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(1) ASSAM		(2)	
NAME OF THE ORGANISATION ADDRESS	: ASSAM CHAH MAZDOOR MULTIPURPOSE SOCIAL EDUCATION ASSOCIATON RANGAJAN T,E.-TITABAR JORHAT 785 630	NAME OF THE ORGANISATION ADDRESS	: BAHUMKHI KRISHI AVAM SAMAJ KALYAN SAMITTE NURNAGAR, P.O.HIRANPANTHI HAIBANGAON, NOWGAON 782002
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR RAKHAZ CHANDRA HARI MR RAKHAL CHANDRA HARI	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR. N.A.CHOUDHURY
TELEPHONE NO.	: 03771-48519	TELEPHONE NO.	: 23063
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 7/26/1978	YEAR OF INCORPORATION	: 1/1/1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 18 FEMALE 7 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 70
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 64
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	:	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: YES

(3) ASSAM		(4)	
NAME OF THE ORGANISATION ADDRESS	: BAHUMUKHI KRISHI ARU SAMAJ KALYAN SAMITY NOOR NAGAR, PO HERAPATI VIA-HAIBARGAON NAGAON 782002	NAME OF THE ORGANISATION ADDRESS	: CENTRE OF RURAL UPLIFTMENT SERVICES WANGBAL CANAL MAYA.P.O. WANGBAL
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR. NURAL AMIN CHOUDHURY, PRESIDENT	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR. P.S.THUBAL
TELEPHONE NO.	: 03672-221271	TELEPHONE NO.	: 22740
MOBILE NO.	: 9435001929	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1986	YEAR OF INCORPORATION	: 1/1/1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 12 DORMITORY 13 TOTAL 25	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 13 FEMALE 12 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 50
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 50
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	:

(5) ASSAM		(6)	
NAME OF THE ORGANISATION ADDRESS	: DIMASA JALAI HOSHOM (CLUB) : KUMACHERRA P.O. CHACHAR DISTRICT 788 107	NAME OF THE ORGANISATION ADDRESS	: DR. AMBEDKAR MISSION : DAY CARE CENTER, DHOPATARI, P.O.CHANGSARI KAMRUP DISTRICT, GUWAHATI
MANAGING TRUSTEE	:	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: SHRI PRATAP CHANDRA BARMAN	NAME OF THE CONTACT PERSON	: DR.DUAL CH. MEDHI
TELEPHONE NO.	: 85464	TELEPHONE NO.	: 03623-680625
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1/1/1993	YEAR OF INCORPORATION	: 1/1/1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 2 FEMALE 4 TOTAL 6	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 100
NO. OF SEATS OCCUPIED	: 4	NO. OF SEATS OCCUPIED	:
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	:
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	:

(7) ASSAM		(8)	
NAME OF THE ORGANISATION ADDRESS	: GEETASHRAM JANASEVA KENDRA : GEETANAGAR P O BHOUKUMARI PATHSALA BARPETA 781 325	NAME OF THE ORGANISATION ADDRESS	: HOME FOR DESTITUTE & HELPLESS PERSONS : BAMUNIGAON, P.O. BAMUNIGAON DIST. KAMRUP
MANAGING TRUSTEE	:	MANAGING TRUSTEE	: SOCIAL WELFRE DEPARTMENT, GOVT. OF ASSAM
NAME OF THE CONTACT PERSON	: SRI BIRENDRA NATH DAS	NAME OF THE CONTACT PERSON	: MRS. DEVIKA DAS, SUPERINTENDENT
TELEPHONE NO.	: 03666-86523	TELEPHONE NO.	: 03623-30652
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	:
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1/1/1986	YEAR OF INCORPORATION	: 1/1/1964
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 150
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	:
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES	: YES

(9) ASSAM		(10)	
NAME OF THE ORGANISATION ADDRESS	: KURIHA UNNYAN SAMITY : KURIHA PO. KAYAKUCHI BAZAR DIST. BARPETA 781 352	NAME OF THE ORGANISATION ADDRESS	: MADHYA SANTIPUR, JOY SANGHA : CLUB-CUM-LIBRARY VILL. SANTIPUR, PO. KAZIGAON DIST. DHUBRI
MANAGING TRUSTEE	: EXECUTIVE COMMITTEE OF THE SAMITY	MANAGING TRUSTEE	: MD. ABDUL MALEK
NAME OF THE CONTACT PERSON	: SECRETARY	NAME OF THE CONTACT PERSON	: MD. ABDUL MALEK
TELEPHONE NO.	: 3666-22290	TELEPHONE NO.	:
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1/1/1992	YEAR OF INCORPORATION	: 1/1/1998
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE 10 DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 32 FEMALE 25 TOTAL 57
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 57
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE, PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: YES

(11) ASSAM		(12)	
NAME OF THE ORGANISATION ADDRESS	: RURAL INDUSTRIES DEVELOPMENT ASSOCIATION : RIDA ROAD, THOUBAL WANG KHEM P.O. THOUBAL 795138	NAME OF THE ORGANISATION ADDRESS	: SOCIAL DEVELOPMENT AND REHABILITATION COUNCIL : PHOUDEN P.O. THOUBAL
MANAGING TRUSTEE	:	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: MD.IBOTON	NAME OF THE CONTACT PERSON	: MR. ADUB KUDUS SHEIKH
TELEPHONE NO.	: 03848-22351	TELEPHONE NO.	: 22674
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1/1/1990	YEAR OF INCORPORATION	: 1/1/1930
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 125	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 50
NO. OF SEATS OCCUPIED	:	NO. OF SEATS OCCUPIED	:
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG	TYPE OF FOOD	: VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES	:

(13)		ASSAM		(14)	
NAME OF THE ORGANISATION ADDRESS	: SWEAE : SOCEITY FOR WOMEN EDUCATION ACTION AND REFLECTION	NAME OF THE ORGANISATION ADDRESS	: WODWICHEE : PO. LAKSHIRBOND DIST. HAILAKANDI 788 155	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: EXECUTIVE COMMITTEE : MR. ABDUL AZIZ
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: : MR. S.MEMA DEVI	TELEPHONE NO. MOBILE NO. FAX EMAIL	: : 03844-22380 : :	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1/1/1996	YEAR OF INCORPORATION	: 11/19/1989	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 2 DOUBLE 2 DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 50	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 12 FEMALE 9 TOTAL 21	NO. OF SEATS OCCUPIED NO. OF SEATS VACANT	: 21 :
TYPE OF FACILITY	: :	TYPE OF FACILITY	: FREE	ANNUAL CHARGES IF APPLICABLE	: :
TYPE OF FOOD	: VEG	TYPE OF FOOD	: VEG	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: :
W.C. FOR ORTHOPAEDIC CASES	: :	W.C. FOR ORTHOPAEDIC CASES	: NO		

ASSAM		Other Old Age Homes	
1.	HOME FOR THE DESTITUTE WOMEN AND HELPLESS PERSONS PO. BAMUNIGAON DIST. KAMRUP		

(1) BIHAR		
NAME OF THE ORGANISATION ADDRESS	: ST. MARY'S ORPHANAGE : FAKIRANA, BANUCHAPER BETTIAH PO. WEST CHAMPARAN 845438	
MANAGING TRUSTEE SISTERS SOCIETY	: BETTIAH HOLY CROSS	
NAME OF THE CONTACT PERSON	: SR. SUPERIOR	
TELEPHONE NO.	: 06254-232750	
MOBILE NO.	:	
FAX	:	
EMAIL	: srssmobh@sancharnet.in	
REGISTERED UNDER	: YES	
SOCIETY REGISTRATION ACT		
YEAR OF INCORPORATION	:	
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 4 TOTAL	
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE 15 TOTAL 15	
NO. OF SEATS OCCUPIED	: 12	
NO. OF SEATS VACANT	: 3	
TYPE OF FACILITY	: FREE	
ANNUAL CHARGES IF APPLICABLE	:	
TYPE OF FOOD	: VEG & NON-VEG	
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	
W.C. FOR ORTHOPAEDIC CASES	: NO	

(1) JHARKHAND		
NAME OF THE ORGANISATION ADDRESS	: VIHAR SAMAJ KALYAN SANSTHAN : HAWAI NAGAR, ROAD NO. 8 PO-HATIA RANCHI	
MANAGING TRUSTEE	: MR. L.N. SINHA, SECRETARY	
NAME OF THE CONTACT PERSON	: MR. L.N. SINHA, SECRETARY	
TELEPHONE NO.	: 0651-2502087, 2252013	
MOBILE NO.	: 09431071648	
FAX	: 0651-2502087	
EMAIL	: viskasanl@yahoo.com	
REGISTERED UNDER	: YES	
SOCIETY REGISTRATION ACT		
YEAR OF INCORPORATION	: 1989	
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 6 DORMITORY 2 TOTAL 8	
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 3 FEMALE 12 TOTAL 15	
NO. OF SEATS OCCUPIED	: 15	
NO. OF SEATS VACANT	: 15	
TYPE OF FACILITY	: FREE	
ANNUAL CHARGES IF APPLICABLE	:	
TYPE OF FOOD	: VEG	
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	
W.C. FOR ORTHOPAEDIC CASES	: YES	

(1) MANIPUR		(2)	
NAME OF THE ORGANISATION ADDRESS	: INTEGRATED RURAL DEV. AND EDUCATIONAL ORGANISATION WANGBAL PO. THOUBAL 795 138	NAME OF THE ORGANISATION ADDRESS	: RURAL SERVICE AGENCY (RUSA) PALACE COMPOUND IMPHAL 795001
MANAGING TRUSTEE	: EXECUTIVE COMMITTEE	MANAGING TRUSTEE	: SR. N. SARATCHANDRA SINGH, PRESIDENT
NAME OF THE CONTACT PERSON	: KH. KUMAR SINGH	NAME OF THE CONTACT PERSON	: MR. V. SURCHANDRA SINGH
TELEPHONE NO.	: 03848-22597	TELEPHONE NO.	: 0385-2223145
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	: 0385-2222936
EMAIL	:	EMAIL	: rusapalacecompound@yahoo.co.in
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1/1/1988	YEAR OF INCORPORATION	: 1980
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 2 DOUBLE 3 DORMITORY 1 TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 11 FEMALE 14 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: NO

(3) MANIPUR		(4)	
NAME OF THE ORGANISATION ADDRESS	: SOUTH EASTERA RURAL DEV. ORGANISATION (SERDO) SANGAIYUMPHAM PART-II WANGJING 795148	NAME OF THE ORGANISATION ADDRESS	: THE RURAL PEOPLES MEIROK PART II, P.O. WANGJING
MANAGING TRUSTEE	: EXECUTIVE BODY OF THE ORGANISATION	MANAGING TRUSTEE	: MR. S.SHYMO SINGH
NAME OF THE CONTACT PERSON	:	NAME OF THE CONTACT PERSON	:
TELEPHONE NO.	: 03848 22573	TELEPHONE NO.	:
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 12/20/1993	YEAR OF INCORPORATION	: 1/1/1989
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE 0 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 50
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 50
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	:

(5) MANIPUR	
NAME OF THE ORGANISATION ADDRESS MANAGING TRUSTEE NAME OF THE CONTACT PERSON TELEPHONE NO. MOBILE NO. FAX EMAIL REGISTERED UNDER SOCIETY REGISTRATION ACT YEAR OF INCORPORATION TYPE & QUANTUM OF ACCOMMODATION PERSONS ACCEPTED & QUANTUM OF SEATS NO. OF SEATS OCCUPIED NO. OF SEATS VACANT TYPE OF FACILITY ANNUAL CHARGES IF APPLICABLE TYPE OF FOOD ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES W.C. FOR ORTHOPAEDIC CASES	: WANGJING WOMEN AND GIRLS SOCIETY P.O. WANGJING : MR. L. SUVAKUMAR : 03843-22575, 03848-22605 : : : : YES : 1/1/1958 : SINGLE DOUBLE DORMITORY TOTAL : MALE FEMALE TOTAL 350 : : : FREE : : : VEG : : : : :

MANIPUR Other Old Age Homes	
1.	NEW INTEGRATED RURAL MANAGEMENT AGENCY (NIRMA) NUNGPHOU BAZAR, SANGAIYUMPHAM, P.O. WANGJING 795148 PH: 0385-22035, 0385-443493
2.	VOLUNTEERS FOR RURAL HEALTH & ACTION (VOHRA) LAMDING, PO WANGJING 795148, PH: 03848-222634 MOBILE NO.: 9436023422

(1) MEGHALAYA	
NAME OF THE ORGANISATION ADDRESS	: SOCIETY OF SISTERS OF CHARITY : MERCY HOME-HOME FOR THE AGED DEMTHRING SHILLONG 793021,
MANAGING TRUSTEE	: SISTERS OF CHARITY
NAME OF THE CONTACT PERSON	: SR. JESSY KALAMATTAM
TELEPHONE NO.	: 364-2534600
MOBILE NO.	:
FAX	:
EMAIL	: mercyhome_shillong@yahoo.co.in
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 2000
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 4 DOUBLE 4 DORMITORY 52 TOTAL 60
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 30 FEMALE 30 TOTAL 60
NO. OF SEATS OCCUPIED	: 60
NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: YES

(1) ORISSA		(2)
NAME OF THE ORGANISATION ADDRESS	: ADARSH SEWA SANGATHAN : AT:MUNDKUL, P.O-MANGALPUR DIST- DHENKANAL 759 017	NAME OF THE ORGANISATION ADDRESS : ASSOCIATION FOR SOCIAL RECONSTRUCTIVE ACTIVITIES (ASRA) SATYABADI PRESS PREMISES PITHAPUR CUTTACK 753 001
MANAGING TRUSTEE	: MR. BISHNU CHANDRA ROUT	MANAGING TRUSTEE : MR. SAMIR KUMAR MOHANTY
NAME OF THE CONTACT PERSON	: MR. BISHNU CHANDRA ROUT	NAME OF THE CONTACT PERSON : MR. SAMIR KUMAR MOHATY
TELEPHONE NO.	: 0674-441073	TELEPHONE NO. : 671-618616, 671-625943
MOBILE NO.	:	MOBILE NO. :
FAX	:	FAX :
EMAIL	:	EMAIL :
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT : YES
YEAR OF INCORPORATION	: 1/1/1995	YEAR OF INCORPORATION : 9/26/1992
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 38 FEMALE 12 TOTAL 50
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED : 50
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE, PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES : YES

(3) ORISSA		(4)	
NAME OF THE ORGANISATION ADDRESS	: ASSOCIATION FOR SOCIAL WORK & SOCIAL RESEARCH : IN ORISSA, "KUTIA JARASHRMA" AT./PO. KOTAGARH DIST. KANDHAMAL 751 007	NAME OF THE ORGANISATION ADDRESS	: ASSOCIATION FOR VOLUNTARY ACTION (AVA) : AT DAMPUR, PO BERBOI DT. PURI 752016
MANAGING TRUSTEE	: A.S.R.A.	MANAGING TRUSTEE	: MR. DURYODHAN PARIDA, SECRETARY
NAME OF THE CONTACT PERSON	: MR L M PATTANAIK	NAME OF THE CONTACT PERSON	: MR. DURYODHAN PARIDA, SECRETARY
TELEPHONE NO.	: 0674-502417	TELEPHONE NO.	: 06758-242201
MOBILE NO.	:	MOBILE NO.	: 9437042482
FAX	:	FAX	: 06758-242201
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 10/2/1992	YEAR OF INCORPORATION	:
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 4 DOUBLE 4 DORMITORY 9 TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 25 TOTAL 25
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 11 FEMALE 14 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 15 FEMALE 10 TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: YES

(5) ORISSA		(6)	
NAME OF THE ORGANISATION ADDRESS	: BANABASI SEVA SAMITI : AT/ PO BALLIGUDA PHULBANI DT. KANDHAMAL 762103	NAME OF THE ORGANISATION ADDRESS	: BASUDEB PATHAGAR : AT/PO NUAGAN, VIA NIALI DT. CUTTACK 754004
MANAGING TRUSTEE	:	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: MR. U.C. JENA, SECRETARY	NAME OF THE CONTACT PERSON	: MR. KRUPASINDHU SWAIN, SECRETARY
TELEPHONE NO.	: 06846-243637	TELEPHONE NO.	: 0671-2372118
MOBILE NO.	: 09437202356	MOBILE NO.	: 09437411541
FAX	: 06846-243256	FAX	:
EMAIL	: banabasisivasamiti@yahoo.com	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1972	YEAR OF INCORPORATION	: 1979
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 2 DOUBLE 1 DORMITORY 2 TOTAL 5	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 1 DOUBLE 1 DORMITORY 5 TOTAL 7
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 8 FEMALE 17 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 10 FEMALE 15 TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: PAY & STAY	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(7) ORISSA		(8)	
NAME OF THE ORGANISATION	: BHAIRABI CLUB	NAME OF THE ORGANISATION	: COMMUNITY LEGAL ACTION AND RESEARCH CENTRE
ADDRESS	: AT KURUMPADA PO HADAPADA DT. KHORDHA 752018	ADDRESS	: AT:GOBARDHANPUR, BAINZIA, MAHIMAGADI DIST-DHENKANAL
MANAGING TRUSTEE	:	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: MR. SHANTILATA MARTHA, PRESIDENT	NAME OF THE CONTACT PERSON	: SURESH CHANDRA MALLICK
TELEPHONE NO.	: 06755-245027, 245001	TELEPHONE NO.	: 06768-89309
MOBILE NO.	: 9937161527	MOBILE NO.	:
FAX	: 06755-245027	FAX	:
EMAIL	: bhairabi_27@yahoo.co.in	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1977	YEAR OF INCORPORATION	: 1/1/1992
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 3 TOTAL 3	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 18 FEMALE 7 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	:

(9) ORISSA		(10)	
NAME OF THE ORGANISATION	: DAUGHTERS OF CHARITY OF	NAME OF THE ORGANISATION	: DAYA ASHRAM
ADDRESS	: ST.VINCENT DE PAUL VIJOY SEVA SADAN P.O. BARBIL 758 035	ADDRESS	: CANTONMENT ROAD, CUTTACK 753 001
MANAGING TRUSTEE	: THE SOCIETY OF DAUGHTERS OF CHARITY	MANAGING TRUSTEE	: DAUGHTERS OF CHARITY
NAME OF THE CONTACT PERSON	: SR. VICTORIA D C (SISTER SUPERIOR)	NAME OF THE CONTACT PERSON	: SISTER SUPERIOR
TELEPHONE NO.	: 06767-30840	TELEPHONE NO.	: 671-601639
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1/1/1970	YEAR OF INCORPORATION	: 1/1/1975
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 2 FEMALE 18 TOTAL 22	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 30 FEMALE 30 TOTAL 60
NO. OF SEATS OCCUPIED	: 20	NO. OF SEATS OCCUPIED	: 60
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: YES

(11) ORISSA		(12)	
NAME OF THE ORGANISATION ADDRESS	: GRAM MANGAL PATHAGAR : AT PO SALEPALI VIA JARASINGHA DT. BALANGIR 767067	NAME OF THE ORGANISATION ADDRESS	: GRAMA SEVA MANDAL : AT/PO HAKIMPADA DT. ANGUL 759143
MANAGING TRUSTEE	:	MANAGING TRUSTEE	: SRI BRAJA SUNDAR DAS, PRESIDENT
NAME OF THE CONTACT PERSON	: SR. DHARMARAJ SARANGI, SECRETARY	NAME OF THE CONTACT PERSON	: SRI BRAJA SUNDAR DAS, PRESIDENT
TELEPHONE NO.	: 06652-241118	TELEPHONE NO.	: 06764-236466
MOBILE NO.	: 9437223877	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1956	YEAR OF INCORPORATION	: 1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 7 TOTAL 7	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 2 DORMITORY 3 TOTAL 5
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 12 FEMALE 13 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 15 FEMALE 10 TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	:

(13) ORISSA		(14)	
NAME OF THE ORGANISATION ADDRESS	: INSTITUTE FOR WOMEN'S WELFARE : COURTPETA, BERHAMPUR DT. GANJAM 760001	NAME OF THE ORGANISATION ADDRESS	: JANA SEVA PARISAD : ABHAYA BHAWAN KENDRAPADA 754 212
MANAGING TRUSTEE	:	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: SMT. RAMA SUBUDHI, PRESIDENT	NAME OF THE CONTACT PERSON	: MR. SRIRAM DASH
TELEPHONE NO.	: 0680-2204747	TELEPHONE NO.	: 0674-552211
MOBILE NO.	: 9437114303	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1993	YEAR OF INCORPORATION	: 1/1/1998
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE DORMITORY 25 TOTAL 50	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 5 FEMALE 22 TOTAL 27	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 27	NO. OF SEATS OCCUPIED	:
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: NO

(15) ORISSA		(16)	
NAME OF THE ORGANISATION ADDRESS	: JANAVIKASH : PLOT NO. 1738-F AT & PO BARAMUNDA BHUBANESWAR DT. KHURDA 751003	NAME OF THE ORGANISATION ADDRESS	: JANKALYAN SAMITI : PLOT NO. 1550 BHIMATANGI BHUBANESWAR 751 002
MANAGING TRUSTEE	: MR. PRASANTA KUMAR KANUNGO	MANAGING TRUSTEE	: THE GOVERNING BODY
NAME OF THE CONTACT PERSON	: MR. PRASANTA KUMAR KANUNGO, SECRETARY	NAME OF THE CONTACT PERSON	: SHRI RAMAKANTA MOHANY, SECY.
TELEPHONE NO.	: 0671-2604948	TELEPHONE NO.	: 674-402690
MOBILE NO.	: 9437061581	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1999	YEAR OF INCORPORATION	: 5/1/1972
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 4 DOUBLE 2 DORMITORY 5 TOTAL 11	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 2 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 15 FEMALE 10 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 14 FEMALE 11 TOTAL 25
NO. OF SEATS OCCUPIED	:	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(17) ORISSA		(18)	
NAME OF THE ORGANISATION ADDRESS	: JARANIBAS : GAURBATA SAHI PO. & DISTT. PURI SWARGADWAR PURI 752 001	NAME OF THE ORGANISATION ADDRESS	: JUVA JYOTI CLUB : AT. KUMANDOL PO. NAIRI KHURDA 752 029
MANAGING TRUSTEE	: NILACHALA SEVA PRATISTHANA	MANAGING TRUSTEE	: MANAGING COMMITTEE
NAME OF THE CONTACT PERSON	: MR. SUBHAH CH. GAJENDRA	NAME OF THE CONTACT PERSON	: MR. PRAVAT KUMAR MANDHATA
TELEPHONE NO.	: 06752-40028	TELEPHONE NO.	:
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1/1/1994	YEAR OF INCORPORATION	: 1/16/1984
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 2 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 16 FEMALE 7 TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 23
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(19) ORISSA		(20)
NAME OF THE ORGANISATION ADDRESS	: KALINGA SHELTER : B/22, INDRADHANU MARKET COMPLEX NAYAPALLI PO. BHUBANESWAR, KHURDA 751 015	NAME OF THE ORGANISATION ADDRESS : LOKANAYAK CLUB : AT/PO. PATAPUR VIA BANKI DIST. CUTTACK 754 008
MANAGING TRUSTEE PERSON	: BOARD OF DIRECTORS	MANAGING TRUSTEE PERSON : LOKANAYAK CLUB
NAME OF THE CONTACT PERSON	: MR. K C PANDA	NAME OF THE CONTACT PERSON : MR SARAT CHANDRA MOHAPATRA
TELEPHONE NO.	: 6755-2458059	TELEPHONE NO. : 40276, 06723-5276
MOBILE NO.	:	MOBILE NO. :
FAX	:	FAX :
EMAIL	:	EMAIL :
REGISTERED UNDER	: YES	REGISTERED UNDER : YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT
YEAR OF INCORPORATION	: 1/1/1994	YEAR OF INCORPORATION : 1/1/1971
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE 1 DORMITORY 2 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 16 FEMALE 9 TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED : 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES : NO

(21) ORISSA		(22)
NAME OF THE ORGANISATION ADDRESS	: MAHARSHI DAYANANDA SERVICE MISSION : AT JORANDA PO MAHIMAGADI DT. DHENKANAL 759014	NAME OF THE ORGANISATION ADDRESS : MARILAC MERCY HOME : BERHAMPUR GANJAM DISTRICT 760 010
MANAGING TRUSTEE PERSON	: MAHARSHI DAYANANDA	MANAGING TRUSTEE PERSON : DAUGHTERS OF CHARITY OF ST.VINCENT DE PAUL
NAME OF THE CONTACT PERSON	: MR. PRADIP K. SAHOO	NAME OF THE CONTACT PERSON : SR. REGINA ELENJIKAL
TELEPHONE NO.	: 06762-243537	TELEPHONE NO. : 680-202806
MOBILE NO.	: 09861096173	MOBILE NO. :
FAX	:	FAX :
EMAIL	: mdsdkl@hotmail.com	EMAIL :
REGISTERED UNDER	: YES	REGISTERED UNDER : YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT
YEAR OF INCORPORATION	: 1981	YEAR OF INCORPORATION : 1/1/1971
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 3 DOUBLE 6 DORMITORY 19 TOTAL 28	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 19 FEMALE 9 TOTAL 28	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE FEMALE 35 TOTAL 35
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED : 35
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES : NO

(23) ORISSA		(24)	
NAME OF THE ORGANISATION ADDRESS	: NILACHAL SEVA PRATISTHAN : DAYA VIHAR AT/PO. KANAS PURI 752017	NAME OF THE ORGANISATION ADDRESS	: OLD AGE HOME : AT/PO. GOPALPUR-ON-SEA DIST. GANJAM 762 100
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR. SUBAS CHANDRA GAJENDRA, SECRETARY	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: SUBHADRA MAHTAB SEVA SADAN : MR. N MOHANTY, SECY.
TELEPHONE NO.	: 06752-240028, 2400139, 240137	TELEPHONE NO.	: 0674-428729, 0674-403215
MOBILE NO.	:	MOBILE NO.	:
FAX	: 06752-240028	FAX	:
EMAIL	: nsp_india@yahoo.com	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT YEAR OF INCORPORATION	: 1980	SOCIETY REGISTRATION ACT YEAR OF INCORPORATION	: 3/12/1980
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 35
NO. OF SEATS OCCUPIED	:	NO. OF SEATS OCCUPIED	: 35
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(25) ORISSA		(26)	
NAME OF THE ORGANISATION ADDRESS	: ORGANISATION OF SOCIAL CHANGE AND : RURAL DEVELOPMENT (OSCARD) A/85, SAHID NAGAR BHUBANESWAR KHURDA 751 007	NAME OF THE ORGANISATION ADDRESS	: ORISSA ASSOCIATION FOR THE DEAF : 105/A, PALLASPALLI DIST- KHURDA 751020
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: OSCARD : MR. S S MOHAPATRA, SECY.	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR.B.KPARIDA
TELEPHONE NO.	: 0674-521091	TELEPHONE NO.	:
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT YEAR OF INCORPORATION	: 9/6/1990	SOCIETY REGISTRATION ACT YEAR OF INCORPORATION	: 1/1/1978
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 15 FEMALE 10 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	:

(27)		ORISSA		(28)	
NAME OF THE ORGANISATION ADDRESS	: ORISSA MULTIPURPOSE DEVELOPMENT CENTRE AT:A/4, MIG-II, BDA COLONY C.S PUR, PARAJANG DISTRICT	NAME OF THE ORGANISATION ADDRESS	: PADMASHREE SOCIETY BACHHARA PATNA JATNI DT. KHURDA 752050	NAME OF THE ORGANISATION ADDRESS	: BACHHARA PATNA JATNI DT. KHURDA 752050
MANAGING TRUSTEE	:	MANAGING TRUSTEE	: MR. D. SREEDEVI	MANAGING TRUSTEE	: MR. D. SREEDEVI
NAME OF THE CONTACT PERSON	: MR.SUNDA PANDA, PRESIDENT	NAME OF THE CONTACT PERSON	: MR. HOCHIMINH SASTRI, SECRETARY	NAME OF THE CONTACT PERSON	: MR. HOCHIMINH SASTRI, SECRETARY
TELEPHONE NO.	: 06768-89309	TELEPHONE NO.	: 0674-2492740	TELEPHONE NO.	: 0674-2492740
MOBILE NO.	:	MOBILE NO.	: 09437107124	MOBILE NO.	: 09437107124
FAX	:	FAX	:	FAX	:
EMAIL	:	EMAIL	: hochiminh@rediffmail.com	EMAIL	: hochiminh@rediffmail.com
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1/1/1994	YEAR OF INCORPORATION	: 1993	YEAR OF INCORPORATION	: 1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 3 DOUBLE 2 DORMITORY 5 TOTAL 10	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 3 DOUBLE 2 DORMITORY 5 TOTAL 10
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 50	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 10 FEMALE 60 TOTAL 70	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 10 FEMALE 60 TOTAL 70
NO. OF SEATS OCCUPIED	: 50	NO. OF SEATS OCCUPIED	: 70	NO. OF SEATS OCCUPIED	: 70
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: YES

(29)		ORISSA		(30)	
NAME OF THE ORGANISATION ADDRESS	: RATNACHIRA AT/PO. SATASANKHA DIST. PURI 752 046	NAME OF THE ORGANISATION ADDRESS	: SHRADHA AT: BAHALIABANDHA KATENI P.O.KALURIA DHENKANAL 759014	NAME OF THE ORGANISATION ADDRESS	: SHRADHA AT: BAHALIABANDHA KATENI P.O.KALURIA DHENKANAL 759014
MANAGING TRUSTEE	: MANAGING COMMITTEE	MANAGING TRUSTEE	:	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: MR. DEBADUTTA MISHRA	NAME OF THE CONTACT PERSON	: MR. HRUDANANDA BEHERA	NAME OF THE CONTACT PERSON	: MR. HRUDANANDA BEHERA
TELEPHONE NO.	: 06752-48838	TELEPHONE NO.	: 06762-39147	TELEPHONE NO.	: 06762-39147
MOBILE NO.	:	MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:	FAX	:
EMAIL	:	EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 5/27/1983	YEAR OF INCORPORATION	: 1/1/1989	YEAR OF INCORPORATION	: 1/1/1989
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 14 FEMALE 11 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES	:

(31)		ORISSA		(32)
NAME OF THE ORGANISATION ADDRESS	: SHREE RAMAKRISHNA ASHRAMA : AT/ PO M. RAMPUR DIST. KALAHANDI 766102	NAME OF THE ORGANISATION ADDRESS	: SURAKHYA : AT/PO-POLICE LINE ROAD, DARAJI POKHARI CHHAK PURI, PURI 752002	
MANAGING TRUSTEE	: MANAGING COMMITTEE	MANAGING TRUSTEE	: SRI NILMANI MISHRA, PRESIDENT	
NAME OF THE CONTACT PERSON	: SWAMI VAIRAGYANANDA, SECRETARY	NAME OF THE CONTACT PERSON	: SRI SUBASH CH. SAHOO, SECRETARY	
TELEPHONE NO.	: 06676-250306, 250506	TELEPHONE NO.	: 06752-29637	
MOBILE NO.	: 09437040140	MOBILE NO.	:	
FAX	:	FAX	:	
EMAIL	: srka_mrampur@yahoo.co.in	EMAIL	:	
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES	
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:	
YEAR OF INCORPORATION	:	YEAR OF INCORPORATION	: 3/20/1991	
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	:	
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:	
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE	
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:	
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG	
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES	: NO	

(33)		ORISSA		(34)
NAME OF THE ORGANISATION ADDRESS	: TRIBAL AND RURAL UPLIFTMENT PROJECT : AT/PO. G.UDAYAGIRI DIST. KANDHAMAL 762 100	NAME OF THE ORGANISATION ADDRESS	: UNION LEARING TRAINING AND REFORMATIVE ACTIVITIES : AT/PO- SAGARGAUAN VIA BOLGARH DIST KHURDA-752066	
MANAGING TRUSTEE	:	MANAGING TRUSTEE	:	
NAME OF THE CONTACT PERSON	: MR CHABILA NAYAK	NAME OF THE CONTACT PERSON	: MR.MANORANJAN MANSINGH	
TELEPHONE NO.	: 06847-60601	TELEPHONE NO.	:	
MOBILE NO.	:	MOBILE NO.	:	
FAX	:	FAX	:	
EMAIL	:	EMAIL	:	
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES	
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:	
YEAR OF INCORPORATION	: 7/26/1990	YEAR OF INCORPORATION	: 1/1/1991	
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 20 FEMALE 5 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	
NO. OF SEATS OCCUPIED	:	NO. OF SEATS OCCUPIED	: 25	
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:	
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE	
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:	
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG	
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	:	

(35) ORISSA		(36)
NAME OF THE ORGANISATION	: URBAN CUM RURAL DEVELOPMENT SOCIETY (URDS)	NAME OF THE ORGANISATION : VISHWA JEEVAN SEVA SANGHA
ADDRESS	: MARUTI BHAWAN, NEW COLONY VILLA-SABALPUR, PO BENTKAR DT. CUTTACK 754112	ADDRESS : DURGAPRASAD, P.O. RAMCHANDI VIA-NARANGARH, DIST-KHURDA
MANAGING TRUSTEE	: MANAGING COMMITTEE	MANAGING TRUSTEE :
NAME OF THE CONTACT PERSON	: MR. PRASANT KUMAR DAS, GEN. SECRETARY	NAME OF THE CONTACT PERSON : MR.B.N.BARAL
TELEPHONE NO.	: 0671-2684270	TELEPHONE NO. : 06755-22536
MOBILE NO.	: 9937504463	MOBILE NO. :
FAX	:	FAX :
EMAIL	:	EMAIL :
REGISTERED UNDER	: YES	REGISTERED UNDER : YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT :
YEAR OF INCORPORATION	:	YEAR OF INCORPORATION : 1/1/1987
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE 5 DORMITORY 5 TOTAL 35	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 18 FEMALE 7 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE FEMALE TOTAL 50
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED : 50
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES :

ORISSA		Other Old Age Homes
1.	EARTH PLOT NO.-58 KHARVEL NAGAR BHUBANESHWAR PH:0674-408518	
2.	M O CLUB AT/PO. KANTABAD VIA. BAGHAMARI DIST. KHURDA 752 061 PH: 6755-28433	

(1) TRIPURA	
NAME OF THE ORGANISATION ADDRESS	: ABALAMBAN : AIRPORT ROAD, BARJALA (NEAR TRTC WORKSHOP) AGARTALA 799001
MANAGING TRUSTEE	: EXECUTIVE COMMITTEE OF ABALAMBAN
NAME OF THE CONTACT PERSON	: MR. DILIP PAL, GENERAL SECRETARY
TELEPHONE NO.	: 0381-2221488
MOBILE NO.	: 9863030385
FAX	:
EMAIL	:
REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	
YEAR OF INCORPORATION	: 1998
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 50 TOTAL 50
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE 50 TOTAL 50
NO. OF SEATS OCCUPIED	: 50
NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: YES

(1) WEST BENGAL		(2)
NAME OF THE ORGANISATION ADDRESS	: ALL BENGAL WOMEN'S UNION : 89, ELLIOT ROAD KOLKATA 700 016	NAME OF THE ORGANISATION ADDRESS : AMAR SEVA SANGHA : VILL. RAINE PO. RAINE DIST. MIDNAPORE 721 130
MANAGING TRUSTEE	: N.G.O.	MANAGING TRUSTEE : MANAGING COMMITTEE
NAME OF THE CONTACT PERSON	: SMT. AMITA SEN, HON. GENERAL SECRETARY	NAME OF THE CONTACT PERSON : MR. SANTOSH SAMANTA
TELEPHONE NO.	: 033-293292	TELEPHONE NO. : 03228-56214
MOBILE NO.	:	MOBILE NO. :
FAX	:	FAX :
EMAIL	:	EMAIL :
REGISTERED UNDER	: YES	REGISTERED UNDER : YES
SOCIETY REGISTRATION ACT		SOCIETY REGISTRATION ACT
YEAR OF INCORPORATION	: 1/1/1932	YEAR OF INCORPORATION : 12/31/1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE 1 DOUBLE 4 DORMITORY 2 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 12 FEMALE 13 TOTAL 25
NO. OF SEATS OCCUPIED	: 22	NO. OF SEATS OCCUPIED : 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES : NO

(3) WEST BENGAL		(4)	
NAME OF THE ORGANISATION ADDRESS	: ASHA NIKETAN : SUKANTANAGAR, SECTOR IV SALT LAKE CITY, BLOCK N KOLKATA 700098	NAME OF THE ORGANISATION ADDRESS	: ASTARAG : P-92 HELEN KELLER SARANI MAJHERHAT KOLKATA 700 053
MANAGING TRUSTEE	: SMT. SHEELA MUKHERJEE, VICE PRESIDENT	MANAGING TRUSTEE	: CALCUTTA PORT TRUST OFFICERS' WIVES ASS.
NAME OF THE CONTACT PERSON	: DR. AMIYA GANGULY, SECRETARY	NAME OF THE CONTACT PERSON	: MRS. NANDA BOSE
TELEPHONE NO.	: 033-28124624	TELEPHONE NO.	: 033-4799139, 4788023
MOBILE NO.	:	MOBILE NO.	:
FAX	: 033-24711599	FAX	:
EMAIL	: ashwb66@yahoo.com	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT		SOCIETY REGISTRATION ACT	
YEAR OF INCORPORATION	: 1991	YEAR OF INCORPORATION	: 1/1/1985
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 1 DOUBLE DORMITORY 20 TOTAL 21	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 13 DOUBLE 12 DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE 15 TOTAL 15	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 16 FEMALE 23 TOTAL 42
NO. OF SEATS OCCUPIED	: 15	NO. OF SEATS OCCUPIED	: 39
NO. OF SEATS VACANT	: 6	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: PAY & STAY	TYPE OF FACILITY	: PAY & STAY
ANNUAL CHARGES IF APPLICABLE	: RS. 30000	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: YES

(5) WEST BENGAL		(6)	
NAME OF THE ORGANISATION ADDRESS	: BAIRAG : 1/B9 SECTOR-III SALT LAKE KOLKATA	NAME OF THE ORGANISATION ADDRESS	: BARABARI NETAJI SEVA SANGHA : VILL. BARABARI PO. BARABARI (SOUTH) MIDNAPORE 721 430
MANAGING TRUSTEE	: SAPTADEEPA	MANAGING TRUSTEE	: THE EXECUTIVE COMMITTEE
NAME OF THE CONTACT PERSON	: SMT. PUSHPA DUTTA	NAME OF THE CONTACT PERSON	: MR. MAHITOSH SAMANTA, SECY.
TELEPHONE NO.	: 033-3372988, 3353530	TELEPHONE NO.	: 03220-74288
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT		SOCIETY REGISTRATION ACT	
YEAR OF INCORPORATION	: 1/1/1991	YEAR OF INCORPORATION	: 2/1/1995
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 38	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	:	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: PAY & STAY	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: YES

(7) WEST BENGAL		(8)	
NAME OF THE ORGANISATION	: BARRACKPORE SWAMI MAHADEBANANDA GIRI BRIDHASHRAM	NAME OF THE ORGANISATION	: BIKRAMNAGAR UDAYAN SANGHA
ADDRESS	: 48, MIDDLE ROAD BARRACKPORE NORTH 24 PARGANAS 743 101	ADDRESS	: VILL BIKRAMNAGAR PO HARIA DT. PURBA MEDINIPUR 721430
MANAGING TRUSTEE	:	MANAGING TRUSTEE	: EXECUTIVE COMMITTEE OF THE ORGANISATION
NAME OF THE CONTACT PERSON	: MR. TAMAL HALDER	NAME OF THE CONTACT PERSON	: MR. ARUN KUMAR BAG
TELEPHONE NO.	: 033-5607328	TELEPHONE NO.	: 03220-276237
MOBILE NO.	:	MOBILE NO.	: 9434110839
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 10/9/1994	YEAR OF INCORPORATION	: 1978
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 20 DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 14 TOTAL 14
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 38 FEMALE 38 TOTAL 76	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE 25 TOTAL 50
NO. OF SEATS OCCUPIED	: 40	NO. OF SEATS OCCUPIED	: 50
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: NO

(9) WEST BENGAL		(10)	
NAME OF THE ORGANISATION	: CHILD & SOCIAL WELFARE SOCIETY	NAME OF THE ORGANISATION	: DINANTE
ADDRESS	: AT MARKANDACHAK PO BISHNUPURBAZAR, PS SABONG DT. PASCHIM MEDINIPUR 721144	ADDRESS	: PO MADHYAMGRAM DINANTE BIDHANPALLY WEST BENGAL
MANAGING TRUSTEE	: EXECUTIVE COMMITTEE	MANAGING TRUSTEE	: SAROJ NALINI TRUST MEMORIAL
NAME OF THE CONTACT PERSON	: SH. NIKHIL KR. BURMAN	NAME OF THE CONTACT PERSON	: MR. ANIL NAHA
TELEPHONE NO.	: 03222-285096	TELEPHONE NO.	: 5385416
MOBILE NO.	: 9434004762	MOBILE NO.	:
FAX	: 03222-285149	FAX	:
EMAIL	: csws@rediffmail.com	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1969	YEAR OF INCORPORATION	: 1/1/1994
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL 25	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 12 FEMALE 13 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 10
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED	:
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(11) WEST BENGAL		(12)	
NAME OF THE ORGANISATION ADDRESS	: GOVT. PENSIONERS ASSOCIATION WEST BENGAL : AD-150, SALT DAVE CITY KOLKATA 700064	NAME OF THE ORGANISATION ADDRESS	: GOVT. PENSIONERS ASSOCIATION, WEST BEGAL : AD 314, SALT LAKE KOLKATA 64
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MANAGING COMMITTEE : MR. P.B. MAYINDER, PRESIDENT	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: SH. N. CHATTERJEE : MR. NIRMALYA CHATTERJEE
TELEPHONE NO.	: 0334-23347292	TELEPHONE NO.	: 0334-6429, 337-1278
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT		SOCIETY REGISTRATION ACT	
YEAR OF INCORPORATION	: 1958	YEAR OF INCORPORATION	: 1/1/1958
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 5 DORMITORY 1 TOTAL 6	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 0 DORMITORY 0 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 10 FEMALE 2 TOTAL 12	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 2 FEMALE 18 TOTAL 20
NO. OF SEATS OCCUPIED	:	NO. OF SEATS OCCUPIED	: 3
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: PAY & STAY	TYPE OF FACILITY	: PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(13) WEST BENGAL		(14)	
NAME OF THE ORGANISATION ADDRESS	: HOME FOR OLD & INFIRM POLITICAL SUFFERERS : PO. SOUTH GARIA DIST. SOUTH 24- PARGANAS 743 613	NAME OF THE ORGANISATION ADDRESS	: HOME FOR OLD AND INFIRM : TIBETAN REFUGEE SELF-HELP CENTRE HAVELOCK VILLA, 119-B, GANDHI ROAD DARJEELING 734 101
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: GOVT. OF WEST BENGAL : SUPERINTENDENT	MANAGING TRUSTEE	: MR. KHEDROOB THONDUP, PRESIDENT
TELEPHONE NO.	: 9118-60476	NAME OF THE CONTACT PERSON	: MR. KHEDROOB THONDUP, PRESIDENT
MOBILE NO.	:	TELEPHONE NO.	: 0354-54686
FAX	:	MOBILE NO.	:
EMAIL	:	FAX	:
REGISTERED UNDER	:	EMAIL	:
SOCIETY REGISTRATION ACT		REGISTERED UNDER	: YES
YEAR OF INCORPORATION	: 10/2/1968	SOCIETY REGISTRATION ACT	
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	YEAR OF INCORPORATION	: 1/1/1961
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 40 FEMALE 36 TOTAL 76	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 24 DOUBLE DORMITORY TOTAL
NO. OF SEATS OCCUPIED	: 76	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 9 FEMALE 15 TOTAL 24
NO. OF SEATS VACANT	:	NO. OF SEATS OCCUPIED	: 24
TYPE OF FACILITY	: FREE	NO. OF SEATS VACANT	:
ANNUAL CHARGES IF APPLICABLE	:	TYPE OF FACILITY	: FREE
TYPE OF FOOD	: VEG & NON-VEG	ANNUAL CHARGES IF APPLICABLE	:
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	TYPE OF FOOD	: VEG & NON-VEG
W.C. FOR ORTHOPAEDIC CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
		W.C. FOR ORTHOPAEDIC CASES	:

(15) WEST BENGAL		(16)
NAME OF THE ORGANISATION ADDRESS	: HOME FOR THE AGED, CHETLA : 1/2, SHYANA BOSE ROAD KOLKATA 700027	NAME OF THE ORGANISATION ADDRESS : JESU ASHRAM : P.O. MOTIGURAH DARJEELING 734 438
MANAGING TRUSTEE	: SMT KRISHNA MOOKHERJEE, GENERAL SECRETARY	MANAGING TRUSTEE : NAME OF THE CONTACT : BRO. BOB PERSON
NAME OF THE CONTACT PERSON	:	TELEPHONE NO. : 0354-581389 MOBILE NO. : FAX : EMAIL :
TELEPHONE NO.	:	REGISTERED UNDER : YES SOCIETY REGISTRATION ACT
MOBILE NO.	:	YEAR OF INCORPORATION : 1/1/1984 TYPE & QUANTUM OF
FAX	:	ACCOMMODATION : SINGLE DOUBLE DORMITORY 6 TOTAL 39
EMAIL	:	PERSONS ACCEPTED & : MALE QUANTUM OF SEATS : FEMALE 71 TOTAL 88
REGISTERED UNDER	: YES	NO. OF SEATS OCCUPIED : 10 NO. OF SEATS VACANT : TYPE OF FACILITY : ANNUAL CHARGES IF : APPLICABLE
SOCIETY REGISTRATION ACT	:	TYPE OF FOOD : ACCEPT MEDICAL CARE/ : CONSTANT ATTENDANCE : CASES : W.C. FOR ORTHOPAEDIC : CASES
YEAR OF INCORPORATION	:	
TYPE & QUANTUM OF ACCOMMODATION	:	
PERSONS ACCEPTED & QUANTUM OF SEATS	:	
NO. OF SEATS OCCUPIED	:	
NO. OF SEATS VACANT	:	
TYPE OF FACILITY	:	
ANNUAL CHARGES IF APPLICABLE	:	
TYPE OF FOOD	:	
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	
W.C. FOR ORTHOPAEDIC CASES	:	

(17) WEST BENGAL		(18)
NAME OF THE ORGANISATION ADDRESS	: KALYAN BHARATI : VILL & PO KAMARKUNDU DT. HOOGHLY 712407	NAME OF THE ORGANISATION ADDRESS : KARIMPUR SOCIAL WELFARE SOCIETY : 1 NO. TARAK DAS ROAD PO KARIMPUR DT. NADIA 741152
MANAGING TRUSTEE	: MANAGING COMMITTEE	MANAGING TRUSTEE : NAME OF THE CONTACT : MR. ASHOK KUMAR SARKAR PERSON
NAME OF THE CONTACT PERSON	: MR. GOUR CHANDRA DHOLE	TELEPHONE NO. : 03471-255060, 288220, 255176 MOBILE NO. : FAX : EMAIL :
TELEPHONE NO.	: 26300906	REGISTERED UNDER : karimpur_welfare@yahoo.com SOCIETY REGISTRATION ACT : YES
MOBILE NO.	:	YEAR OF INCORPORATION : 1985 TYPE & QUANTUM OF
FAX	:	ACCOMMODATION : SINGLE DOUBLE DORMITORY 25 TOTAL 25
EMAIL	:	PERSONS ACCEPTED & : MALE QUANTUM OF SEATS : FEMALE 18 TOTAL 25
REGISTERED UNDER	: YES	NO. OF SEATS OCCUPIED : 25 NO. OF SEATS VACANT : TYPE OF FACILITY : FREE ANNUAL CHARGES IF : APPLICABLE
SOCIETY REGISTRATION ACT	:	TYPE OF FOOD : VEG & NON-VEG ACCEPT MEDICAL CARE/ : YES CONSTANT ATTENDANCE : CASES : W.C. FOR ORTHOPAEDIC : YES CASES
YEAR OF INCORPORATION	:	
TYPE & QUANTUM OF ACCOMMODATION	:	
PERSONS ACCEPTED & QUANTUM OF SEATS	:	
NO. OF SEATS OCCUPIED	:	
NO. OF SEATS VACANT	:	
TYPE OF FACILITY	:	
ANNUAL CHARGES IF APPLICABLE	:	
TYPE OF FOOD	:	
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	
W.C. FOR ORTHOPAEDIC CASES	:	

(19) WEST BENGAL		(20)
NAME OF THE ORGANISATION ADDRESS	: LAWRENCE DESOUZA HOME : 138, LENIN SARANI KOLKATA 700 013	NAME OF THE ORGANISATION ADDRESS : LITTLE SISTERS OF THE POOR : 2, A.J.C. BOSE ROAD KOLKATA 700020
MANAGING TRUSTEE	: OFFICIAL TRUSTEE, GOVT. OF WEST BENGAL	MANAGING TRUSTEE : SR. MARY JACINTHA, MOTHER SUPERIOR
NAME OF THE CONTACT PERSON	: MR R N DEROSAIRE	NAME OF THE CONTACT PERSON : SR. MARY JACINTHA, MOTHER SUPERIOR
TELEPHONE NO.	: 033-2446185, 274583	TELEPHONE NO. : 033-22825552
MOBILE NO.	:	MOBILE NO. : 033-22829360
FAX	:	FAX : 033-22829360
EMAIL	:	EMAIL : 033-22829360
REGISTERED UNDER SOCIETY REGISTRATION ACT	: NO	REGISTERED UNDER SOCIETY REGISTRATION ACT : YES
YEAR OF INCORPORATION	: 1/1/1900	YEAR OF INCORPORATION : 1/1/1900
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE 10 DOUBLE 40 DORMITORY 20 TOTAL 70
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 34	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 70 FEMALE 80 TOTAL 150
NO. OF SEATS OCCUPIED	: 24	NO. OF SEATS OCCUPIED : 150
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT : 24
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	: RS.	ANNUAL CHARGES IF APPLICABLE : RS.
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES : NO
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES : YES

(21) WEST BENGAL		(22)
NAME OF THE ORGANISATION ADDRESS	: MAHADEVI BIRLA NIKETAN : BAGIRHAT (NEAR AMTALA) DIST. SOUTH 24- PARGANAS 743503	NAME OF THE ORGANISATION ADDRESS : MAHILA SEVA SAMITY : 8, GOVT. PLACE (NORTH) KOLKATA 700062
MANAGING TRUSTEE	: JAYASHRI CHARIT TRUST	MANAGING TRUSTEE : SMT. YASMEEN SENGUPTA, SECRETARY
NAME OF THE CONTACT PERSON	: MR. AMAL BASU	NAME OF THE CONTACT PERSON : SMT. YASMEEN SENGUPTA, SECRETARY
TELEPHONE NO.	: 0470-9287	TELEPHONE NO. : 033-22812777
MOBILE NO.	:	MOBILE NO. : 9830052332
FAX	:	FAX : 9830052332
EMAIL	:	EMAIL : 9830052332
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT : YES
YEAR OF INCORPORATION	:	YEAR OF INCORPORATION : 1/1/1900
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE 3 DORMITORY 5 TOTAL 8
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE FEMALE 25 TOTAL 25
NO. OF SEATS OCCUPIED	: 54	NO. OF SEATS OCCUPIED : 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT : 2
TYPE OF FACILITY	: PAY & STAY	TYPE OF FACILITY : FREE, PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE : RS. 9000
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES : YES
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES : YES

(23) WEST BENGAL		(24)
NAME OF THE ORGANISATION ADDRESS	: MALIPUKUR SAMAJ UNNAYAN SAMITY : AT & PO JUJERSA PS PANCHLA DIST HOWRAH 711302	NAME OF THE ORGANISATION ADDRESS : MULVANY HOME : DIOCESE OF CALCUTTA CHURCH OF NORTH INDIA BISHOP HOUSE, 51 CHOWRINGHEE ROAD KOLKATA 700 071
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MR. M.A. RAFIQUE : MR. UJJWAL NANDI	MANAGING TRUSTEE NAME OF THE CONTACT PERSON : RT. REV. P.S.P. RAJU,BISHOP OF CALCUTTA
TELEPHONE NO. MOBILE NO. FAX EMAIL	: : 9830859962 : :	TELEPHONE NO. MOBILE NO. FAX EMAIL : 033-282-5259 : : :
REGISTERED UNDER SOCIETY REGISTRATION ACT YEAR OF INCORPORATION	: YES : 1985	REGISTERED UNDER SOCIETY REGISTRATION ACT YEAR OF INCORPORATION : YES : 1/1/1999
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 25 TOTAL 25	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE 25 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE FEMALE TOTAL 30
NO. OF SEATS OCCUPIED NO. OF SEATS VACANT TYPE OF FACILITY ANNUAL CHARGES IF APPLICABLE	: 21 : 4 : FREE :	NO. OF SEATS OCCUPIED NO. OF SEATS VACANT TYPE OF FACILITY ANNUAL CHARGES IF APPLICABLE : : : :
TYPE OF FOOD ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES W.C. FOR ORTHOPAEDIC CASES	: VEG & NON-VEG : YES : : NO	TYPE OF FOOD ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES W.C. FOR ORTHOPAEDIC CASES : : : :

(25) WEST BENGAL		(26)
NAME OF THE ORGANISATION ADDRESS	: NABADIGANTO : 29, BANERJEEPARA ROAD SARSUNA KOLKATA 700 061	NAME OF THE ORGANISATION ADDRESS : NAVA NIR HOME FOR THE AGED : 1/2 SHYAM BOSE ROAD KOLKATA 700 027
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: NABADIGANTA : SRI, SACHINDULAL BANERJEE	MANAGING TRUSTEE NAME OF THE CONTACT PERSON : WOMEN'S CO-ORDINATING COUNCIL : MS. PURNA CHOWDHURY, SECY-IN-CHARGE
TELEPHONE NO. MOBILE NO. FAX EMAIL	: : : :	TELEPHONE NO. MOBILE NO. FAX EMAIL : 033-24712653 : : :
REGISTERED UNDER SOCIETY REGISTRATION ACT YEAR OF INCORPORATION	: YES : 1/1/1977	REGISTERED UNDER SOCIETY REGISTRATION ACT YEAR OF INCORPORATION : YES : 1/1/1982
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE 34 DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 100	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 18 FEMALE 66 TOTAL 84
NO. OF SEATS OCCUPIED NO. OF SEATS VACANT TYPE OF FACILITY ANNUAL CHARGES IF APPLICABLE	: : : :	NO. OF SEATS OCCUPIED NO. OF SEATS VACANT TYPE OF FACILITY ANNUAL CHARGES IF APPLICABLE : 84 : : FREE, PAY & STAY :
TYPE OF FOOD ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES W.C. FOR ORTHOPAEDIC CASES	: : : : :	TYPE OF FOOD ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES W.C. FOR ORTHOPAEDIC CASES : VEG & NON-VEG : : : YES :

(27) WEST BENGAL		(28)
NAME OF THE ORGANISATION ADDRESS	: NAVA NIR HOME FOR THE AGED : 30, ASHOK AVENUE KOLKATA 700 040	NAME OF THE ORGANISATION ADDRESS : NAVADIGANTA : 29 BANERJEE PARA ROAD PO -SORSUNA KOLKATA 61
MANAGING TRUSTEE	: MRS. ZARINE GIMI, CHAIR PERSON	MANAGING TRUSTEE : NABADIGANTA
NAME OF THE CONTACT PERSON	: MS. ALOKA MITRA, SECY.	NAME OF THE CONTACT PERSON : MR. SACHIDULAL BANERJEE
TELEPHONE NO.	: 033-2758172	TELEPHONE NO. : 033-24939393
MOBILE NO.	:	MOBILE NO. :
FAX	:	FAX :
EMAIL	:	EMAIL :
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER : YES
YEAR OF INCORPORATION	: 1/1/1977	SOCIETY REGISTRATION ACT YEAR OF INCORPORATION :
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 41 DOUBLE DORMITORY 0 TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 7 FEMALE 105 TOTAL 112	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 0 FEMALE TOTAL 42
NO. OF SEATS OCCUPIED	: 112	NO. OF SEATS OCCUPIED :
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY :
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES : YES

(29) WEST BENGAL		(30)
NAME OF THE ORGANISATION ADDRESS	: NETAJI PATHACHAKRA : VILL. PURBACHARA, PO. TIKASHI BLOCK KHEJURI-1, PS KHEJURI DT. PURBA MEDINIPUR 721430	NAME OF THE ORGANISATION ADDRESS : NIMBARK MATH SEVA SAMITI TRUST : VILL. BAIKUNTHAPUR PO SANKARPUR, P.S. DASPUR SUB. GHATAL DIST. PASCHIM MEDINI 721211
MANAGING TRUSTEE	: EXECUTIVE COMMITTEE	MANAGING TRUSTEE : MR. SUBAL CHANDRA MAZRA, PRESIDENT
NAME OF THE CONTACT PERSON	: SH SWAPAN KUMAR MANDAL, PRESIDENT	NAME OF THE CONTACT PERSON : MR. SUBAS SARANDEB MAHANTA
TELEPHONE NO.	: 03220-276253, 276277	TELEPHONE NO. : 03225-253296
MOBILE NO.	: 9434172198	MOBILE NO. : 09433442540
FAX	: 03220-276614	FAX :
EMAIL	: pathachakra@yahoo.com	EMAIL :
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER : YES
YEAR OF INCORPORATION	: 1964	SOCIETY REGISTRATION ACT YEAR OF INCORPORATION : 1984
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 4 TOTAL 4	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY 25 TOTAL 25
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 25 FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED : 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES : YES
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES : YES

(31) WEST BENGAL		(32)	
NAME OF THE ORGANISATION ADDRESS	: NISHTHA : VILL. SUBNDHIPUR DEPARA, PO. BARUIPUR DIST. 24 PARGANAS (SOUTH) 743 302	NAME OF THE ORGANISATION ADDRESS	: RAMAKRISHNA MATH : HOME FOR THE AGED 59, MOTILAL GUPTA ROAD KOLKATA 700 008
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: NISHTHA HOME : MS. MINA DAS	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: RAMAKRISHNA MATH, BELUR : SWAMI AKSHYANANDA, PRESIDENT
TELEPHONE NO.	: 4339865	TELEPHONE NO.	: 033-24478292
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 4/2/1995	YEAR OF INCORPORATION	: 1/1/1909
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 14 DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 15 FEMALE 35 TOTAL 50	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 31 FEMALE TOTAL 31
NO. OF SEATS OCCUPIED	: 15	NO. OF SEATS OCCUPIED	: 31
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY	: FREE, PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: NO

(33) WEST BENGAL		(34)	
NAME OF THE ORGANISATION ADDRESS	: RURAL HEALTH DEVELOPMENT CENTRE : VILL. BACHAMARI GOVT. COLONY PO. BACHAMARI DIST. MALDA 733 128	NAME OF THE ORGANISATION ADDRESS	: SAINPUKUR MATRI SEBIKA SAMITY : VILL UTTARBAR, PO CHABUKIA- UTTARBAR VIA SABANG, DIST PURBA MEDINIPORE 721144
MANAGING TRUSTEE	: ELECTED MANAGING COMMITTEE	MANAGING TRUSTEE	:
NAME OF THE CONTACT PERSON	: MR. RATAN SARKAR	NAME OF THE CONTACT PERSON	: MR. B B DAS BARMAN, SECRETARY
TELEPHONE NO.	: 03512-260211	TELEPHONE NO.	: 03222-285096, 285032, 204052
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 2/7/1995	YEAR OF INCORPORATION	: 1979
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 5 DORMITORY 3 TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 8 FEMALE 10 TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE 25 TOTAL 50
NO. OF SEATS OCCUPIED	: 18	NO. OF SEATS OCCUPIED	: 50
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	:
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: YES

(35) WEST BENGAL		(36)	
NAME OF THE ORGANISATION ADDRESS	: SANTI NIVAS : OXFORD MISSION BARISHA KOLKATA 700008	NAME OF THE ORGANISATION ADDRESS	: SAPTADWEEPA : CA-238, SALT LAKE CITY SECTOR -I KOLKATA 700 064
MANAGING TRUSTEE	: CHAIRMAN	MANAGING TRUSTEE	: MS. PUSPA SUTT
NAME OF THE CONTACT PERSON	: MR. ARIJEET ROY, SECY.	NAME OF THE CONTACT PERSON	: MS. PUSPA DUTTA, PRESIDENT
TELEPHONE NO.	: 033-24466307, 24471179	TELEPHONE NO.	: 033-23372988
MOBILE NO.	: 9831139401	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	:	YEAR OF INCORPORATION	: 1/1/1993
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 26 TOTAL 26	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 18 DOUBLE 6 DORMITORY 1 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 3 FEMALE 20 TOTAL 23	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 19 FEMALE 17 TOTAL 36
NO. OF SEATS OCCUPIED	: 23	NO. OF SEATS OCCUPIED	: 36
NO. OF SEATS VACANT	: 3	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY	: PAY & STAY
ANNUAL CHARGES IF APPLICABLE	: RS. 224400	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: YES

(37) WEST BENGAL		(38)	
NAME OF THE ORGANISATION ADDRESS	: SATYA BHARATI : PO. NABAGRAM DIST. HOOGHLY WEST BENGAL	NAME OF THE ORGANISATION ADDRESS	: SAYANE : GHATURMORE P.O. CHOLENAYAT NAGAR DISR. S. 24 PARGANAS
MANAGING TRUSTEE	: SHRI. SUKUMAR CHAKRABORTY, PRESIDENT	MANAGING TRUSTEE	: SAROJ NALINI TRUST MEMORIAL ASSOCIATION
NAME OF THE CONTACT PERSON	: SHRI. PUSHPA RANJAN CHATTERJEE	NAME OF THE CONTACT PERSON	:
TELEPHONE NO.	: 673-1499	TELEPHONE NO.	: 440-6852
MOBILE NO.	:	MOBILE NO.	:
FAX	:	FAX	:
EMAIL	:	EMAIL	:
REGISTERED UNDER	: YES	REGISTERED UNDER	: YES
SOCIETY REGISTRATION ACT	:	SOCIETY REGISTRATION ACT	:
YEAR OF INCORPORATION	: 1/26/1945	YEAR OF INCORPORATION	: 1/1/2000
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE 1 DORMITORY 8 TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 16 FEMALE 18 TOTAL 34	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 7
NO. OF SEATS OCCUPIED	: 34	NO. OF SEATS OCCUPIED	:
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: PAY & STAY	TYPE OF FACILITY	:
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	:

(39) WEST BENGAL		(40)
NAME OF THE ORGANISATION ADDRESS	: SEULIPUR UDYAN CLUB : VILL. SEULIPUR PO. PASCHIMBAR DIST. MIDNAPORE 721 144	NAME OF THE ORGANISATION ADDRESS : SHIBRAMPUR MILAN TIRTHA : VILL & PO. SHIBRAMPORE VIA. REAPARA MIDNAPORE
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MANAGING COMMITTEE : MR. BISHNUPADA GUCHHAIT	MANAGING TRUSTEE NAME OF THE CONTACT PERSON : MANAGING COMMITTEE : MR. SUPRAVAT MAITI
TELEPHONE NO.	:	TELEPHONE NO. :
MOBILE NO.	:	MOBILE NO. :
FAX	:	FAX :
EMAIL	:	EMAIL :
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT : YES
YEAR OF INCORPORATION	: 11/1/1991	YEAR OF INCORPORATION : 1/1/1982
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 3 TOTAL	TYPE & QUANTUM OF ACCOMMODATION : SINGLE 3 DOUBLE 1 DORMITORY TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 25 FEMALE TOTAL 25	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 25 FEMALE TOTAL 25
NO. OF SEATS OCCUPIED	: 25	NO. OF SEATS OCCUPIED : 25
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT :
TYPE OF FACILITY	: FREE	TYPE OF FACILITY : FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD : VEG & NON-VEG
ACCEPT MEDICAL CARE/X APPLICABLE	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
W.C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES : YES

(41) WEST BENGAL		(42)
NAME OF THE ORGANISATION ADDRESS	: SOCIAL WELFARE & RURAL DEVELOPMENT SOCIETY : VILL. KONNAGAR PO. GHATAL DIST. MIDNAPORE 721 212	NAME OF THE ORGANISATION ADDRESS : SREE GURU BHOLANANDA ASHRAM : MONIRAMPORE BARRACKPORE 24 PARGANAS (NORTH) 743 101
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: : MR. SANTINATH RAY	MANAGING TRUSTEE : SRI GURU BHOLANANDA ASHRAM
TELEPHONE NO.	: 03225-55230	NAME OF THE CONTACT PERSON : MR. TAMAL HALDER
MOBILE NO.	:	TELEPHONE NO. : 033-5607327, 033-5600396
FAX	:	MOBILE NO. :
EMAIL	:	FAX :
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	EMAIL :
YEAR OF INCORPORATION	: 1/1/1985	REGISTERED UNDER : YES
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE DORMITORY TOTAL	SOCIETY REGISTRATION ACT : 1/1/1989
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 20 FEMALE 5 TOTAL 25	YEAR OF INCORPORATION : 1/1/1989
NO. OF SEATS OCCUPIED	: 25	TYPE & QUANTUM OF ACCOMMODATION : SINGLE DOUBLE DORMITORY TOTAL
NO. OF SEATS VACANT	:	PERSONS ACCEPTED & QUANTUM OF SEATS : MALE 15 FEMALE 10 TOTAL 25
TYPE OF FACILITY	: FREE	NO. OF SEATS OCCUPIED : 25
ANNUAL CHARGES IF APPLICABLE	:	NO. OF SEATS VACANT :
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FACILITY : FREE
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ANNUAL CHARGES IF APPLICABLE :
W.C. FOR ORTHOPAEDIC CASES	: NO	TYPE OF FOOD : NON-VEG
		ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES :
		W.C. FOR ORTHOPAEDIC CASES : NO

(43) WEST BENGAL		(44)	
NAME OF THE ORGANISATION ADDRESS	: SREE RAMKRISHNA SATYANANDA ASHRAM : 46/2, DESHBANDHU ROAD (W) KOLKATA 700 035	NAME OF THE ORGANISATION ADDRESS	: ST. VINCENT'S HOME (ST. CATHERINE'S HOME) : 68, DIAMOND HARBOUR ROAD KIDDERPORE KOLKATA 700 023
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: REGD. SOCIETY : SWAMI BHADRESWARANANDA	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: N.A. : SISTER SOPHIE
TELEPHONE NO. MOBILE NO. FAX EMAIL	: 033-25777600 : : :	TELEPHONE NO. MOBILE NO. FAX EMAIL	: 033-24497568 : : :
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 10/10/1978	YEAR OF INCORPORATION	: 1/1/1973
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY TOTAL	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 29 DOUBLE 2 DORMITORY 0 TOTAL
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 53	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE TOTAL 73
NO. OF SEATS OCCUPIED	: 27	NO. OF SEATS OCCUPIED	: 73
NO. OF SEATS VACANT	:	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE, PAY & STAY	TYPE OF FACILITY	: FREE, PAY & STAY
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	:
W.C. FOR ORTHOPAEDIC CASES	: YES	W.C. FOR ORTHOPAEDIC CASES	: YES

(45) WEST BENGAL		(46)	
NAME OF THE ORGANISATION ADDRESS	: TOLLYGUNGE HOMES : 186, N.S.C. BOSE ROAD KOLKATA 700040	NAME OF THE ORGANISATION ADDRESS	: VILLAGE WELFARE SOCIETY : F-15, GEETANJALI PARK ARIADAH KOLKATA 700057
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MRS. NILIMA DUTTA : MRS. NILIMA DUTTA, CHAIRMAN	MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MANAGING BOARD : MR. A.K. MAITY, SECRETARY
TELEPHONE NO. MOBILE NO. FAX EMAIL	: 033-2471-0707 : : :	TELEPHONE NO. MOBILE NO. FAX EMAIL	: 033-25646545, 25645786 : 9831004401 : 033-25646545 : vws@cal3.vsnl.net.in
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
YEAR OF INCORPORATION	: 1949	YEAR OF INCORPORATION	: 1982
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE DORMITORY 40 TOTAL 40	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE 25 DOUBLE DORMITORY TOTAL 25
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 20 FEMALE 20 TOTAL 40	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE 25 TOTAL 25
NO. OF SEATS OCCUPIED	: 34	NO. OF SEATS OCCUPIED	: 25
NO. OF SEATS VACANT	: 6	NO. OF SEATS VACANT	:
TYPE OF FACILITY	: FREE	TYPE OF FACILITY	: FREE
ANNUAL CHARGES IF APPLICABLE	:	ANNUAL CHARGES IF APPLICABLE	:
TYPE OF FOOD	: VEG & NON-VEG	TYPE OF FOOD	: VEG & NON-VEG
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO
W. C. FOR ORTHOPAEDIC CASES	: NO	W.C. FOR ORTHOPAEDIC CASES	: NO

(47) WEST BENGAL		(48)	
NAME OF THE ORGANISATION ADDRESS	: VIVEKANANDA LOK SIKSHA NIKETAN : AT FARIDPORE, PO DAKSHIN DAUKI PS CONTAI DT. PURBA MEDINIPUR 721464	NAME OF THE ORGANISATION ADDRESS	: WEST BENGAL SCHEDULED CASTES : TRIBES & MINORITY WELFARE ASSOCIATION 90 A/1B, SUREN SARKAR ROAD KOLKATA 700010
MANAGING TRUSTEE NAME OF THE CONTACT PERSON	: MANAGING COMMITTEE : MR. BRAJA GOPAL SAHOO	MANAGING TRUSTEE	: DR. RAJANI KANTA DOLOI, SECRETARY
TELEPHONE NO.	: 03220-284060, 284388, 258510	NAME OF THE CONTACT PERSON	: DR RAJANI KANTA DOLOI
MOBILE NO.	: 9434369743	TELEPHONE NO.	: 033-23513726, 23539806,
FAX	: 03220-284388	MOBILE NO.	: 09831076919
EMAIL	: kgp_vineti@sancharnet.in	FAX	: 033-23513726
REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES	EMAIL	: rkdoloi@satyam.net.in
YEAR OF INCORPORATION	: 1982-83	REGISTERED UNDER SOCIETY REGISTRATION ACT	: YES
TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 2 DORMITORY 23 TOTAL 25	YEAR OF INCORPORATION	: 1988
PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE FEMALE 25 TOTAL 25	TYPE & QUANTUM OF ACCOMMODATION	: SINGLE DOUBLE 18 DORMITORY 32 TOTAL 50
NO. OF SEATS OCCUPIED	: 25	PERSONS ACCEPTED & QUANTUM OF SEATS	: MALE 28 EMALE 22 TOTAL 50
NO. OF SEATS VACANT	:	NO. OF SEATS OCCUPIED	: 50
TYPE OF FACILITY	: FREE	NO. OF SEATS VACANT	:
ANNUAL CHARGES IF APPLICABLE	:	TYPE OF FACILITY	: FREE
TYPE OF FOOD	: VEG & NON-VEG	ANNUAL CHARGES IF APPLICABLE	:
ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: YES	TYPE OF FOOD	: VEG & NON-VEG
W.C. FOR ORTHOPAEDIC CASES	: YES	ACCEPT MEDICAL CARE/ CONSTANT ATTENDANCE CASES	: NO
W.C. FOR ORTHOPAEDIC CASES	:	W.C. FOR ORTHOPAEDIC CASES	: NO

WEST BENGAL		Other Old Age Homes	
1.	BRIDHA ASHRAM SISTERS OF CHARITY KRISHNAAGAR NADIA DISTRICT 741 101		
2.	LIGHT HOUSE FOR THE BLIND 174, S.P. MUKHERJEE ROAD KOLKATA 700 026		
3.	NAVA NIR HOME FOR THE AGED 5/1, RED CROSS PLACE KOLKATA 700 062 PH: 033-2489732		
4.	RAMAKRISHNA SANGHA (ADYAPITH OLD AGE HOME) ADYAPITH KOLKATA 700 076		
5.	SAROJ NALINI DUTTA MEMORIAL 23, BALLYGANJ STATION ROAD KOLKATA		
6.	VIVEKANANDA CHILD WELFARE HOME VILL. & PO. KAKDWIN DIST. SOUTH 24-PARGANAS		