Date of Appointment: January 27, 2017 Address: Plot No. 48, Paryawaran Nagar, Wardha Road, Somalwada, Nagpur, Khamla, Po: Khamla, Dist: Nagpur, Maharashtra - 440025</p>
	<p>Shishir Venkatpati Mandya Age: 69 years Designation: Vice-Secretary Date of Appointment: January 27, 2017 Address: B-11/701 Brahmand Phase 5, Azad Nagar, Thane West, Thane, Po: Sandozbaugh, Dist: Thane, Maharashtra - 400607</p>
	<p>Dr. Sonali Swapnil Mane Age: 36 years Designation: Secretary Date of Appointment: November 28, 2022 Address: Songam Dhanore, Tal. Rahuri, Dist. Ahmadnagar, Maharashtra-413711</p>

	<p>Shri. Rakesh Shriram Juneja Age: 62 years Designation: Treasurer Date of Appointment: January 27, 2017 Address: House No. S- 19/13, DLF Phase -3 Gurgaon, Faruknagar Gurgaon</p>
	<p>Anmol Dinkar Sainwar Age: 47 years Designation: Member Date of Appointment: January 27, 2017 Address: 6/403, Shubharambh Complex Phase-1, Tikujiniwadi Road, Tikujiniwadi, Manpada, Thane, Po: Apna Bazar, Dist: Thane, Maharashtra-400610</p>
	<p>Shri. Sandip Narshing Edake Age: 33 years Designation: Member Date of Appointment: November 28, 2022 Address: Flat No 501, Building No 8, Rakshak Nagar Phase 2, Kharadi, Pune City, Pune, Maharashtra – 411014</p>
	<p>Basavaraj Rakhmaji Shinde Age: 43 years Designation: Member Date of Appointment: January 27, 2017 Address: Swami Samarth Road, Trishul Nagar, Ap-Rahata, Tehasil-Rahata, Rahata, Dist: Ahmadnagar, Maharashtra – 423107</p>
	<p>Anju Baijnath Tandon Age: 69 years Designation: Member Date of Appointment: January 27, 2017 Address: F-44, Mig Dda Flats, G-8 Area, Opposite Desu Of Maya Enclave, Hari Nagar, Dist: South West Delhi, Delhi-110064</p>

For additional details on the background, experience of our Board of Trustees, see 'Our Management' on page 66 of this Draft Fund- Raising Document.

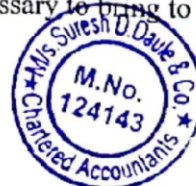
SECTION IV – FINANCIAL STATEMENTS
FINANCIAL STATEMENTS
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**REPORT OF AN AUDITOR RELATING TO ACCOUNTS AUDITED
UNDER SUB-SECTION (2) OF SECTION 33 & 34 AND RULE 19 OF
THE MAHARASHTRA PUBLIC TRUST ACT**

Registration No. :- F-16166-AHMEDNAGAR
MH/733/2011/A'NAGAR
Name of the Public Trust:- DR MANE MEDICAL FOUNDATION & RESEARCH CENTRE
At - Dhanore Talshil - Rahuri Dist - Ahmednagar 413705.

For the year ending:- 31st March 2022

- | | |
|--|-----------------------------|
| (a) Whether accounts are maintained regularly and in a accordance with the provision of the Act and the rules ; | ---Yes --- |
| (b) Whether receipts and disbursements are properly and correctly shown in the accounts; | ---Yes --- |
| (c) Whether the cash balance and vouchers in the custody of the manager or trustee on the date of audit were in agreement with accounts ; | ---Yes --- |
| (d) Whether all books, deeds, accounts, vouchers other documents or records required by the auditor were produced before him ; | ---No --- |
| (e) Whether a register of movable and immovable properties is properly maintained, the charges therein and communicated from time to time to the regional office and the defects and inaccuracies maintained in the previous audit reports have been duly complied with ; | ---No --- |
| (f) Whether the manager or trustee or any other person required by the auditor to appear before him did so and furnished the necessary information required by him; | ---Yes --- |
| (g) Whether any property or funds of the Trust were applied for any object or purpose other than objects or purpose of the Trust ; | ---No --- |
| (h) The amounts of outstanding for more than one year and the amounts written off if any ; | Amount Writtern off --NIL-- |
| (i) Whether tenders were invited for repairs or construction involving expenditure exceeding Rs. 5000/- | ---No --- |
| (j) Whether any money of the public trust has been invested contrary to the provision of Section 35 ; | ---No --- |
| (k) Alienations, if any of the immovable property contrary to the provisions of Section 36 which have come to the notice of the auditors. | ---No --- |
| (l) All cases or irregular , illegal or improper expenditure or failure or commission to recover monies or other property belonging to the public trust or of loss or waste of money or other property there or & whether such expenditure, failure ommisson or waste was caused in consequence of branch or trustee or misapplication of any other misconduct on the part of the trustees or any person while in the management of the trust. | ---No --- |
| (m) Whether the budget has been field in the form provided by rule 16 A. | ---No --- |
| (n) Whether the maximum and minimum of the trustee is maintained | ---Yes --- |
| (o) Whether the meeting are held regularly as provided in such instrument | ---No --- |
| (p) Whether the minutes book or the proceeding of the meetings is maintained | ---No --- |
| (q) Whether any of the trustees has any interest in the investment of the trust. | ---No --- |
| (r) Whether any of the trustees is a debetor or creditor of the trust. | ---Yes --- |
| (s) Whether any irregularities pointed out by the auditors in the accounts of the previous year have been duly complied with by the trustees during the period of audit; | ---No --- |
| (t) Any special matter which the auditor may think fit or necessary to bring to the notice of the Deputy or Assistant Charity Commissioner. | As below |



1. The test check has been taken wherever we feel it necessary. 2. Where ever the supporting documents, bills, cash memo, stamp receipts, voucher or details are not available on the record, we have relied on the office vouchers duly signed by the authorized person and information and explanation given by that person 3. TDS verification not possible. 4. Party ledger & confirmation not available for verification. 5. TDS liability not complied where necessary. 6. It is not possible for me to verify whether the payments exceeding Rs.10,000 have been made otherwise than by account payee cheque, bank draft or ECS, as the necessary evidence is not in the possession of the assessee. 7. Loans & Advance balance subject of confirmation 8. Documents necessary to verify the reportable transaction were not made available.

M/s Suresh D Daule & Co.
Chartered Accountants.

DATE : 29/09/2022
PLACE: Rahuri

UDIN - 22124143AZQFAN4257



Proprietor

THE MAHARASHTRA PUBLIC TRUST ACT , 1959
SCHEDULE IX - C
(Vide Rule - 32)

Statement of income liable to contribution for year ending **31st March 2022**

Name of the Public Trust **DR MANE MEDICAL FOUNDATION & RESEARCH CENTRE**
At - Dhanore Talshil - Rahuri Dist - Ahmednagar 413705.
Registration No.:- MH/733/2011/A'NAGAR

	Rs.	Ps.	Rs.	Ps.
I. INCOME AS SHOWN IN THE INCOME AND EXPENDITURE ACCOUNT (SCHEDULE IX)			40182629	
II. ITEMS NOT CHARGEABLE TO CONTRIBUTION UNDER SECTION 58 AND Rule 32.				
(i) Donation Received from other Public / Trust and Dharamadas				
(ii) Grant received from Government & Local authority				
(iii) Interest on Sinking or Depreciation Fund				
(iv) Amount spent for, the purpose of secular education				
(v) Amount spent for the purpose of medical relief			32775735	
(vi) Amount spent for the purpose of veterinary treatment of animals.				
(vii) Expenditure incurred from donation for relief of distress caused by scarcity, drought, flood, fire or other natural calamity.				
(viii) Deduction out of income from lands used for agricultural purpose :-				
(a) Land Revenue and Local Fund Cess				
(b) Rent payable to superior landlord.				
(c) Cost of production if lands are cultivated by trust				
(ix) Deduction out of income from lands used for nonagricultural purpose :-				
(a) Assessment Cases and other Government or Municipal Taxes.				
(b) Ground rent payable to the superior landlord				
(c) Insurance premia				
(d) Repairs at 10 percent of gross rent of building				
(e) Cost of collection at 4 percent of gross rent of building let out.				
(x) Cost of Collection of Income or Receipts from securities stocks etc. at one percent or such income				
(xi) Deduction on account of receipt in respect of buildings not rented and yielding no income at 10 percent of the estimated gross annual rent				
Total			7406894.04	

Certified that while claiming deduction admissible under the above Schedule, the Trust has not claimed any amount twice either wholly or partly, against any of items mentioned in the Schedule which have the effect of double deduction.

Trust Address : **DR MANE MEDICAL FOUNDATION & RESEARCH CENTRE**
At - Dhanore Talshil - Rahuri Dist - Ahmednagar 413705.

Dated : **29/09/2022**

M/s Suresh D Daule & Co.
Chartered Accountants.

Trustee




UDIN - 22124143AZQFAN4257



S.D. Daule
Proprietor



THE MAHARASHITRA PUBLIC TRUST ACT, 1950

Registration No.

F-16166-AHMEDNAGAR
MH/733/2011/A'NAGAR

SCHEDULE VIII | Vide Rule 17 (1) |

Name of the Public Trust **DR MANE MEDICAL FOUNDATION & RESEARCH CENTRE**
At - Dhanore Talshil - Rahuri Dist - Ahmednagar 413705.
Balance Sheet as at **31st March 2022**

FUNDS & LIABILITIES	Rs.	Rs.	PROPERTY AND ASSETS	Rs.	Rs.
Trust Funds or Corpus --- Balance as per last Balance Sheet Adjustment during the year (give details)		3741143.00	Immovable properties-- at cost -- Immovable properties-- Balance as per last Balance Sheet Additions during year WIP		13421500.00
Other Earmarked Funds --- (Created under the provisions of the trust deed or scheme or out of the income) Building Fund	9353096.75	9353096.75	Less Depreciation Movable Properties Balance as per last Balance Sheet Additions during year		12592681.35
			Less Depreciation		0.00
			Investments --- Share "B" Class Member		0.00
			Loans (Secured or Unsecured) --- Balance as per last Balance Sheet		
Loans (Secured or Unsecured) --- Bal. as per last B/S Add: Received During the Year Less Payment During the year	828108.00 3550000.00 2398591.00	1979517.00	Advances - Other Advances Hospital Deposits	3708374.60 200000.00	3908374.60
Other Deposits:		0.00	* Income Outstanding --- Rent Interest Other Income - TDS	0.00 0.00 609954.00	609954.00
Liabilities ---- Pavables: Provision S.Creditors	630216.10 182142.00	812358.10	Cash and Bank Balance --- (a) In current Account in Fixed Deposit Account with (b) With the Trustees (c) With the Manager	1088103.94 5000000.00 720311.85	6808415.79
Income and expenditure Account --- Balance as per Balance Sheet Less -- Appropriation if any Less Deficite as per Income and Exp. Accounts Add Surpluse Income & Expe. A/c	16760301.85 0.00 0.00 4694509.04	21454810.89	Income and Expenditure Account -- Balance as per Balance Sheet Less -- Appropriation if any Add Deficite as per Income and Exp. Accounts Less Surpluse as per Income Expenditure A/c		0.00
Total Rs.		37340925.74	Total Rs.		37340925.74

As per our report of even date
M/s Suresh D Daule & Co.
Chartered Accountants.

The above Balance Sheet to the best of my / our
belief contains a true account of the Funds and
Liabilities and of the Property & Assets of the trust

Dated at : 29/09/2022
UDIN - 22124143AZQFAN4257

S.D.Daule
Proprietor



Dated at

Trustee



Name of the Public Trust **DR MANE MEDICAL FOUNDATION & RESEARCH CENTRE**
At - Dhanore Talshil - Rahuri Dist - Ahmednagar 413705.
Income & Expenditure Account for the year ending **31st March 2022**

EXPENDITURE	Rs.		INCOME	Rs.	
To Expenditure in respect of		0.00	[accrued]		
Prop.Rates,Taxes,Cesses	0.00		By Rent -- [realised]		0.00
Repairs and maintenance	0.00				
Salaries	0.00		[accrued]		
Insurance	0.00		By Interest - [realised]		0.00
Depreciation (by way of	0.00		On Securities		0.00
provision of adjustments)			On Loans		0.00
Other expenses	0.00		On Bank Accounts		575872.37
To Establishment Expenses		0.00	By Dividend		0.00
To Remuneration Expenses		0.00	By Donations in cash or kind		
To Remuneration (in the case		0.00	Donation -Other	1950496.00	
of math) to the head of the			Donation -IOBD	7622000.00	
math, including his house-			Donation -FCRA	340928.00	
-hold expenditure, if any			Donation - CSR	3217442.00	13130866.00
To Legal Expenses		0.00	By Grants		
To Audit Fees		0.00	By Income from other sources		26475891.00
To Contribution and Fees		0.00	(in details as far as possible)		
To Amount written of		0.00	Hospital IPD/OPD Receipts	26475891.00	
To Miscellaneous Expenses		0.00			
To Depreciation		2712385.00			
To Amounts transferred to		0.00			
Reserve or Specific Funds					
To Expenditure on objects		32775735.33			
of the trust -			By Transfer from Reserve		0.00
(a) Religious	0.00				
(b) Educational	0.00				
(c) Medical Relief	32775735.33				
(d) Relief of poverty	0.00				
(e) Other charitable objects	0.00				
To Surplus carried over to		4694509.04	By Deficit carried over to		0.00
Banlance Sheet.			Banlance Sheet.		
Total Rs.		40182629.37	Total Rs.		40182629.37

As per our report of even date
M/s Suresh D Daule & Co.
Chartered Accountants.



Dated at : 29/09/2022
UDIN - 22124143AZQFAN4257

S.D.Daule
Proprietor

Dated

Trustee



FORM NO. 10B [See rule 17B]

Audit report under section 12A(b) of the Income-tax Act, 1961, in the case of charitable or religious trusts or institutions



Acknowledgement Number -583166780300922

We have examined the balance sheet of DR MANE MEDICAL FOUNDATION AND RESEARCH CENTRE AABTD6717C [name of the trust or institution] as at 31st March 2022 and the Profit and loss account for the year ended on that date which are in agreement with the books of account maintained by the said Trust or institution. We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of the audit. In our opinion, proper books of account have been kept by the head office and the branches of the abovenamed Trust visited by us so far as appears from our examination of the books, and proper Returns adequate for the purposes of audit have been received from branches not visited by us, subject to the comments given below: 1. The test check has been taken wherever we feel it necessary. 2. Where ever the supporting documents, bills, cash memo, stamp receipts, voucher or details are not available on the record, we have relied on the office vouchers duly signed by the authorized person and information and explanation given by that person. 3. TDS not deducted where applicable 4. Party ledger & confirmation not available for verification. 5. TDS liability not complied where necessary. 6. It is not possible for me to verify whether the payments exceeding Rs.10,000 have been made otherwise than by account payee cheque, bank draft or ECS, as the necessary evidence is not in the possession of the assessee. 7. Documents necessary to verify the reportable transaction were not made available.

In our opinion and to the best of our information, and according to information given to us, the said accounts give a true and fair view-

- (i) in the case of the balance sheet, of the state of affairs of the above named Trust as at 31st March 2022 and
- (ii) in the case of the profit and loss account, of the profit or loss of its accounting year ending on 31st March 2022

The prescribed particulars are annexed hereto.

Name	Suresh Dnyandeo Daule
Membership Number	124143
Firm Registration Number	146791W
Date of Audit Report	30-Sep-2022
Place	103.246.41.69
Date	30-Sep-2022

ANNEXURE

STATEMENT OF PARTICULARS

I. APPLICATION OF INCOME FOR CHARITABLE OR RELIGIOUS PURPOSES

1. Amount of income of the previous year applied to charitable or religious purposes in India during that year	₹ 3,82,09,335
2. Whether the Trust has exercised the option under clause (2) of the Explanation to section 11(1) ? If so, the details of the amount of income deemed to have been applied to charitable or religious purposes in India during the previous year.	No, -
3. Amount of income accumulated or set apart for application to	₹ 6,79,341

charitable or religious purposes, to the extent it does not exceed 15 per cent of the income derived from property held under trust wholly for such purposes.

4. Amount of income eligible for exemption under section 11(1)(c) (Give details) No

Sl. No.	Details	Amount
	No Records Added	

5. Amount of income, in addition to the amount referred to in item 3 above, accumulated or set apart for specified purposes under section 11(2) ₹ 0

6. Whether the amount of income mentioned in item 5 above has been invested or deposited in the manner laid down in section 11(2)(b) ? If so, the details thereof No, -

7. Whether any part of the income in respect of which an option was exercised under clause (2) of the Explanation to section 11(1) in any earlier year is deemed to be income of the previous year under section 11(1B) ? If so, the details thereof No, -, -

8. Whether, during the previous year, any part of income accumulated or set apart for specified purposes under section 11(2) in any earlier year-

(a) has been applied for purposes other than charitable or religious purposes or has ceased to be accumulated or set apart for application thereto, or No, -, -

(b) has ceased to remain invested in any security referred to in section 11(2)(b)(i) or deposited in any account referred to in section 11(2)(b)(ii) or section 11(2)(b)(iii), or No, -, -

(c) has not been utilised for purposes for which it was accumulated or set apart during the period for which it was to be accumulated or set apart, or in the year immediately following the expiry thereof? If so, the details thereof No, -, -

II. APPLICATION OR USE OF INCOME OR PROPERTY FOR THE BENEFIT OF PERSONS REFERRED TO IN SECTION 13(3)

1. Whether any part of the income or property of the Trust was lent, or continues to be lent, in the previous year to any person referred to in section 13(3) (hereinafter referred to in this Annexure as such person)? If so, give details of the amount, rate of interest charged and the nature of security, if any No

Sl. No.	Amount	Rate of interest charged (%)	Nature of security, if any.	Remarks
			No Records	

Sl. No.	Amount	Rate of interest charged (%)	Nature of security, if any.	Remarks
		Added		

2. Whether any land, building or other property of the Trust was made, or continued to be made, available for the use of any such person during the previous year? If so, give details of the property and the amount of rent or compensation charged, if any

No

Sl. No.	Details of property	Amount of rent or compensation charged
	No Records Added	

3. Whether any payment was made to any such person during the previous year by way of salary, allowance or otherwise? If so, give details

No

Sl. No.	Detail	Amount
	No Records Added	

4. Whether the services of the Trust were made available to any such person during the previous year? If so, give details thereof together with remuneration or compensation received, if any

No

Sl. No.	Name of the Person	Amount of Remuneration/ Compensation	Remarks
		No Records Added	

5. Whether any share, security or other property was purchased by or on behalf of the Trust during the previous year from any such person? If so, give details thereof together with the consideration paid

No

Sl. No.	Name of the Person	Amount of Consideration paid	Remarks
		No Records Added	

6. Whether any share, security or other property was sold by or on behalf of the Trust during the previous year to any such person? If so, give details thereof together with the consideration received

No

Sl. No.	Name of the Person	Amount of Consideration received	Remarks

Sl. No.	Name of the Person	Amount of Consideration received	Remarks
No Records Added			

7.	Whether any income or property of the Trust was diverted during the previous year in favour of any such person? If so, give details thereof together with the amount of income or value of property so diverted	No
----	---	----

Sl. No.	Name of the Person	Income or value of property diverted	Remarks
No Records Added			

8.	Whether the income or property of the Trust was used or applied during the previous year for the benefit of any such person in any other manner? If so, give details	No
----	--	----

Sl. No.	Name of the Person	Amount	Remarks
No Records Added			

III. INVESTMENTS HELD AT ANY TIME DURING THE PREVIOUS YEAR(S) IN CONCERNS IN WHICH PERSONS REFERRED TO IN SECTION 13(3) HAVE A SUBSTANTIAL INTEREST

Sl. No.	Name of the concern	Address of the concern	Where the concern is a company	Number of Equity Shares	Number of Preferential Shares	Number of Sweat Equity Shares	Nominal value of the investment	Income from the investment	Whether the amount in col. 5 exceeded 5 per cent of the capital of the concern during the previous year
No Records Added									

Total (Nominal value of the investment)	0
Total (Income from the investment)	0
Place	103.246.41.69

P.S.BHANDARI & ASSOCIATES,
 CHARTERED ACCOUNTANTS
 FLAT NO 102, GOLDEN EMRAILD,
 1ST FLOOR, KOTHI ROAD
 AHMEDNAGAR -414 001.

**Report of an auditor relating to accounts audited
 under sub-section (2) of section 33 & 34 and
 rule 19 of the Bombay Public Trust Act.**

Registration No. : F - 0016166, (AHMEDNAGAR) UNDER B.P.T. ACT
Name of the Public Trust : DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
For the year ending : 31st MARCH 2023

(a)	Whether accounts are maintaining regularly and in accordance with the provisions of the Act and the Rules ;	YES
(b)	Whether receipts and disbursements are properly and correctly shown in the accounts ;	YES
(c)	Whether the cash balance and vouchers in the custody of the manager or trustee on the date of audit were in agreement with the accounts ;	YES
(d)	Whether all books, deeds, accounts, vouchers or other documents or records required by the auditor were produced before him ;	YES
(e)	Whether a register of moveable and immovable properties is properly maintained, the charges therein are communicated from time to time to the regional office, and the defects and inaccuracies mentioned in the previous audit report have been duly complied with ;	YES
(f)	Whether the manager or trustee or any other person required by the auditor to appear before him did so and furnished the necessary information required by him;	YES
(g)	Whether any property or funds of the Trust were applied for any object or purpose other than the object or purpose of the Trust ;	NO
(h)	The amounts of outstandings for more than one year and the amounts written off, if any;	NO
(i)	Whether tenders were invited for repairs or construction involving expenditure exceeding Rs. 5000/- ;	N.A.
(j)	Whether any money of the public trust has been invested contrary to the provisions of Section 35 ;	NO
(k)	Alienations, if any, of the immovable property contrary to the provisions of Sanction 36 which have come to the notice of the auditor ;	NO
(l)	All cases of irregular, illegal or improper expenditure, or failure or omission to recover monies or other property belonging to the public trust or of loss or waste of money or other property thereof, and whether such expenditure, failure, omission, loss or waste was caused in consequence of breach of trust or misapplication or any other misconduct on the part of the trustees or any person while in the management of the trust ;	NO
(m)	Whether the budget has been filed in the form provide by rule 16A ;	NO
(n)	Whether the maximum and minimum number of the trustees is maintained ;	YES
(o)	Whether the meetings are held regularly as provided in such instrument ;	YES
(p)	Whether the minute books of the proceedings of the meeting is maintained ;	YES
(q)	Whether any of the trustees has any interest in the investment of the trust ;	NO
(r)	Whether any of the trustees is a debtor or creditor of the trust ;	NO
(s)	Whether the irregularities pointed out by the auditors in the accounts of the previous year have been duly complied with by the trustees during the period of audit ;	YES
(t)	Any special matter which the auditor may think fit or necessary to bring to the notice of the Deputy or Assistant Charity Commissioner.	NIL

AHMEDNAGAR
DATE :-04.10.2023

P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS



Patel

CA AMRUT D. PATEL
(PARTNER)
UDIN:23132517BGUSUR4406

P.S.BHANDARI & ASSOCIATES,
 CHARTERED ACCOUNTANTS
 FLAT NO 102, GOLDEN EMRAILD,
 1ST FLOOR, KOTHI ROAD
 AHMEDNAGAR -414 001.

THE BOMBAY PUBLIC TRUST ACT, 1960
SCHEDULE IX - C
(Vide Rule - 32)

Statement of Income Liabe to Contribution for the Year ending :- 31st MARCH 2023
Name of the Public Trust :- DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
Registration No. :- F - 0016166(AHMEDNAGAR)

I	INCOME AS SHOWN THE INCOME AND EXPENDITURE ACCOUNT (SCHEDULE IX)		41407252.00
II	ITEMS NOT CHARGEABLE TO CONTRIBUTION UNDER SECTION 58 AND RULE 32		
(i)	Donation Received from other public/ Trust and Dharamadas		
(ii)	Grant received from Government & local authority		
(iii)	Interest on Sinking or Depriciation Fund		
(iv)	Amount spent for the purpose of secular education		
(v)	Amount spent for the purpose of medical relief	25900214.00	
(vi)	Amount spent to the purpose of veterinary treatment of animals		
(vii)	Expenditure incurred from donation for relief of distress caused by scarcity, drough, flood fire or other natural calamity.		
(viii)	Deduction out of income from lands used for agriculture purpose		
	a) land Revenue and local Fund Cess		
	b) Rent payable to superior landlord		
	c) Cost of production if lands are cultivated by trust		
(ix)	Deduction out of income from lands used for non agriculture purpose:-		
	a) Assessment Cases and other Government or Municipal Taxes		
	b) Ground rent payable to the superior landlord		
	c) Insurance Premia		
	d) Reparies at 10% of gross rent of Building		
	e) Cost of collection at 4% of gross rent of building let cut.		
(x)	Cost of Collection of income or receipts from securities stocks etc at one percent or such income	414073.00	
(xi)	Deduction on account of Receipt in respect of building not rented and yielding no income at 10 percent of the estimated gross annual rent RS.	0.00	26314287.00
Gross Annual Income chargeable to contribution Rs.			15092965.00

Certified that while claiming deduction admissible under the above schedule, the Trust has not claimed any amount twice either wholly or partly, against any of items mentioned in the Schedule which have the effect of double deduction.

Dated : - 24.09.2023

Dated : - 24.09.2023

Trust Address :- Sardar Patel wadi, Tilak Road,
 Ahmednagar - 414 001



P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS

Trustee

President

Secretary

Dr. Mane Medical Foundation
& Research Center

Dhanore, Tal. Rahuri, Dist. Anagor
 (Maharashtra) India Pin- 413711
 Mob. 91-7498136701

NOTES ON ACCOUNTS : SIGNIFICANT ACCOUNTING POLICIES

1) GOING CONCERN CONCEPTS: -

Accounts have been prepared on accrual basis.

The Fundamental Accounting assumptions of going concern have been followed.

Assessee have maintained accounts on the Mercantile System of accounting.

2) ACCOUNTING OF CONSTRUCTION CONTRACTS: -

Not Applicable

3) ACCOUNTING FOR RESEARCH AND DEVELOPMENT (R & D): -

Not Applicable

4) RECOGNITION OF INCOME AND EXPENDITURE

Items of Income & Expenditure are recognised on accrual basis.

5) ACCOUNTING FOR FIXED ASSETS: -

A) Fixed Assets: -

Fixed Assets are stated at cost of acquisition less accumulated depreciation (WDV less Depreciation)

The original cost of the asset is not available. The W.D.V. . has been considered for calculation of depreciation.

B) Capital Work in Progress: -

Not Applicable

C) Depreciation: -

Depreciation is charged on the basis of rates specified in Income Tax Act.

6) CONTINGENT LIABILITIES: -

Contingent Liabilities are generally not provided for in the accounts.They are shown (if necessary) by way of notes on accounts.

THE BOMBAY PUBLIC TRUST ACT, 1950
SCHEDULE VIII [VIDE RULE 17 (I)]
NAME OF THE TRUST DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
BALANCE SHEET AS AT 31st MARCH 2023

FUNDS & LIABILITIES	Rs.	Rs.	PROPERTIES & ASSETS	Rs.	Rs.
TRUST FUNDS OR CORPUS			IMMOVABLE PROPERTIES (AT COST)		
BALANCE AS PER LAST BALANCESHEET	3741143.00		BALANCE AS PER LAST BALANCE SHEET	12184456.00	
ADJUSTMENT DURING THE YEAR (GIVE DETAILS)	0.00	3741143.00	ADDITIONS DURING THE YEAR	0.00	
			LESS : SALES DURING THE YEAR	0.00	
			DEPRECIATION UPTO DATE	1033760.00	11150696.00
OTHER EARMARKED FUNDS			FURNITURE & FIXTURES & OTHER ASSETS		
(CREATED UNDER THE PROVISIONS OF THE TRUST DEED OR SCHEME OR OUT OF THE INCOME)			BALANCE AS PER LAST BALANCE SHEET	12592682.00	
DEPRECIATION FUND	0.00		ADDITION DURING THE YEAR	4623517.00	
BUILDING FUND	9353097.00		LESS : SALES DURING THE YEAR	0.00	
RESERVE FUND	0.00		DEPRECIATION UPTO DATE 60 %	2541097.00	14675102.00
	0.00				
OTHER FUND	0.00	9353097.00	INVESTMENTS		
			GOLD	3214482.00	
LOANS (SECURED OR UNSECURED)			FIXED DEPOSIT	15200000.00	18414482.00
FROM TRUSTEES		1979517.00			
LIABILITIES			ADVANCES		
FOR EXPENSES AUDIT FEES & OTHER CHARGES		0.00	TO TRUSTEES		0.00
SUNDRY CREDITORS		527291.00	TO EMPLOYEES		0.00
FOR RENT AND OTHER DEPOSIT			TO OTHER ADVANCES (AS PER SECHDULE C)		951180.00
FOR SUNDRY CREDIT BALANCE					
PROFESSIONAL TAX PAYABLE	0.00		DEPOSITS		
TDS PAYABLE	431069.00	431069.00	ARBITRATION CASE DEPOSIT	1000000.00	
			ARJUN BHIMRAO GUNJAL (RENT DEPOSIT)	150000.00	1150000.00
INCOME AND EXPENDITURE ACCOUNT			INCOME OUTSTANDING		
BALANCE AS PER LAST BALANCESHEET	21454811.00		RENT		0.00
LESS : APPROPRIATION IF ANY			ACCRUED INTEREST		20115.00
ADD : SURPLUS AS PER INCOME & EXPENDITURE ACCOUNT	15507038.00		OTHER INCOME		0.00
LESS : DEFICIT ACCOUNT	0.00	36961849.00	TDS RECEIVABLE		746664.00
			CASH & BANK BALANCES		
			a) BANK BALANCE (AS PER SCHEDULE D)	5595764.00	
			b) WITH TRUSTEE CASH	0.00	
			c) WITH THE MANAGER	289963.00	5885727.00
TOTAL :-		<u><u>52993966.00</u></u>	TOTAL :-		<u><u>52993966.00</u></u>

AS PER OUR REPORT OF EVEN DATE
FOR P. S. BHANDARI & ASSOCIATES,
CHARTERED ACCOUNTANTS,

(CA. AMRUT D. PATEL)
PARTNER.
UDIN:23132517BGUSUR4406



STRIKE OFF WHICHEVER IS NOT APPLICABLE

DATED : 04.10.2023

TRUSTEE

President **Secretary**
Dr. Mane Medical Foundation
& Research Center
At. Dhanore, Tal. Rahuri, Dist. A'nagar
(Maharashtra) India Pin- 413711
Mob. 91-7498136701

THE BOMBAY PUBLIC TRUST ACT, 1950

SCHEDULE VIII [VIDE RULE 17 (1)]

**NAME OF THE TRUST DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31 st MARCH 2023**

EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
TO EXPENDITURE IN RESPECT OF PROPERTIES :-			BY RENT (ACCRUED) / REALISED ON PREMISES AND EQUIPMENTS	0.00	
RATES, TAXES, CESS		0.00	ON HOARDING	0.00	0.00
REPAIRS & MAINTENANCE		0.00			
SALARIES		0.00	BY INTEREST ACCRUED / REALISED		
INSURANCE		0.00	ON F.D. INTEREST	701106.00	
DEPRECIATION (BY WAY OF PROVISION OR ADJUSTMENT)		0.00	ON I T REFUND	72646.00	
OTHER EXPENSES (AS PER SCHEDULE "B")		0.00	ON SAVING A/C INTEREST	0.00	773752.00
TO ESTABLISHMENT EXPENSES		0.00	BY DONATIONS FCRA	599147.00	
TO REMUNERATION TO TRUSTEES		0.00	BY DONATIONS IN CASH OR KIND	6381310.00	
TO REMUNERATION (IN CASE OF MATH) TO THE HEAD OF THE MATH, INCLUDING HIS HOUSEHOLD EXPENDITURE, IF ANY		0.00	BY DONATIONS - CSR	3756575.00	
TO LEGAL EXPENSES		0.00	BY STUDENTS FEES RECEIVED	5860000.00	16597032.00
TO AUDIT FEES & OTHER CHARGES		0.00	BY INCOME FROM OTHER SOURCES		24036468.00
TO CONTRIBUTION AND DONATION		0.00	HOSPITAL IPD/OPD RECEIPTS		0.00
TO AMOUNT WRITTEN OFF		0.00	BY TRANSFER FROM RESERVE		0.00
a) BAD DEBTS		0.00	BY DEFICIT CARRIED OVER TO BALANCE SHEET		0.00
b) LOAN SCHOLARSHIP		0.00			
c) IRRECOVERABLE RENT		0.00			
d) OTHER ITEMS		0.00			
TO ADVERTISEMENT EXP		0.00			
TO PRINTING & STATIONERY		0.00			
TO MISCELLANEOUS EXPENSES		0.00			
TO DEPRECIATION (AS PER SCHEDULE "A")		3574857.00			
TO AMOUNT TRANSFERRED TO RESERVE OR SPECIFIC FUND		0.00			
TO EXPENDITURE ON OTHER CHARITABLE OBJECTS		0.00			
TO EXPENDITURE ON OBJECT OF THE TRUST		0.00			
a) CHARITABLE EXP		0.00			
b) CAMP EXPENSES		0.00			
c) SAVE GIRL CHILD PROGRAM		0.00			
d) MEDICAL RELIEF		22325357.00			
e) EDUCATIONAL & SPORTS ACTIVITIES		0.00			
TO SURPLUS CARRIED OVER TO BALANCESHEET		15507038.00			
TOTAL :-		41407252.00	TOTAL :-	41407252.00	

AS PER OUR REPORT OF EVEN DATE FOR P. S. BHANDARI & ASSOCIATES, CHARTERED ACCOUNTANTS,

(CA. AMRUT D. PATEL)
PARTNER.
UDIN:23132517BGUSUR4406



STRIKE OFF WHICHEVER IS NOT APPLICABLE

DATED : 04.10.2023



President
Secretary
Dr. Mane Medical Foundation
& Research Center
 At. Dhanore, Tal. Rahuri, Dist. Anagar
 (Maharashtra) India Pin- 413711
 Mob. 91-7498136701

DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
AT DHANORE, TAL. RAHURI, DIST. AHMEDNAGAR - 413705

SCHEDULES TO BALANCE SHEET AND INCOME & EXPENDITURE ACCOUNT
FOR THE YEAR ENDING 31.03.2023

SCHEDULE " C " OTHER ADVANCES

SR.NO.	PARTICULARS	AMOUNT
1	HOSPITAL DEPOSIT	200000.00
2	RAKESH JUNEJA	251180.00
3	SUHASH KULKARNI FOR NOTARY AGAINST LAND AT RAHATA	500000.00
TOTAL :-		<u>951180.00</u>

SCHEDULE " D " BANK BALANCES

SR.NO.	PARTICULARS	AMOUNT
1	BANK OF MAHARASHTRA 60094198141	36777.00
2	BANK OF MAHARASHTRA	85.00
3	SBI FCRA A/C - 40136900678	9155.00
4	SBI - 40867405447	400913.00
5	UNION BANK - 510101001891791	5148834.00
TOTAL :-		<u>5595764.00</u>

SCHEDULE " E " EXPENDITURE ON THE OBJECT OF THE TRUST

SR.NO.	PARTICULARS	AMOUNT
		RS.
1	MEDICIN PURCHASE	6338663.00
2	SURGICAL MATERIAL PURCHASED	97076.00
3	ADVERTISMENT	564208.00
4	ART CLINIC REGISTRATION CHARGES	401062.00
5	ASSISTANT DOCTORS CHARGES	2007000.00
6	AUDIT FEES	180000.00
7	BANK CHARGES	8148.00
8	CAMP EXPENSES	421911.00
9	CLEANING EXPENSES	22122.00
10	CLOTHS EXPENSES	26000.00
11	CONFERENCE FEES	89000.00
12	COPYRIGHT FEES	67500.00
13	EDUCATIONAL HELP TO STUDENT	45000.00
14	ELECTRICITY CHARGES	278500.00
15	EVENTS & FUNCTIONS EXPENSES	154408.00
16	FIRE SERVICE CHARGES	41701.00
17	FOOD EXPENSES	8865.00
18	HOSPITAL CLEANING EXPENSES	6975.00
19	HOSPITAL EXPENSES	419526.00
20	HOSPITAL MAINTAINANCE EXPENSES	4600.00
21	INSURANCE	17977.00
22	INTERNET CHARGES	9240.00
23	ISO CERTIFICATE FEES	6000.00
24	LABORATORY CHARGES	1107500.00
25	LEGAL FEES	3000.00
26	MEDICAL RELIEF	308210.00
27	MISCILINEOUS PURCHASE	24584.00
28	MISCLINIOUS EXPENSES	126721.00
29	POWER & FUEL	263807.00
30	PRINTING AND STATIONERY	660162.00
31	PROFESSIONAL FEES	802625.00
32	RESEARCH SALARY	3256000.00
33	REGISTRATION CHARGES	104572.00
34	REPAIRS & MAINTAINNACE	234091.00
35	SALARY TO STAFF	3439562.00
36	SOFTWARE LICENCE FEES CHARGES	2832.00
37	STATIONERY	10777.00
38	TELEPHONE EXP	6878.00
39	TRADEMARK APPLICATION FEES	45000.00
40	TRAVELLING EXPENSES	552537.00
41	UNIVERCITY FEES	108200.00
42	VECHILE INSURANCE	34781.00
43	INTEREST ON TDS	18036.00
TOTAL :-		<u>22325357.00</u>

DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
AT DHANORE, TAL. RAHURI, DIST. AHMEDNAGAR - 413705

SCHEDULE " A " FIXED ASSETS & DEPRECIATION AS ON 31ST MARCH 2023

SR.NO.	ASSETS	RATE	OPENING W.D.V.	ADDITION DURING THE YEAR BEFORE SEPT.22	DEDUCTION AFTER SEPT.22	TOTAL	DEPRECIATION	CLOSING W.D.V.
IMMOVABLE PROPERTIES								
1	LAND AT GANEGAON - 203	0%	1822860.00	0.00	0.00	1822860.00	0.00	1822860.00
2	PLOT AT SR NO 396/3/1/10	0%	24000.00	0.00	0.00	24000.00	0.00	24000.00
3	HOSPITAL LAND AND BUILDING	10%	10337596.00	0.00	0.00	10337596.00	1033760.00	9303836.00
			12184456.00	0.00	0.00	12184456.00	1033760.00	11150696.00
FURNITURE & FIXTURES & OTHER ASSETS								
4	FURNITURE AND DEAD STOCK	10%	542084.00	116520.00	23000.00	681604.00	67010.00	614594.00
5	AIR CONDITIONER	15%	190805.00	0.00	0.00	190805.00	28621.00	162184.00
6	CC TV CAMERA	15%	382776.00	0.00	0.00	382776.00	57416.00	325360.00
7	ELECTRICAL FITTING	15%	330385.00	0.00	10000.00	340385.00	50308.00	290077.00
8	FORCE TRUMP BUS	15%	463149.00	0.00	0.00	463149.00	69472.00	393677.00
9	INVERTOR AND BATTERY	15%	279632.00	0.00	0.00	279632.00	41945.00	237687.00
10	MACHINARY	15%	1233632.00	525990.00	180800.00	1940422.00	277503.00	1662919.00
11	MARUTI ECO	15%	447100.00	0.00	0.00	447100.00	67065.00	380035.00
12	MEDICLA EQUIPMENT	15%	8351204.00	560215.00	374079.00	9285498.00	1364769.00	7920729.00
13	SBI SANJIVANI EQUIPMENT	15%	231272.00	0.00	0.00	231272.00	34691.00	196581.00
14	VEHICLE - SANJIVANI	15%	0.00	2720903.00	0.00	2720903.00	408135.00	2312768.00
15	MOBILE HANDSET	15%	41308.00	0.00	0.00	41308.00	6196.00	35112.00
16	REFREGERATOR	15%	30107.00	0.00	0.00	30107.00	4516.00	25591.00
17	WATER FILTER AQUAGUARD	15%	6072.00	0.00	9000.00	15072.00	1586.00	13486.00
18	COMPUTER AND SOFTWARE	40%	63156.00	80000.00	23010.00	166166.00	61864.00	104302.00
			12592682.00	4003628.00	619889.00	17216199.00	2541097.00	14675102.00
TOTAL :- (A + B+ C + D)			24777138.00	4003628.00	619889.00	29400655.00	3574857.00	25825798.00


President
 Dr. Mane Medical Foundation
 & Research Center
 Dhanore, Tal. Rahuri, Dist. Ahmednagar (Maharashtra) India Pin- 413705
 Mob. 91-7498136701

P.S.BHANDARI & ASSOCIATES,
CHARTERED ACCOUNTANTS
FLAT NO 102, GOLDEN EMRAILD,
1ST FLOOR, KOTHI ROAD
AHMEDNAGAR -414 001.

Report of an auditor relating to accounts audited
under sub-section (2) of section 33 & 34 and
rule 19 of the Bombay Public Trust Act.

Registration No. : F - 0016166, (AHMEDNAGAR) UNDER B.P.T. ACT
Name of the Public Trust : DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
For the year ending : 31st MARCH 2024

(a)	Whether accounts are maintaining regularly and in accordance with the provisions of the Act and the Rules ;	YES
(b)	Whether receipts and disbursements are properly and correctly shown in the accounts ;	YES
(c)	Whether the cash balance and vouchers in the custody of the manager or trustee on the date of audit were in agreement with the accounts ;	YES
(d)	Whether all books, deeds, accounts, vouchers or other documents or records required by the auditor were produced before him ;	YES
(e)	Whether a register of moveable and immovable properties is properly maintained, the charges therein are communicated from time to time to the regional office, and the defects and inaccuracies mentioned in the previous audit report have been duly complied with ;	YES
(f)	Whether the manager or trustee or any other person required by the auditor to appear before him did so and furnished the necessary information required by him;	YES
(g)	Whether any property or funds of the Trust were applied for any object or purpose other than the object or purpose of the Trust ;	NO
(h)	The amounts of outstandings for more than one year and the amounts written off, if any;	NO
(i)	Whether tenders were invited for repairs or construction involving expenditure exceeding Rs. 5000/- ;	N.A.
(j)	Whether any money of the public trust has been invested contrary to the provisions of Section 35 ;	NO
(k)	Alienations, if any, of the immovable property contrary to the provisions of Sanction 36 which have come to the notice of the auditor ;	NO
(l)	All cases of irregular, illegal or improper expenditure, or failure or omission to recover monies or other property belonging to the public trust or of loss or waste of money or other property thereof, and whether such expenditure, failure, omission, loss or waste was caused in consequence of breach of trust or misapplication or any other misconduct on the part of the trustees or any person while in the management of the trust ;	NO
(m)	Whether the budget has been filed in the form provide by rule 16A ;	NO
(n)	Whether the maximum and minimum number of the trustees is maintained ;	YES
(o)	Whether the meetings are held regularly as provided in such instrument ;	YES
(p)	Whether the minute books of the proceedings of the meeting is maintained ;	YES
(q)	Whether any of the trustees has any interest in the investment of the trust ;	NO
(r)	Whether any of the trustees is a debtor or creditor of the trust ;	NO
(s)	Whether the irregularities pointed out by the auditors in the accounts of the previous year have been duly complied with by the trustees during the period of audit ;	YES
(t)	Any special matter which the auditor may think fit or necessary to bring to the notice of the Deputy or Assistant Charity Commissioner.	NIL

AHMEDNAGAR
DATE :-03.06.2024

P. S. BHANDARI & ASSOCIATES
CHARTERED ACCOUNTANTS



Patel

CA AMRUT D. PATEL
(PARTNER)

UDIN:

UDIN: 24132517BKAJSI6957

P.S.BHANDARI & ASSOCIATES,
 CHARTERED ACCOUNTANTS
 FLAT NO 102, GOLDEN EMRAILD,
 1ST FLOOR, KOTHI ROAD
 AHMEDNAGAR -414 001.

THE BOMBAY PUBLIC TRUST ACT, 1960
 SCHEDULE IX - C
 (Vide Rule - 32)

Statement of Income Liabe to Contribution for the Year ending :- 31st MARCH 2024
 Name of the Public Trust : - DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
 Registration No. : - F - 0016166 (AHMEDNAGAR)

I	INCOME AS SHOWN THE INCOME AND EXPENDITURE ACCOUNT (SCHEDULE IX)		67649069.00
II	ITEMS NOT CHARGEABLE TO CONTRIBUTION UNDER SECTION 58 AND RULE 32		
(i)	Donation Received from other public/ Trust and Dharamadas		
(ii)	Grant received from Government & local authority		
(iii)	Interest on Sinking or Depreciation Fund		
(iv)	Amount spent for the purpose of secular education		
(v)	Amount spent for the purpose of medical relief	48509151.00	
(vi)	Amount spent to the purpose of veterary treatment of animals		
(vii)	Expenditure incurred from donation for relief of distress caused by scarcity, drought, flood fire or other natural calamity,		
(viii)	Deduction out of income from lands used for agriculture purpose		
	a) land Revenue and local Fund Cess		
	b) Rent payable to superior landlord		
	c) Cost of production if lands are cultivated by trust		
(ix)	Deduction out of income from lands used for non agriculture purpose:-		
	a) Assessment Cases and other Government or Municipal Taxes		
	b) Ground rent payable to the superior landlord		
	c) Insurance Premia		
	d) Reparies at 10% of gross rent of Building		
	e) Cost of collection at 4% of gross rent of building let cut.		
(x)	Cost of Collection of income or receipts from securities stocks etc at one percent or such income	676491.00	
(xi)	Deduction on account of Receipt in respect of building not rented and yielding no income at 10 percent of the estimated gross annual rent RS.	0.00	49185642.00
	Gross Annual Income chargeable to contribution Rs.		18463427.00

Certified that while claiming deduction admissible under the above schedule, the Trust has not claimed any amount twice either wholly or partly, against any of items mentioned in the Schedule which have the effect of double deduction.

Dated : - 03.06.2024



Patel
P. S. BHANDARI & ASSOCIATES
 CHARTERED ACCOUNTANTS

Dated : - 03.06.2024

Trust Address : - Sardar Patel wadi, Tilak Road,
 Ahmednagar - 414 001



Amul
Dr. Mane
A.

NOTES ON ACCOUNTS : SIGNIFICANT ACCOUNTING POLICIES

1] GOING CONCERN CONCEPTS: -

Accounts have been prepared on accrual basis.

The Fundamental Accounting assumptions of going concern have been followed.

Assessee have maintained accounts on the Mercantile System of accounting.

2] ACCOUNTING OF CONSTRUCTION CONTRACTS: -

Not Applicable

3] ACCOUNTING FOR RESEARCH AND DEVELOPMENT (R & D): -

Not Applicable

4] RECOGNITION OF INCOME AND EXPENDITURE

Items of Income & Expenditure are recognised on accrual basis.

5] ACCOUNTING FOR FIXED ASSETS: -

A) Fixed Assets: -

Fixed Assets are stated at cost of acquisition less accumulated depreciation (WDV less Depreciation)

The original cost of the asset is not available. The W.D.V. . has been considered for calculation of depreciation.

B) Capital Work in Progress: -

Not Applicable

C) Depreciation: -

Depreciation is charged on the basis of rates specified in Income Tax Act.

6] CONTINGENT LIABILITIES: -

Contingent Liabilities are generally not provided for in the accounts. They are shown (if necessary) by way of notes on accounts.

THE BOMBAY PUBLIC TRUST ACT, 1950

SCHEDULE VIII [VIDE RULE 17 (1)]

NAME OF THE TRUST DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
PROVISIONAL INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDING 31 st MARCH 2024

EXPENDITURE	Rs.	Rs.	INCOME	Rs.	Rs.
TO EXPENDITURE IN RESPECT OF PROPERTIES -			BY RENT (ACCRUED) / REALISED ON PREMISES AND EQUIPMENTS	0 00	
RATES, TAXES, CESS		0 00	ON HOARDING	0 00	0 00
REPAIRS & MAINTENANCE		0 00			
SALARIES		0 00	BY INTEREST ACCRUED / REALISED		
INSURANCE		0 00	ON F D INTEREST	305117 00	
DEPRECIATION (BY WAY OF PROVISION OR ADJUSTMENT)		0 00	ON I T REFUND	0 00	
OTHER EXPENSES (AS PER SCHEDULE "B")		0 00	ON SAVING A/C INTEREST	0 00	305117 00
TO ESTABLISHMENT EXPENSES		0 00	BY DONATIONS FCRA	0 00	
TO REMUNERATION TO TRUSTEES		0 00	BY DONATIONS IN CASH OR KIND	7733441 00	
TO REMUNERATION (IN CASE OF MATH) TO THE HEAD OF THE MATH, INCLUDING HIS HOUSEHOLD EXPENDITURE, IF ANY		0 00	BY DONATIONS - CSR	25712760 00	
TO LEGAL EXPENSES		0 00	BY STUDENTS FEES RECEIVED	15702399 00	49148600 00
TO AUDIT FEES & OTHER CHARGES		0 00	BY INCOME FROM OTHER SOURCES		
TO CONTRIBUTION AND DONATION		0 00	HOSPITAL IPD/OPD RECEIPTS		18195352 00
TO AMOUNT WRITTEN OFF		0 00	BY TRANSFER FROM RESERVE		0 00
a) BAD DEBTS		0 00	BY DEFICIT CARRIED OVER TO BALANCE SHEET		0 00
b) LOAN SCHOLARSHIP		0 00			
c) IRRECOVERABLE RENT		0 00			
d) OTHER ITEMS		0 00			
TO ADVERTISEMENT EXP		0 00			
TO PRINTING & STATIONERY		0 00			
TO MISCELLANEOUS EXPENSES		0 00			
TO DEPRECIATION (AS PER SCHEDULE "A")		4322487 00			
TO AMOUNT TRANSFERRED TO RESERVE OR SPECIFIC FUND		0 00			
TO EXPENDITURE ON OTHER CHARITABLE OBJECTS		0 00			
TO EXPENDITURE ON OBJECT OF THE TRUST					
a) CHARITABLE EXP	0 00				
b) CAMP EXPENSES	0 00				
c) SAVE GIRL CHILD PROGRAM	0 00				
d) MEDICAL RELIEF	44186664 00				
e) EDUCATIONAL & SPORTS ACTIVITIES	0 00	44186664 00			
TO SURPLUS CARRIED OVER TO BALANCESHEET		19139918 00			
TOTAL :-		67649069 00	TOTAL :-	67649069 00	

AS PER OUR REPORT OF EVEN DATE FOR P. S. BHANDARI & ASSOCIATES, CHARTERED ACCOUNTANTS.

(CA. AMRUT D. PATEL)
PARTNER.
UDIN:



STRIKE OFF WHICHEVER IS NOT APPLICABLE

DATED : 03.06.2024

TRUSTEE



Amrut D. Patel
Dr. Mane
A.

THE BOMBAY PUBLIC TRUST ACT, 1950
SCHEDULE VIII [VIDE RULE 17 (1)]
NAME OF THE TRUST DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
PROVISIONAL BALANCE SHEET AS AT 31st MARCH 2024

FUNDS & LIABILITIES	Rs.	Rs.	PROPERTIES & ASSETS	Rs.	Rs.
TRUST FUNDS OR CORPUS			IMMOVABLE PROPERTIES (AT COST)		
BALANCE AS PER LAST BALANCESHEET	3741143 00		BALANCE AS PER LAST BALANCE SHEET	11150696 00	
ADJUSTMENT DURING THE YEAR	0 00	3741143 00	ADDITIONS DURING THE YEAR	26774241 00	
(GIVE DETAILS)			LESS SALES DURING THE YEAR	0 00	
			DEPRECIATION UPTO DATE	949134 00	36975803 00
OTHER EARMARKED FUNDS			FURNITURE & FIXTURES & OTHER ASSETS		
(CREATED UNDER THE PROVISIONS OF THE			BALANCE AS PER LAST BALANCE SHEET	14675102 00	
TRUST DEED OR SCHEME OR OUT OF THE			ADDITION DURING THE YEAR	14812535 00	
INCOME)			LESS SALES DURING THE YEAR	0 00	
DEPRECIATION FUND	0 00		DEPRECIATION UPTO DATE 60 %	3373353 00	26114284 00
BUILDING FUND	9353097 00				
RESERVE FUND	0 00		INVESTMENTS		
	0 00		GOLD	3439512 00	
CORPUS FUND	15361000 00	24714097 00	FIXED DEPOSIT	13175000 00	16614512 00
LOANS (SECURED OR UNSECURED)					
SWAPNIL MANE		1543085 00	ADVANCES		
LIABILITIES			TO TRUSTEES		0 00
FOR EXPENSES AUDIT FEES & OTHER CHARGES		0 00	TO EMPLOYEES		0 00
SUNDRY CREDITORS		-3396437 00	TO OTHER ADVANCES (AS PER SECHDULE C)		951180 00
FOR RENT AND OTHER DEPOSIT			DEPOSITS		
FOR SUNDRY CREDIT BALANCE			ARBITRATION CASE DEPOSIT	1000000 00	
PROFESSIONAL TAX PAYABLE	0 00		ARJUN BHIMRAO GUNJAL (RENT DEPOSIT)	150000 00	1150000 00
TDS PAYABLE	763079 00	763079 00	INCOME OUTSTANDING		
INCOME AND EXPENDITURE ACCOUNT			RENT		0 00
BALANCE AS PER LAST BALANCESHEET	36961849 00		ACCRUED INTEREST		34066 00
LESS : APPROPRIATION IF ANY			OTHER INCOME		0 00
ADD : SURPLUS AS PER INCOME &	19139918 00		TDS RECEIVABLE		924072 00
EXPENDITURE ACCOUNT			CASH & BANK BALANCES		
LESS : DEFICIT ACCOUNT	0 00	56101767 00	a) BANK BALANCE (AS PER SCHEDULE D)	92595 00	
			b) WITH TRUSTEE CASH	0 00	
			c) WITH THE MANAGER	610222 00	702817 00
TOTAL :-		<u>83466734.00</u>	TOTAL :-		<u>83466734.00</u>

AS PER OUR REPORT OF EVEN DATE
FOR P. S. BHANDARI & ASSOCIATES,
CHARTERED ACCOUNTANTS,

(CA. AMRUT D. PATEL)
PARTNER.
UDIN:



STRIKE OFF WHICHEVER IS NOT APPLICABLE

DATED : 03.06.2024

TRUSTEE



Amruts
Mane

DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
AT DHANORE, TAL. RAHURI, DIST. AHMEDNAGAR - 413705

SCHEDULES TO BALANCE SHEET AND INCOME & EXPENDITURE ACCOUNT
FOR THE YEAR ENDING 31.03.2024

SCHEDULE " C " OTHER ADVANCES

SR NO.	PARTICULARS	AMOUNT
1	HOSPITAL DEPOSIT	200000 00
2	RAKESH JUNEJA	251180 00
3	SUHASH KULKARNI FOR NOTARY AGAINST LAND AT RAHATA	500000 00
TOTAL :-		951180.00

SCHEDULE " D " BANK BALANCES

SR NO.	PARTICULARS	AMOUNT
1	BANK OF MAHARASHTRA 60094198141	56139 00
2	BANK OF MAHARASHTRA	85 00
3	SBI FCRA A/C - 40136900678	8506 00
4	SBI - 40867405447	12129 00
5	UNION BANK - 510101001891791	4031 00
6	SBI-00000042702917541	5953 00
7	SBI-00000042702918034	5752 00
TOTAL :-		92595.00

SCHEDULE " E " MEDICAL RELIEF

SR NO.	PARTICULARS	AMOUNT
1	MEDICINE PURCHASE	10417692 00
2	SURGICAL MATERIAL	40000 00
3	DONATION	138000 00
4	EVENTS & FUNCTION EXPENSES	735874 00
5	SALARY	7583581 00
6	ADVERTISMENT	886926 00
7	AGREEMENT CHARGES	700000 00
8	ASSISTANT DOCTORS CHARGES	5985400 00
9	AUDIT FEES	75500 00
10	BANK CHARGES	76863 08
11	CLOTHS EXPENSES	79024 00
12	DONATION TO RAMMANGAL HEART FOUNDATION	964000 00
13	DISCOUNT PAID	49882 00
14	EDUCATIONAL HELP TO STUDENT	20000 00
15	ELECTRICITY CHARGES	177400 00
16	FOOD EXPENSES	13941 00
17	HOSPITAL CLEANING EXPENSES	127953 00
18	HOSPITAL EXPENSES	495711 20
19	HOTEL & FODD EXP	138043 00
20	INSURANCE	185487 00
21	INTEREST ON TDS	19398 00
22	LABORATORY CHARGES	321650 00
23	LICENSE RENEWAL FEES	46000 00
24	MEDICAL HELP TO PATIENT	575600 00
25	MEMBERSHIP FEES	126850 00
26	MISCLENIOUS EXPENSES	215685 38
27	MUNICIPAL TAXES	29545 00
28	OTHER CHARITABLE EXPENSES	2440000 00
29	PAINTING CHARGES	150000 00
30	PETROL EXP	127620 00
31	POWER & FUEL	257000 00
32	PRINTING AND STATIONERY	501454 00
33	PROFESSIONAL FEES PAID	654869 00
34	REFRESHMENT EXPENSES -FOR CAMP	353818 00
35	REGISTRATION CHARGES	219600 00
36	REPAIRS & MAINTAINNAGE	589563 1
37	RESEARCH SALARY PAID	5960000
38	ROUNDING OFF	-0.1
39	SOFTWARE LICENCE FEES CHARGES	13374
40	TELEPHONE & INTERNET EXPENSES	34438
41	TRADEMARK APPLICATION FEES	234000
42	TRANING EXPENSES	59298 6
43	TRAVELLING EXPENSES	2241624
44	UNIVERCITY FEES	124000
TOTAL		44186664.00

DR. MANE MEDICAL FOUNDATION AND RESEARCH CENTRE
AT DHANORE, TAL. RAHURI, DIST. AHMEDNAGAR - 413705

SCHEDULE " A " FIXED ASSETS & DEPRECIATION AS ON 31ST MARCH 2024

SR.NO.	ASSETS	RATE	OPENING W.D.V	ADDDION DURING BEFORE SEPT 23	THE YEAR AFTER SEPT 23	DEDUCTION	TOTAL	DEPRECIATION	CLOSING W.D.V
IMMOVABLE PROPERTIES									
1	LAND AT GANEGAON - 203	0%	1822860.00	0.00	0.00	0.00	1822860.00	0.00	1822860.00
2	LAND AT KAKDI KOPARGAON GAT NO 31 (GI)	0%	0.00		18124990.00	0.00	18124990.00	0.00	18124990.00
3	PLOT AT SR NO 396/3/1/10	0%	24000.00	0.00	0.00	0.00	24000.00	0.00	24000.00
4	HOSPITAL LAND AND BUILDING	10%	9303836.00	0.00	375000.00	0.00	9678836.00	949134.00	8729702.00
5	BUILDING WIP	0%	0.00	1586517.00	2902834.00	0.00	4489351.00	0.00	4489351.00
6	LAND AT KOPERGAON 318	0%	0.00	0.00	3784900.00	0.00	3784900.00	0.00	3784900.00
			11150696.00	1586517.00	25187724.00	0.00	37924937.00	949134.00	36975803.00
FURNITURE & FIXTURES & OTHER ASSETS									
5	FURNITURE AND DEAD STOCK	10%	614594.00	5950.00	673967.00	0.00	1294511.00	95753.00	1198758.00
6	AIR CONDITIONER	15%	162184.00	0.00	0.00	0.00	162184.00	24328.00	137856.00
7	CC TV CAMERA	15%	325360.00	0.00	22500.00	0.00	347860.00	50492.00	297368.00
8	ELECTRICAL FITTING	15%	290077.00	4480.00	250559.00	0.00	545116.00	62975.00	482141.00
8	FORCE TRUMP BUS	15%	393677.00	0.00	0.00	0.00	393677.00	59052.00	334625.00
9	INVERTOR AND BATTERY	15%	237687.00	0.00	100000.00	0.00	337687.00	43153.00	294534.00
10	INSTRUMENT	15%	706790.00	80000.00	721250.00	0.00	1508040.00	172112.00	1335928.00
10	MACHINARY	15%	956129.00	50315.00	0.00	0.00	1006444.00	150967.00	855477.00
11	MARUTI ECO	15%	380035.00	0.00	0.00	0.00	380035.00	57005.25	323029.75
12	MEDICLA EQUIPMENT	15%	7920729.00	276294.00	0.00	0.00	8197023.00	1229553.00	6967470.00
13	SBI SANJIVANI EQUIPMENT	15%	196581.00	0.00	430000.00	0.00	626581.00	61737.00	564844.00
14	VEHICLE - SANJIVANI	15%	2312768.00	0.00	0.00	0.00	2312768.00	346915.00	1965853.00
15	MOBILE HANDSET	15%	35112.00	0.00	27100.00	0.00	62212.00	7299.00	54913.00
16	REFREGERATOR	15%	25591.00	0.00	0.00	0.00	25591.00	3839.00	21752.00
17	WATER FILTER AQUAGUARD	15%	13486.00	0.00	0.00	0.00	13486.00	2023.00	11463.00
18	COMPUTER AND SOFTWARE	40%	104302.00	0.00	413350.00	0.00	517652.00	124391.00	393261.00
19	MEDICAL VAN	15%	0.00		6962000.00	0.00	6962000.00	522150.00	6439850.00
20	MEDICAL VAN -2	15%	0.00		3400200.00	0.00	3400200.00	255015.00	3145185.00
21	TATA AIG MH12KJ-3865	15%	0.00	0.00	645000.00	0.00	645000.00	48375.00	596625.00
22	VEHICLE	15%	0.00	0.00	749570.00	0.00	749570.00	56218.00	693352.00
			14675102.00	417039.00	14395496.00	0.00	29487637.00	3373353.00	26114284.75
TOTAL - (A + B + C + D)			25825798.00	2003556.00	39583220.00	0.00	67412574.00	4322487.00	63090088.00

MATERIAL DEVELOPMENTS

Since March 31, 2024 till the date of filing this Draft Fund-Raising Document, there has been no material event/ development or change having implications on the operations of the Trust/ Trust at the time of the Issue which may affect the Issue or the investor's decision to invest / continue to invest in the ZCZP Instruments.

SECTION V – LEGAL AND OTHER INFORMATION

OUTSTANDING LITIGATION

None of our Trust, Members & Founder ("Relevant Parties") are party to any:

- (i) **Pending Litigation:** There is no ongoing litigation or potential material adverse effects on our Trust's financial position, influencing investor decisions in the current or subsequent investment phases.
- (ii) **Default or Non-payment:** Our Trust has not defaulted on any statutory dues, ensuring financial integrity and adherence to regulatory obligations.
- (iii) **Disciplinary Action:** No disciplinary action has been taken by SEBI or Stock Exchange against our Promoters or Trust in the past five financial years, and there are no outstanding actions.

Additional Confirmations:

- (iv) **Civil Litigations:** Trust, Members & Founder ("Relevant Parties") are not parties to any Civil Litigations.
- (v) **Criminal Litigations:** Trust, Members & Founder ("Relevant Parties") are not parties to any Criminal Litigations.
- (vi) **No Pending Proceedings:** There are no pending proceedings initiated against the social enterprise for economic offenses, ensuring compliance with legal and ethical standards.
- (vii) **Fund Utilization Consistency:** There have been no variations in the utilization of funds previously raised by the social enterprise, maintaining transparency and consistency in financial management.
- (viii) **Government Approvals:** We confirm that all material and necessary government approvals essential for the smooth operations of the social enterprise are in place, reflecting our commitment to regulatory adherence and compliance.

OTHER REGULATORY AND STATUTORY DISCLOSURES

Issuer's Absolute Responsibility

"The Issuer, having made all reasonable inquiries, accepts responsibility for and confirms that this Draft Fund-Raising Document contains all information with regard to the Issuer and the Issue which is material in the context of the Issue, that the information contained in the Draft Fund-Raising Document is true and correct in all material aspects and is not misleading, that the opinions and intentions expressed herein are honestly stated and that there are no other facts, the omission of which make this document as a whole or any of such information or the expression of any such opinions or intentions misleading."

Authority for the Issue

At the meeting of the Board of Trustees of our Trust held on September 20, 2024 the Board of Trustees approved the issuance of ZCZP Instruments to the public.

The ZCZP Instruments will be issued on terms and conditions as set out in this Draft Fund Raising Document, the issue of which is being made as decided by the Board of Trustees.

Eligibility of our Trust for the Issue

1. Dr. Mane Medical Foundation and Research Centre ("Trust" or "Issuer"), founded in 2011 is a Trust established in Ahmadnagar, Maharashtra. It was officially registered on September 15, 2011, under the Societies Registration Act, 1860, with registration number 733/2011 issued by the Sub-Registrar office, Ahmadnagar ("SR").
2. Our Trust and any of its Board of Trustees are not debarred from accessing the securities market by SEBI.
3. None of our Members of our Trust is a Founder or Member of another Trust which has been debarred from accessing the securities market or dealing in securities by SEBI.
4. Our Trust and Members have not been categorized as a wilful Defaulter or a fraudulent borrower.
5. Neither our Trust nor any of our Members have been declared as a fugitive economic offender.
6. Neither our Trust nor any of our Members has been debarred from carrying out its activities or raising funds by the Ministry of Home Affairs or any other ministry of the Central Government or State Government or Charitable Commissioner or any other statutory body.
7. Our Trust is eligible to undertake this Issue in compliance with Regulation 292E of the SEBI ICDR Regulations, as follows:
 - a) The NPO is in compliance with requirements with Regulation 292E (2) (a) of SEBI (ICDR) Regulations, 2018 to be identified as Social Enterprise and NPO is indulged in Sub-clause no. (ii) of Regulation 292E (2) (a) of ICDR Regulations i.e. **promoting health care including mental healthcare, sanitation and making available safe drinking water**. Dr. Mane Medical Foundation and Research Centre, as a Non-Governmental Organization, operates a state-of-the-art hospital serving poor and needy patients by providing diagnostic and surgical facilities. The hospital reserves beds for destitute patients, offering free medical services and medications. Additionally, the organization conducts public health awareness camps in rural and urban areas, focusing on disease prevention and free medical camps for the treatment of various diseases.
 - b) The NPO is in compliance with requirements with Regulation 292E (2) (b) of SEBI (ICDR) Regulations, 2018 to be identified as Dr. Mane Medical Foundation And Research Centre is working from last 1/4 years to provide medical relief and medical facilities.
 - c) The NPO is in compliance with requirements with Regulation 292E (2) (c) of SEBI (ICDR) Regulations, 2018 to be identified as Social Enterprise as 100% of the immediately preceding 3-year average of expenditure has been incurred for providing eligible activities to members of the target population.
 - d) The annual spending of the NPO in past financial year is Rs. 485.09 Lakhs.
 - e) The funding in NPO in past financial year is Rs. 676.49 Lakhs.
8. Our Auditors pursuant to their certificate dated August 13, 2024 have confirmed the eligibility of our Trust under Regulation 292E of the SEBI ICDR Regulations.

DISCLAIMER CLAUSE OF SEBI

IT IS TO BE DISTINCTLY UNDERSTOOD THAT FILING OF THE ISSUE DOCUMENT TO THE SECURITIES AND EXCHANGE BOARD OF INDIA (“SEBI”) SHOULD NOT IN ANY WAY BE DEEMED OR CONSTRUED TO MEAN THAT THE SAME HAS BEEN CLEARED OR APPROVED BY SEBI. SEBI DOES NOT TAKE ANY RESPONSIBILITY EITHER FOR THE FINANCIAL SOUNDNESS OF ANY SCHEME OR THE PROJECT FOR WHICH THE ISSUE IS PROPOSED TO BE MADE OR FOR THE CORRECTNESS OF THE STATEMENTS MADE OR OPINIONS EXPRESSED IN THE ISSUE DOCUMENT. THIS REQUIREMENT IS TO FACILITATE INVESTORS TO TAKE AN INFORMED DECISION FOR MAKING INVESTMENT IN THE PROPOSED ISSUE.

DISCLAIMER CLAUSE OF NSE

AS REQUIRED, A COPY OF THIS ISSUE DOCUMENT HAS BEEN SUBMITTED TO THE NATIONAL STOCK EXCHANGE OF INDIA LIMITED (HEREINAFTER REFERRED TO AS NSE). NSE HAS GIVEN VIDE ITS LETTER REF.: [●] DATED [●], PERMISSION TO THE ISSUER TO USE THE EXCHANGE’S NAME IN THIS ISSUE DOCUMENT AS ONE OF THE STOCK EXCHANGE ON WHICH THIS ISSUER’S SECURITIES ARE PROPOSED TO BE LISTED. THE EXCHANGE HAS SCRUTINISED THIS ISSUE DOCUMENT FOR ITS LIMITED INTERNAL PURPOSE OF DECIDING ON THE MATTER OF GRANTING THE AFORESAID PERMISSION TO THIS ISSUER. IT IS TO BE DISTINCTLY UNDERSTOOD THAT THE AFORESAID PERMISSION GIVEN BY NSE SHOULD NOT IN ANY WAY BE DEEMED OR CONSTRUED THAT THE ISSUE DOCUMENT HAS BEEN CLEARED OR APPROVED BY NSE; NOR DOES IT IN ANY MANNER WARRANT, CERTIFY OR ENDORSE THE CORRECTNESS OR COMPLETENESS OF ANY OF THE CONTENTS OF THIS ISSUE DOCUMENT; NOR DOES IT WARRANT THAT THIS ISSUER’S SECURITIES WILL BE LISTED OR WILL CONTINUE TO BE LISTED ON THE EXCHANGE; NOR DOES IT TAKE ANY RESPONSIBILITY FOR THE FINANCIAL OR OTHER SOUNDNESS OF THIS ISSUER, ITS PROMOTERS, ITS MANAGEMENT OR ANY SCHEME OR PROJECT OF THIS ISSUER. EVERY PERSON WHO DESIRES TO APPLY FOR OR OTHERWISE ACQUIRE ANY SECURITIES OF THIS ISSUER MAY DO SO PURSUANT TO INDEPENDENT INQUIRY, INVESTIGATION AND ANALYSIS AND SHALL NOT HAVE ANY CLAIM AGAINST THE EXCHANGE WHATSOEVER BY REASON OF ANY LOSS WHICH MAY BE SUFFERED BY SUCH PERSON CONSEQUENT TO OR IN CONNECTION WITH SUCH SUBSCRIPTION/ACQUISITION WHETHER BY REASON OF ANYTHING STATED OR OMITTED TO BE STATED HEREIN OR ANY OTHER REASON WHATSOEVER.

DISCLAIMER IN RESPECT OF JURISDICTION

THE ISSUE IS BEING MADE IN INDIA, TO RETAIL, INSTITUTIONAL AND NON-INSTITUTIONAL INVESTORS. THIS DRAFT FUND-RAISING DOCUMENT AND THE FUND-RAISING DOCUMENT WILL NOT, HOWEVER CONSTITUTE AN OFFER TO SELL OR AN INVITATION TO SUBSCRIBE FOR THE ZCZP INSTRUMENTS OFFERED HEREBY IN ANY JURISDICTION OTHER THAN INDIA TO ANY PERSON TO WHOM IT IS UNLAWFUL TO MAKE AN OFFER OR INVITATION IN SUCH JURISDICTION. ANY PERSON INTO WHOSE POSSESSION THIS DRAFT FUND-RAISING DOCUMENT AND THE OFFER DOCUMENT COMES IS REQUIRED TO INFORM HIMSELF OR HERSELF ABOUT, AND TO OBSERVE, ANY SUCH RESTRICTIONS.

DISCLAIMER STATEMENT FROM THE ISSUER

THE ISSUER ACCEPTS NO RESPONSIBILITY FOR STATEMENTS MADE OTHER THAN IN THIS DRAFT FUND-RAISING DOCUMENT OR ANY OTHER MATERIAL ISSUED BY OR AT THE INSTANCE OF OUR TRUST AND THAT ANYONE PLACING RELIANCE ON ANY OTHER SOURCE OF INFORMATION WOULD BE DOING SO AT THEIR OWN RISK.

UNDERTAKING BY THE ISSUER

INVESTORS ARE ADVISED TO READ THE RISK FACTORS CAREFULLY BEFORE TAKING AN INVESTMENT DECISION IN THIS ISSUE. FOR TAKING AN INVESTMENT DECISION, INVESTORS MUST RELY ON THEIR OWN EXAMINATION OF THE ISSUER AND THE ISSUE INCLUDING THE RISKS INVOLVED. THE SECURITIES HAVE NOT BEEN RECOMMENDED OR APPROVED BY ANY REGULATORY AUTHORITY IN INDIA, INCLUDING THE SECURITIES AND EXCHANGE BOARD OF INDIA (“SEBI”) NOR DOES SEBI GUARANTEE THE ACCURACY OR ADEQUACY OF THIS DOCUMENT. SPECIFIC ATTENTION OF INVESTORS IS INVITED TO THE STATEMENT OF THE “RISK FACTORS” CHAPTER ON PAGE 9 OF THIS DRAFT FUND- RAISING DOCUMENT.

OUR TRUST, HAVING MADE ALL REASONABLE INQUIRIES, ACCEPTS RESPONSIBILITY FOR, AND CONFIRMS THAT THIS ISSUE DOCUMENT CONTAINS ALL INFORMATION WITH REGARD TO THE OUR TRUST AND THE ISSUE, THAT THE INFORMATION CONTAINED IN THIS DRAFT FUND-RAISING DOCUMENT IS TRUE AND CORRECT IN ALL MATERIAL ASPECTS AND IS NOT MISLEADING IN ANY MATERIAL RESPECT, THAT THE OPINIONS AND INTENTIONS EXPRESSED HEREIN ARE HONESTLY HELD AND THAT THERE ARE NO OTHER FACTS, THE OMISSION OF WHICH MAKE THIS DRAFT FUND-RAISING DOCUMENT AS A WHOLE OR ANY OF SUCH INFORMATION OR THE EXPRESSION OF ANY SUCH OPINIONS OR INTENTIONS MISLEADING IN ANY MATERIAL RESPECT.

THE ISSUER HAS NO SIDE LETTER WITH ANY ZCZP INSTRUMENT HOLDERS. ANY COVENANTS LATER ADDED SHALL BE DISCLOSED ON THE STOCK EXCHANGE’S WEBSITES WHERE THE ZCZP INSTRUMENTS ARE LISTED.

Listing

The ZCZP instruments are proposed to be listed only on the NSE Social Stock Exchange which is the Designated Stock Exchange.

Our Trust shall ensure that all steps for the completion of the necessary formalities for listing at the Stock Exchange mentioned above are taken within 10 (ten) trading days from the Issue Closing Date.

Consents

Consents in writing of: (a) the Members & Other Board of Trustees, (b) the Registrar to the Issue, (c) Advisors to the Issue and (d) Auditor have been obtained from them. Further, such consents have not been withdrawn up to the time of delivery of this Draft Fund-Raising Document with the Stock Exchange.

Minimum Subscription

In terms of the SEBI ICDR Regulations, for an issuer undertaking a public issue of zero coupon zero principal instruments the minimum subscription for such public issue of zero coupon zero principal instruments shall be 75% of the Issue Size.

If our Trust does not receive the minimum subscription of 75% of Issue Size, prior to the Issue Closing Date, the entire Application Amount shall be refunded to the Applicants.

Further, no separate arrangements have been made in case of subscription above 75% of the Issue Size but below 100% of the Issue Size.

In case the subscription above 75% of the Issue Size but below 100% of the Issue Size is not arranged, the impact on achieving social objectives is as follows:

Impact of Under-Subscription on NGO's Social Mission:

1. Insufficient Funding Impacting Project Objectives:

Inadequate capital may impede the timely implementation of the foundation's cancer care programs, disrupting schedules for delivering vital health services.

2. Impeded Impact on Beneficiary Communities:

Under-subscription to funding initiatives directly affects outreach to intended beneficiary communities, potentially slowing the rate of improvement in living conditions and overall well-being for patients.

3. Challenges in Resource Allocation:

Insufficient funds may force the foundation to reassess resource allocation, potentially diverting resources from critical projects to cover operational costs, thereby impacting the effectiveness of program delivery.

4. Community Disappointment and Eroded Confidence:

Under-subscription can lead to disappointment within beneficiary communities, eroding confidence in the foundation's capacity to bring about meaningful and sustainable positive change in cancer care and prevention.

Underwriting

The Issue is not required to be underwritten.

Issue Related Expenses

The expenses of the Issue include, inter alia, fees payable to the Registrar to the Issue, printing and distribution expenses, Advisor fees, advertisement expenses and listing fees. The Issue expenses and listing fees will be paid by our Trust.

Utilization of Issue Proceeds

Our Board of Trustees certifies that:

- i. all monies received out of the Issue of the ZCZP Instruments to the public shall be transferred to a separate bank account maintained with a scheduled bank.
- ii. details of all monies utilized out of the Issue referred to in sub-item (i) shall be disclosed under an appropriate separate head in our balance sheet indicating the purpose for which such monies were utilized;
- iii. details of all unutilized monies out of the Issue referred to in sub-item (i), if any, shall be disclosed under an appropriate separate head in our balance sheet indicating the form of financial assets in which such unutilized monies have been invested; and
- iv. we shall utilize the Issue proceeds only after (a) receipt of the minimum subscription of 75% of the Issue Size pertaining to the Issue; and (b) receipt of listing approval from the Stock Exchange.

Mechanism for redressal of investor grievances

The Registrar Agreement dated [●] between the Registrar to the Issue and our Trust will provide for retention of records with the Registrar to the Issue for a period of at least eight years from the last date of dispatch of the Allotment Advice and demat credit to enable the investors to approach the Registrar to the Issue for redressal of their grievances.

All grievances relating to the Issue may be addressed to the Registrar to the Issue, giving full details such as name, address of the Applicant, number of ZCZP Instruments applied for and amount paid on application.

The contact details of Registrar to the Issue are as follows:

Bigshare Services Private Limited

S6-2, Pinnacle Business Park, Next to Ahura Centre,
Mahakali Caves Road, Andheri East, Mumbai – 400093

Tel: +91 22 6232 8200

Facsimile: +91 22 6263 8299

Email: info@bigshareonline.com

Investor Grievance Email: investor@bigshareonline.com

Website: www.bigshareonline.com

Contact Person: Mr. Vinayak Morbale

SEBI Registration No.: INR000001385

CIN: U99999MH1994PTC076534

The Registrar shall endeavor to redress complaints of the investors within three (3) days of receipt of the complaint and continue to do so during the period it is required to maintain records under the RTA Regulations and our Trust shall extend necessary co-operation to the Registrar for its complying with the said regulations. However, the Registrar shall ensure that the time taken to redress investor complaints does not exceed seven (7) days from the date of receipt of complaint. The Registrar shall provide a status report of investor complaints and grievances on a quarterly basis to our Trust. Similar status reports should also be provided to our Trust as and when required by our Trust.

Investors may contact the Registrar to the Issue or the Trust Contact Person in case of any pre-issue or post Issue related issues such as non-receipt of Allotment Advice, demat credit, etc.

Details of Auditor to the Issuer:

Name of the Auditor	Address
M/s P. S. Bhandari & Associates	Flat no. 102, Golden Emrailed 1st Floor, Kothi Road Ahmadnagar-414001

Change in auditors of our Trust

Except as stated below, there has been no change in the auditors of our company during the last three years:

Name of Auditor	Date of Change	Reason for Change
M/s Suresh D Daule & Co.	January 15, 2023	Due to Pre-Occupation
M/s P. S. Bhandari & Associates	January 20, 2023	Appointment in place of resigned Auditor

Auditors' Remarks

There are no reservations or qualifications or adverse remarks in the auditors' report on the financial statements of our Trust in the last three Fiscals immediately preceding this Draft Fund-Raising Document.

Trading

The ZCZP Instruments of our Trust are proposed to be listed on the National Stock Exchange. The ZCZP Instruments shall not be made available for trading in the secondary market.

Disclaimer in respect of Jurisdiction

Exclusive jurisdiction for the purpose of the Issue is with the competent courts of jurisdiction in Mumbai, India.

SECTION VI - ISSUE RELATED INFORMATION

ISSUE STRUCTURE

The details of the issue as well as the key common terms and conditions of the ZCZP Instruments are as follows:

Issuer	Dr. Mane Medical Foundation and Research Centre
Type/ Nature of instrument	Zero Coupon Zero Principal Instruments ('ZCZP')
Mode of the Issue	Public Issue
Lead Managers	NA
Depositories	NSDL and CDSL
Registrar	Bigshare Services Private Limited
Issue	Public issue of ZCZP instruments of our Trust of face value of ₹1/- each aggregating up to ₹ 1.50 Cr., on the terms and in the manner set forth herein.
Minimum Subscription	Minimum subscription is 75% of the Issue, i.e., 1.125 crore.
Issue Size	₹ 1.50 Cr.
Eligible Investors	Please see "Issue Procedure – Who can apply?" on page 113 of this Draft Fund- Raising Document
Objects of the Issue	Please see "Objects of the Issue" on page 22 of this Draft Fund-Raising Document.
Details of Utilization of the Proceeds	Please see "Objects of the Issue" on page 22 of this Draft Fund-Raising Document.
Tenure	The tenure of the ZCZP Instruments issued by the Trust will be the date on which the objectives of the issue are met or 12 months from the date of listing whichever is later and a certificate to this effect is submitted to the NSE Social Stock Exchange. For further details, please see "Objects of the Issue" on page 22 of this Draft Fund-Raising Document.
Face Value	₹ 1/- per ZCZP Instrument
Issue Price	₹ 1/- per ZCZP Instrument
Minimum Application size	₹ 10,000 or such other amount as may be permitted under extant regulation and in multiples of ₹ 1,000.
Market Lot / Trading Lot	The ZCZP Instruments are not tradable in the secondary market.
Listing	The ZCZP Instruments are proposed to be listed on the Stock Exchange. The ZCZP Instruments shall be listed within 10 (ten) trading days from the Issue Closing Date. NSE Social Stock Exchange has been appointed as the Designated Stock Exchange.
Modes of payment	Please see "Issue Structure – Terms of Payment of Application Amount" on page 108 of this Draft Fund-Raising Document.
Issuance mode of the Instrument	In dematerialized form only
Issue opening date	[•]
Issue closing date*	[•]
Issue Documents**	This Draft Fund-Raising Document, the Fund-Raising Document, read with any notices, corrigendum, addendum thereto and other documents, if applicable, and various other documents/ agreements/ undertakings, entered or to be entered by our Trust with the other intermediaries.
Risk factors pertaining to the Issue	Please see section titled "Risk Factors" on page 9 of this Draft Fund-Raising Document.
Governing law and Jurisdiction	The governing law and jurisdiction for the purpose of the Issue shall be Indian law, and the competent courts of jurisdiction in Mumbai.
Deemed Date of Allotment	The date on which the Board of Trustees approves the Allotment of the ZCZP Instruments for the Issue or such date as may be determined by the Board of Trustees and the Stock Exchanges. The actual Allotment of ZCZP Instruments may take place on a date other than the Deemed Date of Allotment.

Notes:

* The subscription list shall remain open at the commencement of banking hours and close at the close of banking hours for the period as indicated, with an option for early closure or extension by such period, as may be decided by the Board of Trustees of our Trust. Applications Forms for the Issue will be accepted only from 10:00 a.m. till 5.00 p.m. (Indian Standard Time) or such extended time as may be permitted by the Stock Exchange, on Working Days during the Issue Period. On the Issue Closing Date, Application Forms will be accepted only from 10:00 a.m. till 3.00 p.m. (Indian Standard Time). For further details please see "General Information" on page 19 of this Draft Fund-Raising Document.

** For the list of documents executed/ to be executed, please see "Material Contracts and Documents for Inspection" on page 131

Terms of payment of Application Amount

Applicants may pay their Application Amounts by direct credit / NACH / NEFT / RTGS or may issue cheque / demand draft in respect of their Application:

***Escrow Account Details:**

Name: [●]

Account No.: [●] Account

Name: [●] IFSC Code: [●]

Account Type: [●]

**To be populated in the Fund-Raising Document.*

In case of payment by way of cheque / demand draft, the same shall be attached to the Application Form. In case the Applicant has transferred the Application Amount by way of an electronic transfer to the Escrow Account, then the Applicant shall necessarily mention the UTR no. and date of transfer in the Application Form.

All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by electronic bank transfer should reach the Registrar to the Issue within up to 3 (three) Working Days from the Issue Closing Date, provided that such extended time shall be available only if the Application Amount has been received in the Escrow Account prior to the Issue Closing Date.

Additionally, in accordance with the NSE April, 2024 Circular, Application may also be submitted through the web interface developed by NSE wherein the Application is automatically uploaded onto the Stock Exchange bidding platform. Applicants may also submit the Application Form to the self-certified syndicate banks (“SCSBs”) and the syndicate members with (3-in-1 account) registered on the electronic-IPO Platform of NSE.

Designated Intermediaries (other than SCSBs) shall not accept any ASBA Form from a retail individual investor who is not Bidding in the Issue.

Participation by any of the investor classes as mentioned in this Draft Fund Raising Document in the Issue will be subject to applicable statutory and/or regulatory requirements. Applicants are advised to ensure that applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and/or regulatory provisions.

Applications should be made in single name. Applications should be made by Karta in case the Applicant is an HUF. If the depository account is held in joint names, the Application Form should contain the name and PAN of the person whose name appears first in the depository account and signature of only this person would be required in the Application Form.

This Applicant would be deemed to have signed on behalf of joint holders and would be required to give confirmation to this effect in the Application Form. Please ensure that such Applications contain the PAN of the HUF and not of the Karta.

Termination of listing of the ZCZP Instruments (Maturity)

The tenure of the ZCZP Instruments issued by the Trust will be the date on which the objectives of the issue are met or 12 months from the date of listing whichever is later and a certificate to this effect is submitted to the NSE Social Stock Exchange. For further details, please see “Objects of the Issue” on page 22 of this Draft Fund Raising Document.

Lock-in

The ZCZP Instruments cannot be transferred, and the investors (including corporates) will continue to hold them till maturity.

TERMS OF THE ISSUE

Authority for the Issue

At the meeting of the Board of Trustees of our Trust held on September 20, 2024, the Board of Trustees approved the issuance of ZCZP Instruments of the face value ₹ 1 each, for an amount up to ₹ 1.50 Cr.

The ZCZP Instruments pursuant to this Issue will be issued on terms and conditions as set out in the Draft Fund Raising Document.

Principal Terms & Conditions of the Issue

The ZCZP Instruments being offered as part of the Issue are subject to the provisions of the SEBI ICDR Regulations read with the NSE Norms, the SSE Framework Circular, the Act, the MOA of our Trust, the terms of this Draft Fund Raising Document, the Fund Raising Document, the Application Forms, other applicable statutory and/or regulatory requirements including those issued from time to time by SEBI/the Government of India/NSE, and/or other statutory/regulatory authorities relating to the offer, issue and listing of securities and any other documents that may be executed in connection with the ZCZP Instruments.

Face Value

The face value of each ZCZP Instrument shall be ₹ 1/-.

ZCZP Instrument Holder not a Members

The ZCZP Holders will not be entitled to any of the rights and privileges available to the Members of our Trust.

Investments in ZCZP shall be eligible for 80G exemption under the Income Tax Act, 1961.

There are no special tax benefits available to subscribers of ZCZP instruments except the deduction u/s 80G of the Income Tax Act, 1961.

Jurisdiction

Exclusive jurisdiction for the purpose of the Issue is with the competent courts of jurisdiction in Mumbai, India.

Application in the Issue

An eligible investor desirous of applying in this Issue can make Applications through the physical mode or through electronic mode along with attachment, as applicable.

Form of Allotment and Denomination of ZCZP Instruments

As per the NSE Norms, the listed ZCZP Instruments will not be made available for trading in secondary market. Allotment in the Issue to all Allottees, will be in electronic form i.e., in dematerialized form and in multiples of one ZCZP Instrument.

For details of allotment refer to chapter titled "Issue Procedure" beginning on page 113 of this Draft Fund Raising Document.

Transfer/Transmission of ZCZP Instruments

The ZCZP Instruments can be transmitted to the legal heirs of the Allottees, subject to and in accordance with the rules/procedures as prescribed by NSDL/CDSL and the relevant DPs of the transfer or transferee and any other applicable laws and rules notified in respect thereof.

Title

The ZCZP Holder(s) for the time being appearing in the record of beneficial owners maintained by the Depository shall be treated for all purposes by our Trust as the holder thereof and its absolute owner for all purposes.

Succession

In the event of demise of the sole or first holder of the ZCZP Instruments, our Trust will recognize the executors or administrator of the deceased ZCZP Instrument Holders, or the holder of the succession certificate or other legal representative as having title to the ZCZP Instruments only if such executor or administrator obtains and produces probate or letter of administration or is the holder of the succession certificate or other legal representation, as the case may be, from an appropriate court in India. Where ZCZP Instruments are held in joint names and one of the joint holders dies, the survivor(s) will be recognized as the ZCZP Instrument Holder(s). It will be sufficient for our Trust to delete the name of the deceased ZCZP Instrument Holder after obtaining satisfactory evidence of his death. Provided, a third person may call on our Trust to register his name as successor of the deceased ZCZP Holder after obtaining evidence such as probate of a will for the purpose of proving his title to the ZCZP Instruments. The directors of our Trust in their absolute discretion may, in any case, dispense with production of probate or letter of administration or succession certificate or other legal representation.

Joint holders

Where two or more persons are holders of any ZCZP Instruments, they shall be deemed to hold the same as joint holders with benefits of survivorship.

Applications should be made in single name. If the depository account is held in joint names, the Application Form should contain the name and PAN of the person whose name appears first in the depository account and signature of only this person would be required in the Application Form.

This Applicant would be deemed to have signed on behalf of joint holders and would be required to give confirmation to this effect in the Application Form.

All communications will be addressed to the first named Applicant whose name appears in the Application Form and at the address mentioned therein.

Period of subscription

ISSUE SCHEDULE	
ISSUE OPENS ON	[●]
ISSUE CLOSSES ON	[●]
PAY IN DATE	Application Date. The entire application Amount is payable on Application.
DEEMED DATE OF ALLOTMENT	The date on which the Board of Trustees approves the Allotment of the ZCZP Instruments for the Issue or such date as may be determined by the Board of Trustees and notified to the Designated Stock Exchange. The actual Allotment of ZCZP Instruments may take place on a date other than the Deemed Date of Allotment.

Application Forms for the Issue will be accepted only between 10.00 a.m. and 5.00 p.m. (Indian Standard Time) or such extended time as may be permitted by the Stock Exchange, during the Issue Period as mentioned above on all days between Monday and Friday (both inclusive barring public holiday). On the Issue Closing Date, Application Forms will be accepted only between 10.00 a.m. to 3.00 p.m. (Indian Standard Time). For further details please refer to "Issue Procedure" on page 113 of this Draft Fund-Raising Document.

Mode of payment of Interest to ZCZP Instrument Holders

The Issue, being an issue of zero coupon zero principal instruments in terms of Chapter X-A of the SEBI ICDR Regulations, there is no coupon rate, or redemption amount applicable.

Application Size

Each Application should be for a minimum of ₹ 10,000, i.e., 10,000 ZCZP Instruments or such other amount as per the extant regulations and in multiples of ₹ 1,000 thereafter. Applicants can apply for the ZCZP Instruments offered hereunder provided the Applicant has applied for minimum application size using the same Application Form.

Applicants are advised to ensure that applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and or regulatory provisions.

Pre-closure

Our Trust reserves the right to close the Issue at any time prior to the Issue Closing Date, subject to receipt of minimum subscription or as may be specified in this Draft Fund-Raising Document. Our Trust shall Allot ZCZP Instruments with respect to the Applications received until the time of such pre-closure in accordance with the Basis of Allotment as described hereinabove and subject to applicable statutory and/or regulatory requirements.

Minimum subscription

In terms of the SEBI ICDR Regulations, for an issuer undertaking a public issue of zero coupon zero principal instruments the minimum subscription for such public issue of zero coupon zero principal instruments shall be 75% of the Issue Size.

If our Trust does not receive the minimum subscription of 75% of Issue Size, prior to the Issue Closing Date, the entire Application Amount shall be refunded to the Applicants.

Further, no separate arrangements have been made in case of subscription above 75% of the Issue Size but below 100% of the Issue Size.

If the stated minimum subscription amount is not received within the specified period, the application money received is to be credited only to the bank account from which the subscription was remitted. To the extent possible, where the required information for making such refunds is available with our Trust and/or the Registrar, refunds will be made to the account prescribed. However, where our Trust and/or the Registrar does not have the necessary information for making such refunds, our Trust and/or the Registrar will follow the guidelines prescribed by SEBI in this regard.

Impact of Under-Subscription on NGO's Social Mission:

1. Insufficient Funding Impacting Project Objectives:

Inadequate capital may impede the timely implementation of the foundation's cancer care programs, disrupting schedules for delivering vital health services.

2. Impeded Impact on Beneficiary Communities:

Under-subscription to funding initiatives directly affects outreach to intended beneficiary communities, potentially slowing the rate of improvement in living conditions and overall well-being for patients.

3. Challenges in Resource Allocation:

Insufficient funds may force the foundation to reassess resource allocation, potentially diverting resources from critical projects to cover operational costs, thereby impacting the effectiveness of program delivery.

4. Community Disappointment and Eroded Confidence:

Under-subscription can lead to disappointment within beneficiary communities, eroding confidence in the foundation's capacity to bring about meaningful and sustainable positive change in cancer care and prevention.

Utilizations of Application Amount

The sum received in respect of the Issue will be kept in the Escrow Account and we will have access to such funds only upon Allotment or refunds, whichever is later of the ZCZP Instruments and on receipt of listing approval from the Stock Exchange as per applicable provisions of law(s), regulations and approvals.

Utilization of Issue Proceeds

- a) All monies received pursuant to the issue of ZCZP Instruments to public shall be transferred to a separate bank account;
- b) Our Trust shall submit to the Stock Exchange a statement in respect of utilization of the Net Proceeds and balance amount remaining unutilized, until the utilization of the Net Proceeds in accordance with this Draft Fund- Raising Document;
- c) Our Trust confirms that the unutilized amounts from the Net Proceeds shall be kept in a separate bank account and shall not be co – mingled with other funds;
- d) Our Trust shall utilize the Issue proceeds only on (i) receipt of minimum subscription; and (ii) receipt of listing approval from Stock Exchange;

Listing

The ZCZP Instruments offered through this Draft Fund-Raising Document are proposed to be listed on the National Stock Exchange. Our Trust has obtained 'in-principle' approval for the Issue from NSE vide its letter dated [●]. For the purposes of the Issue, NSE Social Stock Exchange shall be the Designated Stock Exchange.

Our Trust will use best efforts to ensure that all steps for the completion of the necessary formalities for listing at the Stock Exchange are taken within 10 (ten) trading days of the Issue Closing Date.

Monitoring and Reporting of Utilization of Issue Proceeds

There is no requirement for appointment of a monitoring agency in terms of the SEBI ICDR Regulations. Our Trust shall monitor the utilization of the proceeds of the Issue as prescribed under the SEBI Listing Regulations.

ISSUE PROCEDURE

This section applies to all Applicants. Please note that all Applicants are required to pay the full Application Amount while making an Application. Applicants should note that they shall submit their Applications to the Registrar to the Issue as mentioned on the Application Form. Applicants are advised to make their independent investigations and ensure that their Applications do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable law or as specified in this Draft Fund-Raising Document.

Our Trust does not accept any responsibility for the completeness and accuracy of the information stated in this section and are not liable for any amendment, modification or change in the applicable law which may occur after the date of this Draft Fund-Raising Document. Investors are advised to make their independent investigations and ensure that their Applications are submitted in accordance with applicable laws.

OUR TRUST SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY ERRORS OR OMISSIONS ON THE PART OF THE REGISTRAR TO THE ISSUE IN CONNECTION WITH THE COLLECTION OF APPLICATION FORMS IN RESPECT OF THE ISSUE. FURTHER, THE REGISTRAR TO THE ISSUE WILL BE RESPONSIBLE FOR ADDRESSING INVESTOR GRIEVANCES ARISING FROM APPLICATIONS.

Please note that for the purposes of this section, the term “Working Day” shall mean all days excluding Sundays or a holiday of commercial banks in Mumbai, except with reference to Issue Period, where Working Days shall mean all days, excluding Saturdays, Sundays and holiday of commercial banks in Mumbai. Furthermore, for the purpose of post issue period, i.e., period beginning from Issue Closing Date to listing of the ZCZP Instruments, Working Days shall mean all trading days of Stock Exchange excluding Saturdays, Sundays, and bank holidays in Mumbai.

Availability of this Draft Fund-Raising Document, Final Fund Raising Document and Application Forms

The copies of this Draft Fund-Raising Document, the Final Fund Raising Document, together with Application Forms may be obtained from our Registered Office and the Registrar to the Issue. Additionally, the Fund Raising Document and the Application Forms will be available for download on the website of NSE at www.nseindia.com. A unique application number (“UAN”) will be generated for every Application Form downloaded from the website of the Stock Exchange i.e at www.nseindia.com.

The Issuer may also provide Application Forms for being downloaded and filled at such websites as it may deem fit.

Who can apply?

The following categories of persons are eligible to apply in the Issue.

Institutional Investors

- a mutual fund, venture capital fund and alternative investment fund registered with SEBI;
- a public financial institution;
- a scheduled commercial bank;
- a state industrial development corporation;
- an insurance Trust registered with the Insurance Regulatory and Development Authority of India;
- a provident fund with minimum corpus of Twenty five crore rupees;
- a pension fund with minimum corpus of Twenty five crore rupees registered with the Pension Fund Regulatory and Development Authority established under sub-section (1) of section 3 of the Pension Fund Regulatory and Development Authority Act, 2013;
- National Investment Fund set up by resolution no. F. No. 2/3/2005-DDII dated November 23, 2005, of the Government of India published in the Gazette of India;
- insurance funds set up and managed by army, navy or air force of the Union of India;
- insurance funds set up and managed by the Department of Posts, India; and

- systemically important non-banking financial companies.

Non-institutional Investors

- Any investor other than Institutional Investors, except for investors who are not eligible to invest in ZCZP Instruments. For further details, see “*Issue Procedure*” on page 113 of this Draft Fund- Raising Document.

Foreign investors are not permitted to participate in the Issue.

Note: Participation of any of the aforementioned categories of persons or entities is subject to the applicable statutory and/or regulatory requirements in connection with the subscription to Indian securities by such categories of persons or entities.

APPLICATIONS BY VARIOUS APPLICANT CATEGORIES

Applications by Mutual Funds

A separate Application can be made in respect of each scheme of an Indian mutual fund registered with SEBI and such Applications shall not be treated as multiple Applications. Applications made by the AMCs or custodians of a Mutual Fund shall clearly indicate the name of the concerned scheme for which the Application is being made. An Application Form by a mutual fund registered with SEBI for Allotment of the ZCZP Instruments must be also accompanied with the certified true copies of (i) its SEBI registration certificates (ii) the Incorporation document in respect of such mutual fund (ii) a resolution authorizing investment and containing operating instructions and (iii) specimen signatures of authorized signatories.

Application by Scheduled Commercial Banks

Scheduled Commercial Banks can apply in the Issue based upon their own investment limits and approvals. Applications by them for Allotment of the ZCZP Instruments must be accompanied with the certified true copies of (i) memorandum and articles of association/charter of constitution; (ii) power of attorney; (iii) a board resolution authorizing investment; and (iv) a letter of authorization. Failing this, our Trust reserves the right to accept or reject any Application for Allotment of the ZCZP Instruments in whole or in part, in either case, without assigning any reason therefor.

Failing this, our Trust reserves the right to accept or reject any Application in whole or in part, in either case, without assigning any reason therefor.

Application by Insurance Companies

Insurance companies registered with the IRDAI can apply in the Issue based on their own investment limits and approvals in accordance with the regulations, guidelines and circulars issued by the IRDAI. The Application Form must be accompanied with the certified true copies of their (i) memorandum and articles of association/charter of constitution; (ii) power of attorney; (iii) resolution authorizing investments/containing operating instructions; and (iv) specimen signatures authorized signatories.

Failing this, our Trust reserves the right to accept or reject any Application in whole or in part, in either case, without assigning any reason therefor.

Applications by Alternative Investments Funds

Applications made by alternative investment funds eligible to invest in accordance with the Securities and Exchange Board of India (Alternative Investment Fund) Regulations, 2012, as amended (the “**SEBI AIF Regulations**”) for Allotment of the ZCZP Instruments must be accompanied with the certified true copies of (i) SEBI registration certificate; (ii) a resolution authorizing investment and containing operating instructions; and (iii) specimen signatures authorized persons. The Alternative Investment Funds shall at all times comply with the requirements applicable to it under the SEBI AIF Regulations and the relevant notifications issued by SEBI.

Failing this, our Trust reserves the right to accept or reject any Application in whole or in part, in either case, without assigning any reason therefor.

Applications by Associations of persons and/or bodies established pursuant to or registered under any central or state statutory enactment

In case of Applications made by Applications by Associations of persons and/or bodies established pursuant to or registered under any central or state statutory enactment, must submit a (i) certified copy of the certificate of registration or proof of constitution, as applicable, (ii) Power of Attorney, if any, in favour of one or more persons thereof, (iii) such other documents evidencing registration thereof under applicable statutory/regulatory requirements. Further, any Trust applying for the ZCZP Instruments pursuant to the Issue must ensure that (a) they are authorized under applicable statutory/regulatory requirements and their constitution instrument to hold and invest in ZCZP Instruments, (b) they have obtained all necessary approvals, consents or other authorisations, which may be required under applicable statutory and/or regulatory requirements to invest in

ZCZP Instruments, and (c) Applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and/ or regulatory provisions.

Failing this, our Trust reserves the right to accept or reject any Applications in whole or in part, in either case, without assigning any reason, therefore.

Applications by Trust's

In case of Applications made by Trust, settled under Societies Registration Act, 1860, as amended, or any other statutory and/or regulatory provision governing the settlement of Trust in India, must submit a (i) certified copy of the registered instrument for creation of such Trust, (ii) power of attorney, if any, in favour of one or more thereof, (iii) such other documents evidencing registration thereof under applicable statutory/regulatory requirements. Further, any Trust applying for the ZCZP Instruments pursuant to the Issue must ensure that (a) they are authorized under applicable statutory/regulatory requirements and their constitution instrument to hold and invest in ZCZP Instruments, (b) they have obtained all necessary approvals, consents or other authorizations, which may be required under applicable statutory and/or regulatory requirements to invest in ZCZP Instruments, and (c) Applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and or regulatory provisions.

Failing this, our Trust reserves the right to accept or reject any Applications in whole or in part, in either case, without assigning any reason therefor.

Applications by Public Financial Institutions, which are authorized to invest in the ZCZP Instruments

The Application must be accompanied by certified true copies of: (i) any Act/ Rules under which they are incorporated; (ii) board resolution authorizing investments; and (iii) specimen signature of authorized person.

Failing this, our Trust reserves the right to accept or reject any Applications in whole or in part, in either case, without assigning any reason therefor.

Applications made by companies, bodies corporate and societies registered under the applicable laws in India

The Application must be accompanied by certified true copies of: (i) any act/ rules under which they are incorporated; (ii) Board Resolution authorizing investments; and (iii) Specimen signature of authorized person.

Failing this, our Trust reserves the right to accept or reject any Applications in whole or in part, in either case, without assigning any reason therefor.

Partnership firms formed under applicable Indian laws in the name of the partners and Limited Liability Partnerships formed and registered under the provisions of the Limited Liability Partnership Act, 2008

Applications made by partnership firms and limited liability partnerships formed and registered under the Limited Liability Partnership Act, 2008 must be accompanied by certified true copies of: (i) the partnership deed for such Applicants; (ii) any documents evidencing registration of such Applicant thereof under applicable statutory/regulatory requirements; (iii) a resolution authorizing the investment and containing operating instructions; and (iv) specimen signature of authorized persons of such Applicant.

Failing this, our Trust reserves the right to accept or reject any Applications for Allotment of the ZCZP Instruments in whole or in part, in either case, without assigning any reason therefor.

Applications under a power of attorney by limited companies, corporate bodies and registered societies

In case of Applications made pursuant to a power of attorney by Applicants, a certified copy of the power of attorney or the relevant resolution or authority, as the case may be, along with a certified copy of the Trust Deed and articles of association and/or bye laws must be lodged along with the Application Form.

Failing this, our Trust reserves the right to accept or reject any Application in whole or in part, in either case, without assigning any reason therefor.

In case of Applications made pursuant to a power of attorney by Applicants, a certified copy of the power of attorney must be lodged along with the Application Form.

Failing this our Trust, reserves the right to reject such Applications. Our Trust, in its absolute discretion, reserves the right to relax the above condition of attaching the power of attorney along with the Application Forms subject to such terms and conditions that our Trust may deem fit.

Applications by provident funds, pension funds, which are authorized to invest in the ZCZP Instruments

Applications by provident funds, pension funds, superannuation funds and gratuity funds which are authorized to invest in the ZCZP Instruments, for Allotment of the ZCZP Instruments must be accompanied by certified true copies of: (i) any act/rules under which they are incorporated; (ii) a power of attorney, if any, in favour of one or more Board of Trustees thereof, (ii) a board resolution authorizes investments; (iii) such other documents evidencing registration thereof under applicable statutory/regulatory requirements; (iv) specimen signature of authorized person; (v) a certified copy of the registered instrument for creation of such fund/Trust; and (vi) any tax exemption certificate issued by Income Tax authorities.

Failing this, our Trust reserves the right to accept or reject any Applications for Allotment of the ZCZP Instruments in whole or in part, in either case, without assigning any reason therefor.

Applications by National Investment Funds

Application made by a National Investment Fund for Allotment of the ZCZP Instruments must be accompanied by certified true copies of: (i) a resolution authorizes investment and containing operating instructions; and (ii) specimen signatures of authorized persons.

Failing this, our Trust reserves the right to accept or reject any Applications for Allotment of the ZCZP Instruments in whole or in part, in either case, without assigning any reason therefor.

Applications by Systematically Important Non-banking financial companies

Applications made by systematically important non-banking financial companies registered with the RBI and under other applicable laws in India must be accompanied by certified true copies of: (i) memorandum and articles of association/charter of constitution; (ii) power of attorney;(iii) board Resolution authorizes investments; and (iii) specimen signature of authorized person.

Failing this, our Trust reserves the right to accept or reject any Applications in whole or in part, in either case, without assigning any reason therefor.

Applications by Retail Investors

Resident Indian individuals or Hindu Undivided Families through the Karta applying for an amount aggregating up to and including ₹ 2,00,000 across all series of ZCZP Instrument and shall include Retail Individual Investors, or any other investment limit, as applicable and prescribed by SEBI from time to time, in any of the bidding options in the Issue (including HUFs applying through their Karta and does not include NRIs) which are authorised to invest in the ZCZP Instrument for SSE.

Applications by High-Net worth Individuals

Resident Indian individuals or Hindu Undivided Families through the Karta applying for an amount aggregating to above ₹ 2,00,000 across all options of ZCZP Instrument which are authorised to invest in the ZCZP Instrument for SSE.

Note: Foreign investors are not permitted to participate in the Issue. Further, Participation of any of the aforementioned categories of persons or entities is subject to the applicable statutory and/or regulatory requirements in connection with the subscription to Indian securities by such categories of persons or entities.

Applicants are advised to ensure that Applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and or regulatory provisions.

Applicants are advised to ensure that they have obtained the necessary statutory and/or regulatory permissions/consents/approvals in connection with applying for, subscribing to, or seeking allotment of ZCZP Instruments pursuant to the Issue.

Escrow Mechanism

We shall open an Escrow Account with the Escrow Collection Bank in whose favour the Applicants shall transfer through direct credit / NACH / NEFT / RTGS or shall issue cheque / demand draft in respect of their Application. Cheques or demand drafts received for the application Amount from investors would be deposited in the respective Escrow Account. The Escrow Collection Bank will act in terms of this Draft Fund-Raising Document and the Escrow Agreement. The Escrow Collection Bank shall not exercise any lien whatsoever over the monies deposited therein. Upon completion of the Allotment or refunds, whichever is later, the Escrow Collection Bank shall transfer the monies from the Escrow Account to the bank account of our Trust as per the terms of the Escrow Agreement. Payments of refund to the Applicants shall also be made from the Escrow Account as per the terms of the Escrow Agreement and this Draft Fund-Raising Document.

The information below is given for the benefit of Applicants. Our Trust is not liable for any amendment or modification or changes in applicable laws or regulations, which may occur after the date of this Draft Fund-Raising Document.

How to apply?

Copies of the Fund Raising Document together with Application Form may be obtained from our Registered Office/ corporate office and the Registrar to the Issue. Additionally, the Final Fund Raising Document and the Application Forms will be available for download on the website of NSE at www.nseindia.com.

Application Forms will also be available on the website of the Stock Exchange. A unique application number (“UAN”) will be generated for every Application Form downloaded from the websites of the Stock Exchange.

Please note that there is a single Application Form.

Method of Application

An eligible investor desirous of applying in this Issue can make Applications through the physical mode or through electronic mode along with attachment, as applicable.

Applicants intending to subscribe in the Issue shall submit a duly filled Application Form to the Registrar to the Issue.

All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by electronic bank transfer should reach the Registrar to the Issue within up to 3 (three) Working Days from the Issue Closing Date, provided that such extended time shall be available only if the Application Amount has been received in the Escrow Account prior to the Issue Closing Date.

Additionally, in accordance with the NSE April, 2024 Circular, Application may also be submitted through the web interface developed by NSE wherein the Application is automatically uploaded onto the Stock Exchange bidding platform. Applicants may also submit the Application Form to the self-certified syndicate banks (“SCSBs”) and the syndicate members with (3-in-1 account) registered on the electronic-IPO Platform of NSE.

Designated Intermediaries (other than SCSBs) shall not accept any ASBA Form from a retail individual investor who is not Bidding in the Issue.

All Application Forms duly completed together with cheque/demand draft, if applicable for the amount payable on application must be delivered before the Issue Closing Date to the Registrar to the Issue. In case the Applicant has transferred the Application Amount by way of an electronic transfer to the Escrow Account, then the Applicant shall necessarily mention the UTR no. and date of transfer in the Application Form.

Application Size

Each Application should be for a minimum of ₹ 10,000, i.e., 10,000 ZCZP Instruments and in multiples of ₹ 1,000 thereafter. Applicants can apply for the ZCZP Instruments offered hereunder provided the Applicant has applied for minimum application size using the same Application Form.

Applicants are advised to ensure that applications made by them do not exceed the investment limits or maximum number of ZCZP Instruments that can be held by them under applicable statutory and or regulatory provisions.

Applications cannot be made by:

Retail individual investors and foreign investors (including persons resident outside India, foreign nationals, non-resident Indians, overseas citizens of India, foreign institutional investors, foreign portfolio investors, foreign venture capital investors).

Terms of Payment

The entire issue price for the ZCZP Instruments is payable on application only. In case of allotment of lesser number of ZCZP Instruments than the number applied, our Trust shall refund the excess amount paid on application to the applicant.

Payment instructions for Applicants

Our Trust shall open an Escrow Account with the Escrow Collection Bank for the collection of the application amount payable upon submission of the Application Form.

Payment shall be made by way of direct credit / NACH / NEFT / RTGS / cheque / demand draft. Outstation cheques /demand drafts drawn on banks not participating in the clearing process will not be accepted and applications accompanied by such cheques or demand drafts are liable to be rejected. Any payment by way of cash or stock invest will not be accepted. In case payment is effected in contravention of the conditions mentioned herein, the Application is liable to be rejected and application money will be refunded and no interest will be paid thereon.

All Application Forms received with outstation cheques, post-dated cheques, cheques / demand drafts drawn on banks not participating in the clearing process shall be rejected and the Registrar shall not be responsible for such rejections.

The Escrow Collection Bank shall transfer the funds from the Escrow Account, as per the terms of the Escrow Agreement, into a separate bank account after the completion of the Allotment or refunds, whichever is later.

All cheques / demand drafts enclosed to the application should be crossed “A/c payee only” and must be made payable to [●].

The Applicants shall ensure that the bank account linked with the Depositories is used for making the payment for Application.

Payment mechanism for Applicants

An Applicant may submit the completed Application Form to Registrar to the Issue along with cheque / demand draft.

The Applicants may also pay their Application Amounts by direct credit / NACH / NEFT / RTGS or may issue cheque / demand draft in respect of their Application to the below bank account:

Escrow Account Details:*

Bank Name: [●]

Account No.: [●]

Account Name: [●]

IFSC Code: [●]

Account Type: [●]

**To be populated in the Final Fund Raising Document.*

In case of payment by way of cheque / demand draft, the same shall be attached to the Application Form. In case the Applicant has transferred the Application Amount by way of an electronic transfer to the Escrow Account, then the Applicant shall necessarily mention the UTR no. and date of transfer in the Application Form.

All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by electronic bank transfer should reach the Registrar to the Issue within up to 3 (three) Working Days from the Issue Closing Date, provided that such extended time shall be available only if the Application Amount has been received in the Escrow Account prior to the Issue Closing Date.

Additionally, in accordance with the NSE April, 2024 Circular, Application may also be submitted through the web interface developed by NSE wherein the Application is automatically uploaded onto the Stock Exchange bidding platform. Applicants may also submit the Application Form to the self-certified syndicate banks (“SCSBs”) and the syndicate members with (3-in-1 account) registered on the electronic-IPO Platform of NSE.

Designated Intermediaries (other than SCSBs) shall not accept any ASBA Form from a retail individual investor who is not Bidding in the Issue.

Additional information for Applicants

1. Application Forms submitted by Applicants whose beneficiary accounts are inactive shall be rejected.
2. All applications Forms duly completed and accompanied by account payee cheques / demand drafts shall be submitted with the Registrar to the Issue before the Issue Closing Date. The Registrar to the Issue will not accept payments made in cash. However, Application Forms duly completed together with cheque/demand draft drawn on/payable at a local bank in Mumbai for the amount payable on application, if applicable, shall be sent by Registered Post or by hand delivery to the Corporate Office of the Registrar, so as to reach the Registrar prior to the Issue Closing Date. Applications where payment is being made by electronic bank transfer should reach the Registrar to the Issue within up to 3 (three) Working Days from the Issue Closing Date, provided that such extended time shall be available only if the Application Amount has been received in the Escrow Account prior to the Issue Closing Date. No separate receipts will be issued for the money to be paid on the submission of Application Form.
3. Application Forms submitted by Applicants shall be for allotment of ZCZP Instruments only in dematerialized form.

Instructions for completing the Application Form

1. Applications must be made in the prescribed Application Form.
2. Application Forms are to be completed in full, in BLOCK LETTERS in ENGLISH and in accordance with the instructions contained in the Offer Document and the Application Form. Incomplete Application Forms are liable to be rejected. Applicants should note that the Registrar & our Trust will not be liable for errors in data entry due to incomplete or illegible Application Forms.
3. Applications are required to be for a minimum of 10,000 ZCZP Instruments and in multiples of 1,000 ZCZP Instruments thereafter as specified in the Issue Documents.
4. Thumb impressions and signatures other than in the languages specified in the Eighth Schedule in the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate under official seal.
5. Applications should be in single name. Applicants are required to ensure that the PAN Details of the HUF are mentioned and not those of the Karta.
6. Applicants applying for Allotment must provide details of valid and active DP ID, Client ID and PAN clearly and without error. On the basis of such Applicant's active DP ID, Client ID and PAN provided in the Application Form, the Registrar to the Issue will obtain from the Depository the Demographic Details. Invalid accounts, suspended accounts or where such account is classified as invalid or suspended may not be considered for Allotment of the ZCZP Instruments.
7. Applicants must ensure that their Application Forms are made in a single name.
8. The minimum number of Applications and minimum application size shall be specified in the Offer Document. Applicants may apply for ZCZP Instruments Applied for in a single Application Form.
9. All Applicants are required to tick the relevant column in the "Category of Investor" box in the Application Form.

Applicants should note that the Registrar will not be liable for error in data entry due to incomplete or illegible Application Forms. Our Trust would allot the ZCZP Instruments, as specified in the Offer Document for the Issue to all valid Applications.

Applicants' PAN, Depository Account and Bank Account Details

ALL APPLICANTS APPLYING FOR ALLOTMENT OF THE ZCZP INSTRUMENTS SHOULD MENTION THEIR DP ID, CLIENT ID AND PAN IN THE APPLICATION FORM. APPLICANTS MUST ENSURE THAT THE DP ID, CLIENT ID AND PAN GIVEN IN THE APPLICATION FORM IS EXACTLY THE SAME AS THE DP ID, CLIENT ID AND PAN AVAILABLE IN THE DEPOSITORY DATABASE.

On the basis of the DP ID, Client ID and PAN provided by them in the Application Form, the Registrar to the Issue will obtain from the Depository the Demographic Details of the Applicants including PAN and MICR code. These Demographic Details would be used for giving Allotment Advice, if required, to the Applicants. Hence, Applicants are advised to immediately update their Demographic Details (including bank account details) as appearing on the records of the Depository Participant and ensure that they are true and correct. Please note that failure to do so could result in delays in authorizing, to Applicants, delivery of Allotment Advice at the Applicants' sole risk, and neither the Registrar, nor our Trust shall have any responsibility and undertake any liability for the same.

These Demographic Details would be used for all correspondence with the Applicants including mailing of the Allotment Advice. The Demographic Details given by Applicants in the Application Form would not be used for any other purpose by the Registrar to the Issue except in relation to this Issue. By signing the Application Form, Applicants applying for the ZCZP Instruments would be deemed to have authorized the Depositories to provide, upon request, to the Registrar, the required Demographic Details as available on its records.

Allotment Advice would be mailed by post or e-mail at the address of the Applicants in accordance with the Demographic Details received from the Depositories. Applicants may note that delivery of Allotment Advice, if required, may get delayed if the same once sent to the address obtained from the Depositories are returned undelivered. Further, please note that any such delay shall be at such Applicants' sole risk and neither our Trust, nor the Registrar to the Issue shall be liable to compensate the Applicant for any losses caused to the Applicants due to any such delay or liable to pay any interest for such delay.

In case of Applications made under powers of attorney, our Trust in its absolute discretion, reserves the right to permit the holder of a power of attorney to request the Registrar to the Issue that for the purpose of printing particulars on and mailing of the Allotment Advice through post, the Demographic Details obtained from the Depository of the Applicant shall be used.

With effect from August 16, 2010, the beneficiary accounts of Applicants for whom PAN details have not been verified shall be suspended for credit and no credit of ZCZP Instruments pursuant to this Issue will be made into the accounts of the

Applicants. Application Forms submitted by Applicants whose beneficiary accounts are inactive shall be rejected.

Applicants should note that the ZCZP Instruments will be allotted to all successful Applicants only in dematerialized form. The Application Forms which do not have the details of the Applicant's depository account, including DP ID, Client ID and PAN, shall be treated as incomplete and will be rejected.

APPLICATIONS FOR ALLOTMENT OF ZCZP INSTRUMENTS IN THE DEMATERIALIZED FORM

Submission of Applications

All Application Forms duly completed together with cheque/demand draft, drawn on/payable at a local bank in Mumbai for the amount payable on application, if applicable, shall be sent by Registered Post or by hand delivery to the Corporate Office of the Registrar, so as to reach the Registrar prior to the Issue Closing Date.

In case the Applicant has transferred the Application Amount by way of an electronic transfer to the Escrow Account, then the Applicant shall necessarily mention the UTR no. and date of transfer in the Application Form.

All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by electronic bank transfer should reach the Registrar to the Issue within up to 3 (three) Working Days from the Issue Closing Date, provided that such extended time shall be available only if the Application Amount has been received in the Escrow Account prior to the Issue Closing Date.

Additionally, in accordance with the NSE April, 2024 Circular, Application may also be submitted through the web interface developed by NSE wherein the Application is automatically uploaded onto the Stock Exchange bidding platform. Applicants may also submit the Application Form to the self-certified syndicate banks ("SCSBs") and the syndicate members with (3-in-1 account) registered on the electronic-IPO Platform of NSE.

Designated Intermediaries (other than SCSBs) shall not accept any ASBA Form from a retail individual investor who is not Bidding in the Issue.

In case of hand delivery of the Application Form, an acknowledgement shall be issued by Registrar to the Applicant as proof of having accepted the Application.

Applications shall be deemed to have been received by us only when submitted to the Registrar as detailed above and not otherwise.

Online Applications

Our NGO has also provided a facility to submit applications in online mode. In accordance with the NSE April Circular, Application may also be submitted through the web interface developed by NSE wherein the Application is automatically uploaded onto the Stock Exchange bidding platform. Applicants may also submit the Application Form to the self-certified syndicate banks ("SCSBs") and the syndicate members with (3-in-1 account) registered on the electronic-IPO Platform of NSE.

Designated Intermediaries (other than SCSBs and the designated syndicate members) shall not accept any Application Form from a retail individual investor who is not Bidding in the Issue. For further details on the registration process and the submission of bids through the web interface, the National Stock Exchanges has issued operational guidelines and circular available at NSE: <https://nsearchives.nseindia.com/content/circulars/IPO61843.pdf>.

INSTRUCTIONS FOR FILLING-UP THE APPLICATION FORM

General Instructions

A. General instructions for completing the Application Form

- Applications must be made in prescribed Application Form only;
- Application Forms must be completed in block letters in English, as per the instructions contained in this Draft Fund-Raising Document, the Offer Document and the Application Form;
- Applicants must apply for Allotment in dematerialized form and must provide details of valid and active DP ID, Client ID and PAN clearly and without error. On the basis of such Applicant's active DP ID, Client ID and PAN provided in the Application Form
- The minimum number of Applications and minimum application size shall be specified in the Offer Document.
- Applications should be in single name. If the depository account is held in joint names, the Application Form should contain the name and PAN of the person whose name appears first in the depository account and signature of only this person would be required in the Application Form. This Applicant would be deemed to have signed on behalf of joint holders and would be required to give confirmation to this effect in the Application Form;

- Applications should be made by Karta in case of HUFs. Applicants are required to ensure that the PAN details of the HUF are mentioned and not those of the Karta;
- Thumb impressions and signatures other than in English/Hindi/Gujarati/Marathi or any other languages specified in the 8th Schedule of the Constitution need to be attested by a Magistrate or Notary Public or a Special Executive Magistrate under his/her seal;
- No separate receipts will be issued for the money payable on the submission of the Application Form.
- Every Applicant should hold valid Permanent Account Number (PAN) and mention the same in the Application Form;
- All Applications where payment is being made by cheque / demand draft should be submitted to the Registrar to the Issue before the Issue Closing Date. Further, Applications where payment is being made by electronic bank transfer should reach the Registrar to the Issue within up to 3 (three) Working Days from the Issue Closing Date, provided that such extended time shall be available only if the Application Amount has been received in the Escrow Account prior to the Issue Closing Date.
- Additionally, in accordance with the NSE April, 2024 Circular, Application may also be submitted through the web interface developed by NSE wherein the Application is automatically uploaded onto the Stock Exchange bidding platform. Applicants may also submit the Application Form to the self-certified syndicate banks (“SCSBs”) and the syndicate members with (3-in-1 account) registered on the electronic-IPO Platform of NSE. Designated Intermediaries (other than SCSBs) shall not accept any ASBA Form from a retail individual investor who is not Bidding in the Issue.

Our Trust would allot the series of ZCZP Instruments, as specified in the Offer Document to all valid Applications.

B. Applicant’s Beneficiary Account and Bank Account Details

Applicants applying for Allotment in dematerialized form must mention their DP ID, Client ID and PAN in the Application Form and ensure that the name provided in the Application Form is exactly the same as the name in which the Beneficiary Account is held. In case the Application Form for Allotment in dematerialized form is submitted in the first Applicant’s name, it should be ensured that the Beneficiary Account is held in the same joint names and in the same sequence in which they appear in the Application Form. In case the DP ID, Client ID and PAN mentioned in the Application Form for Allotment in dematerialized form do not match with the DP ID, Client ID and PAN available in the Depository database or in case PAN is not available in the Depository database, the Application Form for Allotment in dematerialized form is liable to be rejected. Further, Application Forms submitted by Applicants applying for Allotment in dematerialized form, whose beneficiary accounts are inactive, will be rejected.

On the basis of the DP ID and Client ID provided by the Applicant in the Application Form for Allotment in dematerialized form, the Registrar to the Issue will obtain from the Depositories the Demographic Details of the Applicant including PAN, address, Magnetic Ink Character Recognition (“MICR”) Code and occupation. These Demographic Details would be used for giving Allotment Advice and refunds (including through physical refund warrants, direct credit, NACH, NEFT and RTGS), if any, to the Applicants. Hence, Applicants are advised to immediately update their Demographic Details as appearing on the records of the DP and ensure that they are true and correct, and carefully fill in their Beneficiary Account details in the Application Form. Failure to do so could result in delays in dispatch/credit of refunds to Applicants and delivery of Allotment Advice at the Applicants’ sole risk, and neither our Trust, Registrar to the Issue nor the Stock Exchange will bear any responsibility or liability for the same.

The Demographic Details would be used for correspondence with the Applicants including mailing of the Allotment Advice. Allotment Advice would be mailed at the address of the Applicant as per the Demographic Details received from the Depositories.

In case of Applications made under power of attorney, our Trust in its absolute discretion, reserves the right to permit the holder of Power of Attorney to request the Registrar that for the purpose of printing particulars on the mailing of Allotment Advice, the demographic details obtained from the Depository of the Applicant shall be used. By signing the Application Form, the Applicant would have deemed to have authorized the Depositories to provide, upon request, to the Registrar to the Issue, the required Demographic Details as available on its records. The Demographic Details given by Applicant in the Application Form would not be used for any other purpose by the Registrar to the Issue except in relation to the Issue.

The beneficiary accounts of Applicants for whom PAN details have not been verified shall be suspended for credit and no credit of ZCZP Instruments pursuant to the Issue will be made into the accounts of such Applicants. Application Forms submitted by Applicants whose beneficiary accounts are inactive shall be rejected. Furthermore, in case no corresponding record is available with the Depositories, which matches the three parameters, namely, DP ID, Client ID and PAN, then such Application are liable to be rejected.

C. Permanent Account Number (“PAN”)

The Applicant should mention his or her PAN allotted under the IT Act. For minor Applicants, applying through the guardian, it is mandatory to mention the PAN of the minor Applicant. However, Applications on behalf of the Central or State Government officials and the officials appointed by the courts in terms of a SEBI circular dated June 30, 2008,

and Applicants residing in the state of Sikkim who in terms of a SEBI circular dated July 20, 2006, may be exempt from specifying their PAN for transacting in the securities market. In accordance with Circular No. MRD/DOP/Cir-05/2007 dated April 27, 2007, issued by SEBI, the PAN would be the sole identification number for the participants transacting in the securities market, irrespective of the amount of transaction. Any Application Form, without the PAN is liable to be rejected, irrespective of the amount of transaction. It is to be specifically noted that the Applicants should not submit the GIR number instead of the PAN as the Application is liable to be rejected on this ground.

However, the exemption for the Central or State Government and the officials appointed by the courts and for investors residing in the State of Sikkim is subject to the Depository Participants' verifying the veracity of such claims by collecting sufficient documentary evidence in support of their claims. At the time of ascertaining the validity of these Applications, the Registrar to the Issue will check under the Depository records for the appropriate description under the PAN field i.e., either Sikkim category or exempt category.

General Instructions

Do's

1. Check if you are eligible to apply as per the terms of the Offer Document and applicable law;
2. Read all the instructions carefully and complete the Application Form in the prescribed form;
3. Ensure that you have obtained all necessary approvals from the relevant statutory and/or regulatory authorities to apply for, subscribe to and/or seek Allotment of ZCZP Instruments pursuant to the Issue;
4. Ensure that the DP ID and Client ID are correct and beneficiary account is activated for Allotment of ZCZP Instruments in dematerialized form. The requirement for providing Depository Participant details shall be mandatory for all Applicants;
5. Ensure that you have been given an acknowledgement as proof of the Registrar having accepted the Application Form in case of hand delivery of Application Forms;
6. Ensure that signatures other than in the languages specified in the Eighth Schedule to the Constitution of India are attested by a Magistrate or a Notary Public or a Special Executive Magistrate under official seal;
7. In case of an HUF applying through its Karta, the Applicant is required to specify the name of an Applicant in the Application Form as 'XYZ Hindu Undivided Family applying through PQR', where PQR is the name of the Karta. However, the PAN of the HUF should be mentioned in the Application Form and not that of the Karta;
8. Ensure that the Demographic Details including PAN are updated, true and correct in all respects;
9. Ensure that if the depository account is held in joint names, the Application Form should contain the name and PAN of the person whose name appears first in the depository account and signature of only this person would be required in the Application Form. This Applicant would be deemed to have signed on behalf of joint holders and would be required to give confirmation to this effect in the Application Form;
10. Ensure that your Application Form is submitted with the Registrar to the Issue; and
11. Ensure that you have correctly ticked, provided or checked the authorization box in the Application Form.

Don'ts:

1. Do not apply for lower than the minimum application size;
2. Do not fill up the Application Form such that the ZCZP Instruments applied for exceeds the Issue size and/or investment limit or maximum number of ZCZP Instruments that can be held under the applicable laws or regulations or maximum amount permissible under the applicable regulations;
3. Do not submit the GIR number instead of the PAN as the Application is liable to be rejected on this ground;
4. Do not submit incorrect details of the DP ID, Client ID and PAN or provide details for a beneficiary account which is suspended or for which details cannot be verified by the Registrar to the Issue;
5. Do not submit Applications on plain paper or on incomplete or illegible Application Forms;
6. Do not apply if you are not competent to contract under the Indian Contract Act, 1872;
7. Do not submit an Application in case you are not eligible to acquire ZCZP Instruments under applicable law or your relevant constitutional documents or otherwise;

8. Do not apply if you are a person ineligible to apply for ZCZP Instruments under the Issue;
9. Do not make an application of the ZCZP Instrument on multiple copies taken of a single form;

Depository Arrangements

Our Trust has made depository arrangements with NSDL and CDSL for issue and holding of the ZCZP Instruments in authorized form.

In this context:

1. Tripartite Agreement dated [●], between us, the Registrar to the Issue and CDSL for offering depository option to the Applicants.
2. Tripartite Agreement dated [●], between us, the Registrar to the Issue and NSDL for offering depository option to the Applicants.
3. An Applicant must have at least one beneficiary account with any of the Depository Participants (DPs) of NSDL or CDSL prior to making the Application.
4. ZCZP Instruments Allotted to an Applicant will be credited directly to the Applicant's respective beneficiary account(s) with the DP.
5. Non-transferable Allotment Advice, if any, will be directly sent to the Applicant by the Registrar to the Issue.

For further information relating to Applications for Allotment of the ZCZP Instruments in authorized form, please see the section titled "*Issue Procedure*" on page 113 of this Draft Fund-Raising Document.

Communications

All future communications in connection with Applications made in the Issue should be addressed to the Registrar to the Issue quoting all relevant details as regards the Applicant and its Application.

Applicants can contact our Trust Contact Person or the Registrar to the Issue in case of any pre – Issue related problems and/or post-Issue related problems such as non-receipt of Allotment Advice non-credit of ZCZP Instruments in depository's beneficiary account/ etc.

Undertaking by the Issuer

Statement by the Board:

- (a) All monies received pursuant to the Issue of ZCZP Instruments to public shall be transferred to a separate bank account
- (b) Details of all monies utilized out of Issue referred to in sub-item (a) shall be disclosed under an appropriate separate head in our balance sheet indicating the purpose for which such monies had been utilized.
- (c) Details of all unutilized monies out of issue of ZCZP Instruments, if any, referred to in sub-item (a) shall be disclosed under an appropriate separate head in our Balance Sheet indicating the form in which such unutilized monies have been invested.
- (d) Our Trust shall submit to the Stock Exchange a statement in respect of utilization of the Net Proceeds, on a quarterly basis, containing (a) category-wise amount of monies raised, (b) category-wise amount of monies utilized, (c) balance amount remaining unutilized, until the utilization of the Net Proceeds in accordance with this Draft Fund-Raising Document.
- (e) We shall utilize the Issue proceeds only after (a) receipt of the minimum subscription of 75% of the Issue Size; (b) completion of Allotment and refund process and (c) receipt of listing approval from the Stock Exchange.

Other Undertakings by our Trust

Our Trust undertakes that:

- (a) Complaints received in respect of the Issue will be attended to by our Trust expeditiously and satisfactorily.
- (b) Our Trust will take necessary steps for the purpose of getting the ZCZP Instruments listed within the specified time, i.e., within 10 (ten) trading days of the Issue Closing Date.
- (c) Funds required for dispatch of Allotment Advice will be made available by our Trust to the Registrar to the Issue.

- (d) We shall make necessary disclosures/reporting under any other legal or regulatory requirement as may be required by our Trust from time to time.

Rejection of Applications

As set out below or if all required information is not provided or the Application Form is incomplete in any respect, the Board of Directors of our Trust reserves its full, unqualified and absolute right to accept or reject any Application in whole or in part and in either case without assigning any reason thereof.

Application may be rejected on one or more technical grounds, including but not restricted to:

- Application by persons not competent to contract under the Indian Contract Act, 1872, as amended, (other than minors having valid Depository Account as per Demographic Details provided by Depositories);
- Applications by retail or foreign investors;
- Applications not being signed by the sole Applicant;
- Application Amount blocked being higher or lower than the value of ZCZP Instruments Applied for. However, our Trust may allot ZCZP Instruments up to the number of ZCZP Instruments Applied for, if the value of such ZCZP Instruments Applied for exceeds the minimum application size;
- Applications where a registered address in India is not provided for the Applicant;
- In case of partnership firms (except LLPs), ZCZP Instruments applied for in the name of the partnership and not the names of the individual partners(s);
- DP ID and Client ID not mentioned in the Application Form;
- GIR number furnished instead of PAN;
- Applications for an amount below the minimum application size;
- Applications by persons who are not eligible to acquire ZCZP Instruments of our Trust in terms of applicable laws, rules, regulations, guidelines and approvals;
- In case of Applications under power of attorney or by limited companies, corporate, Trust etc., submitted without relevant documents;
- Applications accompanied by Stock invest/cash;
- Signature of sole Applicant missing;
- Applications by persons debarred from accessing capital markets, by SEBI or any other regulatory authority.
- Date of Birth for first/sole Applicant for persons applying for Allotment not mentioned in the Application Form.
- In case no corresponding record is available with the Depositories that matches three parameters namely, DP ID, Client ID and PAN or if PAN is not available in the Depository database;
- Applications for amounts greater than the maximum permissible amount prescribed by the regulations and applicable law;
- Applications by persons prohibited from buying, selling or dealing in shares, directly or indirectly, by SEBI or any other regulatory authority;
- Applications by any person outside India;
- Applications by other persons who are not eligible to apply for ZCZP Instruments under the Issue under applicable Indian or foreign statutory/regulatory requirements;
- Applications uploaded after the expiry of the allocated time on the Issue Closing Date, unless extended by the Stock Exchange, as applicable;
- Application Forms not delivered by the Applicant within the time prescribed as per the Application Form and the Offer Document;
- Applications by Applicants whose demat accounts have been 'suspended for credit' pursuant to the circular issued by SEBI on July 29, 2010, bearing number CIR/MRD/DP/22/2010;

- Where PAN details in the Application Form are not as per the records of the Depositories;
- Applications providing an inoperative demat account number.
- Applications being received post the Issue Closing Date where the payment of Application Amount is being made by cheque / demand draft.
- Applications being received upon expiry of 3 (three) Working Days where the payment of the Application Amount is being done by way of electronic bank transfer, provided the Application Amount was received in the Escrow Account prior to the Issue Closing Date.

Mode of making refunds

The Registrar to the Issue shall make refunds to the relevant bank accounts of the Applicants as per the Demographic details given by the Depositories.

The mode of refund shall be undertaken in the following order of preference:

1. Direct Credit

Applicants having their bank account with the Escrow Collection Bank, shall be eligible to receive refunds, if any, through direct credit. The refund amount, if any, would be credited directly to their bank account with the Escrow Collection Bank.

2. NACH

National Automated Clearing House which is a consolidated system of ECS. Payment of refund would be done through NACH for Applicants having an account at one of the centres specified by the RBI, where such facility has been made available. This would be subject to availability of complete bank account details including Magnetic Ink Character Recognition (MICR) code wherever applicable from the depository. The payment of refund through NACH is mandatory for Applicants having a bank account at any of the centres where NACH facility has been made available by the RBI (subject to availability of all information for crediting the refund through NACH including the MICR code as appearing on a cheque leaf, from the depositories), except where applicant is otherwise disclosed as eligible to get refunds through NEFT or Direct Credit or RTGS.

3. RTGS

Applicants having a bank account with a participating bank and whose refund amounts exceed ₹200,000, or such amount as may be fixed by RBI from time to time, have the option to receive refund through RTGS. Such eligible Applicants who indicate their preference to receive refund through RTGS are required to provide the Indian Financial System Code (“**IFSC**”) in the Application Form or intimate our Trust and the Registrar to the Issue at least seven days prior to the Record Date. Charges, if any, levied by the Applicant’s bank receiving the credit would be borne by the Applicant. In the event the same is not provided, refund shall be made through NACH subject to availability of complete bank account details for the same as stated above.

4. NEFT

Payment of refunds shall be undertaken through NEFT wherever the Applicants’ banks have been assigned the IFSC, which can be linked to a Magnetic Ink Character Recognition (“MICR”), if any, available to that particular bank branch. The IFSC Code will be obtained from the website of RBI as on a date immediately prior to the date of payment of refund, duly mapped with MICR numbers. Wherever the Applicants have registered their nine-digit MICR number and their bank account number while opening and operating the demat account, the same will be duly mapped with the IFSC of that particular bank branch and the payment of refund will be made to the applicants through this method.

Basis of Allotment

If the Issue is oversubscribed (i.e. if the subscription received is greater than the Issue Size), the allocation of ZCZP Instruments, in consultation with the Designated Stock Exchange, shall be on a proportionate basis.

Issuance of Allotment Advice

Our Trust shall ensure dispatch of Allotment Advice as per the Demographic Details received from the Depositories within 8-10 Working Days of the Issue Closing Date. Instructions for credit of ZCZP Instruments to the beneficiary account with Depository Participants shall be made within 8-10 Working Days of the Issue Closing Date. Our Trust will provide adequate funds required for dispatch of Allotment Advice, as applicable, to the Registrar to the Issue.

Investor Withdrawals and Pre-closure

Investor Withdrawal: Applicants can withdraw their Applications till the Issue Closing Date by submitting a request for the same to the Registrar, through whom the Application had been placed. In case an Applicant wishes to withdraw the Application after the Issue Closing Date, the same can be done by submitting a withdrawal request to the Registrar to the Issue prior to the finalization of the Basis of Allotment.

Pre-closure: Our Trust reserves the right to close the Issue at any time prior to the Issue Closing Date, subject to receipt of minimum subscription or as may be specified in the Offer Document. Our Trust shall allot ZCZP Instruments with respect to the Applications received until the time of such pre-closure in accordance with the Basis of Allotment as described hereinabove and subject to applicable statutory and/or regulatory requirements.

If our Trust does not receive the minimum subscription of 75% of Issue Size prior to the Issue Closing Date the entire Application Amount shall be refunded to the Applicants within eight working days from the Issue Closing Date.

SECTION VII – KEY PROVISIONS OF MOA

Aims of the institution

1. To start a well-equipped Hospital for poor & needy person, to provide them operation & diagnosis center to reserve some bed for them & provide free medical services.
2. To start a medical & nursing colleges in rural area.
3. To guide the patient about the government & private trust who are ready to finance. the person who are unable to bare operative bill.
4. To made the awareness in rural & urban area about the various disease precautionary measures & medical checking.
5. To organize a free medical camp.
6. To provide medical assistance to mother & child in rural area.
7. To established a medical training institute & colleges e.g. nursing school etc.
8. To research on various disease & provide a facility for higher education for research
9. To arrange a seminar for awaring the people about good health & provide free checking service
10. To arrange a camp to aware a people about the various governmental schemes for the women & child health.
11. To arrange a workshop for medical practitioner.
12. To provide a facility of ambulance on the basic of no profit no loss
13. To work on medical research for bring a revolution in medical area.
14. To organize a diagnosis, blood donation, eye diagnosis, family planning camp
15. To provide a medical aid & education to start MBBS, BAMS, BHMS, & DMLT etc. training colleges
16. To provide a free medical service, ambulance a medicine for poor & needy person.
17. To arrange a program on family planning rural health development program & programs to irradiate the AIDS & Polio
18. To start a montasary, play group, primary, higher secondary, colleges in Marathi & English medium & start girls' schools & colleges
19. To start a courses such as D.Ed, B.Ed, B.P.Ed & ITI
20. To start a class on electronic, engineering Arts, Science & home science faculty
21. To start a orphanage, boarding & schools for blind & handicapped persons to start a night school & military schools
22. To start a library & human value classes & adult literacy class
23. To provide a free book, note-books, & scholarship & educational aid to poor & needy student
24. To arrange a various social, educational government & semi-governmental program for the development of needy people.
25. To made the awareness about environment & pollution. To start a research development center for experiment on "Ayurveda".
26. To eradicate the superstition & broadcast the scientific vision. To start a competitive exam & agricultural guidance class
27. To provide a training center & give education about stitching, embroidery work, hand work, drawing etc.
28. To provide education about medical, social work industrial training & professional education institute.
29. To give a mechanical & industrial training by way of starting a various bachelor degree courses & training institute gg. typing, computer training Centre to inform a farmer & businessman about a international market news established new IT park.
30. To aware a people about the nature & environment & published agenda of plant a tree.
31. To give award, scholarship, gratuitous gifts to social worker scholars & scientist.
32. To celebrate national festivals & to celebrate birth & death anniversaries of national leaders, to celebrate different festivals.
33. For the development of agriculture sector to arrange a camp on agricultural field & guide a farmer.
34. To guide the villagers about cleanliness arranged the programs such as "gram Swachata Abhiyan" & Adarsh Gaon Prakalp Yojana.
35. To protect the national unity, integrity, equity brotherhood organizes various program.
36. To protect the animal heritage to starting animals' hospital & also protect the cows from slottering. To aid the institution who are working for such purpose.
37. To arranged & solemnized group marriages.
38. To aid the victim of earth quack, water flood, & other natural calamities.
39. To attract government & local bodies towards the social issues & insist him to solve the social problems.
40. To give the awards in the name of institution to the person for outstanding work in the various field.
41. To attract the society towards the problem of increase in the universal temperature & to avoid such problem organize seminar to experiment on that field.

All these purposes are organized by the institution prior permission of the government & filling fee of government under the guidance of expert person.

1. Definitions of ruling object

- a. Institution means Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar.
- b. Chairman means chairman of Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar.

- c. Vice chairman means vice chairman of Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar.
- d. Secretary means secretary of Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar.
- e. Joint Secretary means joint secretary of Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar
- f. Treasurer means treasurer of Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar
- g. Executive Member means Executive Member of Dr. Mane Medical Foundation & Research center, Dhanore, Tal-Rahuri, Dist-Ahmednagar

2. **Jurisdiction:** - Jurisdiction of the Institution shall be whole of Maharashtra State.
3. **Accounting year:** - The accounting year of the institution shall be from 1st April to 31 March of following year.
4. **Membership and Method of Membership Registration:** - Any Indian Citizen who has completed 18 years of his age, are able to become a member of society by following conditions:
 - a. The person who have become a member of this society fill up form in prescribed format
 - b. After accepting the form of membership, the member has to fill up prescribed fees.
 - c. The executive body have the power to grant or reject the application of member without assigning any reason.
5. **Category of Members:** -
 - a. Founder member: - the member who have established a institution is known as founder member.
 - b. Ordinary Member: - Any person paying an amount of Rs.501/- (Rs. Fifty-One only) as Annual Subscription
 - c. Life member: Any member paying annual subscription Rs.1001/- (Rs.one thousand one only) once is treated as life member.
6. **Cancellation of Membership:** -
 - a. Any member who has been found and declared as culprit
 - b. He has not remitted his Membership fees, & has misbehaving or making misconduct.
 - c. On his death. If he became insane.
 - d. He left the country and went to foreign become addict.
 - e. If his act become harm to the society for that or any other reason executive body by majority resolution terminate that member.
 - f. If he remains absent for 3 consecutive meetings.
7. **General meeting and its power and functioning**
 - a. General Meeting shall be treated as supreme and final deciding authority of the Institution. In general meeting members of all categories can participate.
 - b. General meeting is to be held at least once in a year
 - c. Overall control over the activity's functions carried out by the managing committee.
 - d. To sanction annual accounts & to sanction the budget for the ensuing year.
8. **Notice of Annual General Meeting and Quorum:**

It is essential to give notice of Annual General Meeting to all the members of the Institution. The notice of Annual general meeting will essentially contain in it the date, time and place and agenda of the issues /subjects of the meeting. This notice shall either be given to the members by acknowledging their signatures on the delivery book, or by sending through post office. The notice shall be issued 8 days before the date of Annual general meeting. When 1/3rd of the total membership number, are present it will be treated as the quorum. Due to the quorum if Annual General Meeting is got adjourn then can be continue after 1/2 hour. There is no compulsion of quorum but there should be annotation in meeting.
9. **Special general meeting & its activities:** - in case of essential matter or request in writing by 2/3rd members, a special general body meeting shall be called for within a one month of written notice by the president with the help of secretary. The notice of meeting should be given to the member prior 8 days. The subject which are not aid dawn on notice are not to be consider.
10. **Office Bearers of the managing committee and their formation:** - In the managing committee of the institution, shall consist of 13 members, including office bearers which will be :1. One Chairman, 2.One vice Chairman, 3.One Secretary, 4.One joint Secretary, One treasure, and rest will be members of the committee.
11. **Duration of managing committee and its method of election:**
 - a. The duration of the managing committee shall be of 5 years.
 - b. The election shall be held once in every 5 years upto the election of new executive body will be the trustee.
 - c. If the member will not fully paid up then he will not be eligible for
 - d. election.
 - e. The election will be held by open/ secret method & the decision of election officer will be final.

- f. The general meeting for a year get the right of voting.
- g. The date of election will be given by official notice prior 8 days.

12. Office bearers of the managing committee and their duties: -

a. Chairman: -

- i. Preside over the meeting and conduct the business.
- ii. To issue such orders as may be in the interest of the meeting.
- iii. To control the work of the organization and branch.
- iv. To hold all general meetings.
- v. Coordinating tools with all executive members.
- vi. All-round development of the organization with the help of executive and members to strive to be.
- vii. To get complete information about the work of the organization and to keep an eye on it.iv) To rectify & comply with the deficiencies pointed out by auditors of the institution.
- viii. To do the necessary work in the government, semi-government offices and local organizations of the organization.
- ix. Implementation of approved resolutions, maintenance of assets of the organization to do.

b. Vice President: -

Acting as Chairman in the absence of the Chairman, as well as assisting him as appropriate in the work of the Board.

c. Secretary: -

- i. Convening meetings of the organization, conducting correspondence of the organization.
- ii. Grievance Redressal: To monitor the functioning of the organization.
- iii. Approving annual expenditure bills, checking daily accounts and signing them to do
- iv. Complaints received regarding the institution.
- v. Formulation of minor rules for organization.
- vi. To perform such other work as may be required by the organization.
- vii. To write and read the minutes of the meetings of the organization.

d. Joint Secretary :-

Acting as Secretary in the absence of the Secretary, as well as to the Board Cooperate as appropriate in work.

e. Treasurer:-

- i. To control the financial situation of the organization.
- ii. Writing or writing down the calculation, after the calculation is done, To be placed before the Executive Board of the Institute.
- iii. Preparation of annual statements from books of account.
- iv. Rectification of errors detected by the auditor in examining the accounts.

f. Member:-

To remain present in the meetings and to vote during the election.

13. Meetings of managing committee and Requisition meeting: - There shall be at least one meetings of the managing committee in 6 months. The Chairman and/or secretary of the institution shall be obligatory to convene a requisition meeting in case and on receipt such a demand from 4 member within 15 days from the date of receipt of such a demand of the chairman or secretary. It shall be essential to include agenda of the subject, in the said notice calling the meeting. This requisition meeting shall have all the rights as that of Managing Committee meeting.

14. Notice to call for managing committee meeting & its quorum: - It shall be necessary to give notice 7 days prior to call for the managing committee meeting. notice shall contain necessary essential details such as Date, time and place alongwith the agenda of the subjects. Notice shall be delivered by taking signatures on the delivery book (daybook), or by sending through post office. If 1/2 members are present, it shall form a quorum.

15. Rules for the elections to the managing committee: -

- a. If there is arrears from Any members then he will not be eligible to contest election as candidate.
- b. Election will hold by open election method. The election officer will be appointed prior 15 days.
- c. Person who is member of the institution for 1 year will get the right of voting. The notice of date of election 8 days pre-intimation should be affixed on office notice board.
- d. In case of votes are divided in same then the president will have right of casting vote.
- e. The person who is in service of government or semi-government will be eligible for election.

16. Filling of the vacancies: -

The officer who is willing to resign from the post should have to give their resignation to the president. This resignation will be put before managing committee for majority vote for its sanction. The post of the member will be continued till the sanction of the resignation. If there is any vacancy due to the death of person then that vacancy will fill up by the

consent of the managing committee. In this way new members will be appointed on that place.

17. Powers and Duties of the managing committee: -

- a. Meeting of the Managing Committees should be held once in six months.
- b. If 5 member of the board gives written application then the ordinary general meeting should be called within 3 days by the president.
- c. Managing committee will control all the management of the institution.
- d. Managing committee will executive on all the decision & resolution pass at ordinary general meeting.
- e. Pass ordinary rules for the smooth working of the institution.
- f. It has right to amend or make any kind of change in rules as per necessary.
- g. In some cases, subordinate committee has also right to make appointment & ask for account & information.
- h. This subordinate committee will get dissolve after completion of its work.
- i. To give & take out grant of branch offices.
- j. To fulfill all legal duties & complaints of the institution & make appointment at the vacant places of the managing committee.
- k. To dismiss & to make appointment of its servants & employees & to do any other important work.
- l. All the resolutions passed by majority vote will be taken as legal one & execute accordingly.

18. Assets of the institution and its utilization: The income source of the institution shall be from Member fees, Donation, subscription Grants etc. funds can be collected and raised for the aims of the institution, & that shall be invested in the form of fixed assets & all the entries of such assets shall be made in the public trust registers, by submission of change report.

19. Allocation for Expenses as per aims: - The income of the institution shall be utilized as per the aim for which it is collected.

20. Provisions regarding loan or deposits: - The institution can accept deposits or raise loan from any person or bank as per its requirements. however, for that purpose the prior permission the Asst. Charity commissioner will be necessary as per sec 36(A)(3) of Bombay Public Trust Act 1950.

21. Provisions regarding purchase /sale of the immovable properties of the institution: - Institution has authority to purchase and /or sell immovable properties. For that purpose, the institution shall have to take consent from the managing committee by majority. For the purpose of selling the immovable properties of the institution, prior permission from the Asst. Charity Commissioner will be essential as per sec 36 of Bombay Public Trust Act 1950.

22. Bank Accounts: -

The balance amount remaining with the institution shall be kept in any Nationalized Bank or recognized scheduled Bank, in the name of the institution. And the chairman & the secretary shall have the power to withdraw the amount with their joint signatures. Treasurer have not right to kept with him more than 1000/- rupees.

23. Method & procedure to maintain the members list: -

As per the sec.15 of the Registration Act 1850, the member of the institution will prepare one list as per rule 15 of format 6. As per the sec.4 & sec. 7 of Registration Act of 1971 prepare a list of managing committee in annexure one & send to asst. commissioner, Ahmednagar

As per sec 4(A) of Registration Act 1860 & 1971 as per sec 8 in every year. The employers who are employed in institution are given information about that in annexure 2 to asst, commissioner, Ahmednagar

24. Provision regarding the changes in the Articles & Memorandum of association: - If any change in the Rules & Articles & Memorandum of Association is to be affected, it can be made in the general body meeting by a 2/3th majority of the members present to that Meeting by passing a resolution, & further procedures will be made & complied with according to the sec.12 of the Registration Act of 1860.

25. Provisions as regards to change in name and aims of the institution: If in case it is desired to change in the name and Aims of the institution and/or amalgamation of the same then, procedure and compliance under sec.12 of the Registration Act 1860 will be followed.

26. Dissolution: -

For the dissolution of the institution, a consent and sanction by 3/5 majority from the general body meeting will have to be taken, and all the payables & receivables will be settled fully & the remaining assets of the institution shall be donated to other institution. For the dissolution, procedure under Sec.13 &14 of the registration Act 1860 will be followed & complied with.

SECTION VIII – MATERIAL CONTRACTS AND DOCUMENTS FOR INSPECTION

The following contracts which are or may be deemed material have been entered into or are to be entered into by our Trust. These contracts and the documents for inspection referred to hereunder, may be inspected at the Corporate Office of our Trust between 10:00 am to 5:00 pm on any Working Day from the date of the filing of this Draft Fund-Raising Document with the Stock Exchange till the date of closure of the Issue. Any of the contracts or documents mentioned in this Draft Final Fund Raising Document may be amended or modified at any time if so required in the interest of our Trust.

MATERIAL CONTRACTS

1. Registrar Agreement dated [●] between our Trust and the Registrar to the Issue.
2. Escrow Agreement dated [●] between our Trust, the Registrar to the Issue and the Escrow Collection Bank.
3. Tripartite agreement dated [●], among our Trust, the Registrar to the Issue and CDSL.
4. Tripartite agreement dated [●], among our Trust, the Registrar to the Issue and NSDL.

MATERIAL DOCUMENTS

1. MOA of our Trust, as amended to the date along with Registration Certificates.
2. Copy of the resolution passed by the Board of Trustees on September 20, 2024 approving the issue of ZCZP Instruments.
3. Copy of the resolution passed by the Board of Trustees on September 20, 2024 approving this Draft Fund-Raising Document.
4. Registration certificate as a Not-for-Profit Organization with NSE.
5. Certificate issued under section 12A & 80G of the Income-tax Act, 1961.
6. Certificate of registration under the Foreign Contribution (Regulation) Act, 2010.
7. Consents of the Board of Trustees, Advisors to the Issue and Registrar to the Issue.
8. Consent dated August 13, 2024 from M/s P.S. Bhandari & Associates, Chartered Accountants to include their name in their capacity as our Statutory Auditors.
9. In-principle listing approval from NSE by its letter no. [●] dated [●]

DECLARATION

We, serving as a Board of Trustees of Dr. Mane Medical Foundation and Research Centre, hereby certify that all applicable legal requirements in connection with the Issue, including provisions of Chapter X-A of ICDR Regulations and SEBI Circular dated September 19, 2022, and subject to other applicable laws, if any, under the Securities Contracts (Regulation) Act, 1956, and the rules made thereunder, the Securities and Exchange Board of India Act, 1992, and the rules and regulations made thereunder, each as amended, and the rules/regulations/guidelines/circulars issued by the Government of India, the Securities and Exchange Board of India, and other competent authorities in this respect, from time to time, have been duly complied with, and that no statement made in this Draft Fund Raising Document contravenes any such requirements.

We further certify that all the disclosures and statements made in this Draft Fund Raising Document are true, accurate, correct, and complete in all material respects, are in conformity with the applicable provisions of the aforesaid statutes mentioned above, and do not omit disclosure of any material information that may make the statements made herein, in the light of circumstances in which they were made, misleading. This Draft Fund Raising Document does not contain any misstatements, and no information material to the subject matter has been suppressed or concealed and is as per the original records maintained by our Trust under the applicable laws.

Signed by the Members of Dr. Mane Medical Foundation and Research Centre

_____ Dr. Swapnil Madhavrao Mane Founder & President	_____ Narendra Sudhakarrao Nashirkar Vice President
_____ Shishir Venkatpati Mandya Vice-Secretary	_____ Dr. Sonali Swapnil Mane Secretary
_____ Shri. Rakesh Shriram Juneja Treasurer	_____ Basavaraj Rakhamaji Shinde Member
_____ Anju Baijnath Tandon Member	_____ Anmol Dinkar Sainwar Member
_____ Shri. Sandip Narshing Edake Member	