National Institute of Public Cooperation and Child Development

Database on Orphanages under Women and Children (Licensing) Act, 1956 Information Sheet

1.	Name of the	:					
2.	Name of con	tact person & designation	:				
3.	Complete po	stal address		:			
4.	Telephone N	o. (with STD)	:				
5.	Fax No.			:			
6.	E-mail Addre	SS		:			
7.	Type of Orph	anage (Please Tick)	:	Orphana	age/Shelte	er Home	
Legal St	atus of the Or	ganisation			Boys/Gi	rls/Both	
8.	Year of estab	lishment ?		:			
9.	Whether the If yes, under	orphanage is registered ? which Act(s)	:	Yes/No			
	a.	Societies Registration Act, 1860		:			
	b.	State Societies Registration Act, (Please specify name of the Act)			:		
	c.	Indian Trust Act, 1882			:		
	d.			:			
	e.	Charitable and Religious Trust Ad	ct, 1920		:		
	f.			:			
	g.			:			
	h.	Multistate Cooperative Society A 1942 1984 2002	Act		:		
	i	Any other (specify)					
10.	Date of regist	tration and registration number			:		
11.	Whether lice	nsed under Women and Children t), 1956				:	Yes /No

If ye	s, License No	o. & date.				:					
12.	State/Gov	phanage is r t./NGO/Trus	st	se Tick)		:					
13.	IVIISSIOI	n of the orga	inization?				:				
14.	Vision	of the organ	ization ?				:				
15.	Numbe	er of Childrei	n in Home								
	a.	Capacity					:				
	b.	Present s	trength				:				
				No.	of childre	n available	!				
	0-6			7-11			12-18		18 & above		
В	G	T	В	G	Т	В	G	Т	В	G	Т
B: Bo	oys, G: Girls, Are seț (Please	oarate childr	en homes t Yes/No	oeing maint	ained for b	ooys and gi	rls in the a_i	ge groups	of 10	0 to 18 yea	ırs?
17.	Catego	ries of child	ren, orphan	age caterin	g to? (Plea	se tick)					
	 a. Orphan b. Destitute c. Street children d. Children with parents (temporary shelter) e. Run away children 										
18.	Is main	tenance of o	case files is	being done	? (Please ti	ck) Yes	/No				
19.	Is indiv	idual care pl	lan is prepa	red as per e	each child's	requirem	ent? (Pleas	se tick)	Yes/N	No	
20.	Tasks and	activities of	the organiz	ation.							
(a)	Education (please tick) : Formal/Non-formal In case of formal education, kindly mention The number of children going to										

	i)	School run by orph	anage	:	Boys		
						Girls	
	ii)	School run by Gov	i.		Boys		
						Girls	
	iii)	Whether children in Non-formal educate the number in each	tion? Kindly state	:	Boys		
						Girls	
(b)	Activitie	s related to child hea	alth	:	1)		
						2)	
						3)	
(c)		r providing vocational elopment ? (Please t		:	Yes/No		
	If yes, Vo	ocations under this c	ategory				
1) 2)							
3)							
(d)	Recreati	onal Facilities	(Please tick)				
		•	indoor games outdoor games				
		•	television/radio				
		•	library				
(e)	Medical	Care					
	•	Visit of a doctor/m	edical practioner fo	r health check up?		Yes/No	
		If yes, how frequer	ntly (please tick)	weekly	fortnight	tly	monthly
	•	Is medical record r Yes/No	naintained including	g weight, height, sich	kness, phy	rsical ment	tal problems etc. (Please tick)
	•	Is there sufficient r	medical equipment	to handle emergend	cies? (Plea	se tick)	Yes/No

21.	Human ı	esource of	the organization	n? :							
	Staff in p	osition wit	h number								
S. No	Design	ation	Full Time	Part Time	Honorary	Paid	Total number				
22.	Financia	l resources	of the organizat	ion :		Į.					
		App. Annual Budget : Sources of finance :									
	-	cash			:						
	-	kind labo	ur								
23.	Infrastru	cture and S	Standards of Car	e maintained in	the institution.						
	>	Building (Please tick)	O	wned	Hired	Donated	ŀ			
	>		nber of rooms		1						
	>	Do separate facilities/homes being maintained for boys and girls above 10 years.(Please tick) Yes/No									
	>	Is safe dri	nking water ava	ilable?	Yes/No						
	>	Availability of proper system of drainage and garbage disposal? Yes/No									
	>	Availabilit	ty of sufficient n	? \	Yes/No						
	>	Is daily ro	utine being follo	١	Yes/No						
		If yes, kindly mention the activities.									
		1)									
		2) 3)									
	>		orepared with th Yes/No	e help of a nutri	tional expert to	provide bala	nced diet to child	ren?			

Yes/No

Whether tie-up with govt. hospital, health centers for referral of cases & immunization is done.(Please tick)

Management & Follow up

24.	Is there a management committee for the management of orphanage? Yes/No							
	If yes, how many members are there?							
25.	Number of meetings being taken? (please tick)monthly quarterly							
	yearly							
26.	Is any inspection being done by the State Government ? Yes/No							
	If yes, how frequently Quarterly Half yearly yearly							
27	Till what age, child stays in the orphanage? (Age in years)							
28.	Is any follow up being done after discharge of the child from the orphanage?							
29.	Rehabilitation is done through							
	 Help them get jobs in after vocational training Get them married off especially in case of girls Choice is given to go and make their life independently Any other 							
30.	Any other information you would like to provide.							

Name & Signature