



OES PROGRAMMES

IF YOU ARE AN NGO/GO & WOULD LIKE TO AVAIL THE OUTREACH & EXTENSION SERVICES OF AYJNIHH KINDLY MAIL US THE PRE-PROGRAMME QUESTIONNAIRE THROUGH THE DISTRICT COLLECTOR/DISTRICT MAGISTRATE

(Please fill/tick whatever is applicable and send it back to us through the District Magistrate/Collector)

1. Name of organization: _____
Address of your organization: _____

PIN CODE: _____
2. Communication Facilities: (Specify number/code)
Telephone Number: _____ Mobile Number : _____
E-mail: _____ Fax Number : _____
3. Authorization of the Organization/Institute:
1.1 Registration no: (if any): _____
1.2 Area of Activity: _____
1.3 Nature of Organization/Institute: GO/NGO
1.4 If NGO: Trust/Society/Club/Any other give details : _____
4. Publicity facilities available with contact address:
a) AIR Station _____ b) T.V. Center _____
c) Press Clubs _____ d) Cinema Halls _____
e) Newspapers (specify name of local/regional dailies) _____
f) Cable operators: _____
g) Town Hall/Community Hall/ Public Meeting Place: _____
h) Any other (Specify): _____ i) Pre-programme publicity required: YES/NO
j) If Yes: What is methodology & strategy adopted or will be implemented (give details of publicity methods): _____
5. Major Languages spoken in the area (Specify):
a) _____ b) _____ c) _____ d) _____
6. Type of Outreach & Extension Service Programme Requested from AYJNIHH:
6.1.:Pre-programme Publicity
6.2. Diagnostic Camp for Persons with Hearing Impairment:
6.3. Follow-up Camp for Persons with Hearing Impairment:
6.4. Training cum Orientation Programme
6.5. Screening & Identification of Persons with Hearing Impairment
6.6. Fitment service for persons with hearing impairment
7. Type of area where (venue) programme is to be held Rural/Urban/Semi Urban
8. Community health workers at grass- root level available : YES/NO
If YES: Number _____
9. Rehabilitation facilities available in the District of OES programme requested if any with Contact Name & address & Telephone Number if any:
a) Primary Health Centre Rehab. Unit: _____
b) District Disability Rehabilitation Centre _____
c) Voluntary Organization (Specify): _____
d) Any Other Govt/Non- Govt. rehabilitation Centres in the District(Specify): _____
10. Educational Facilities available Near your organisation :(Specify the number with Contact Address.)
a) Balwadis _____ b) Anganwadis _____ c) Primary School)Colleges _____
f) Special Schools for (HH , OH , VH , MH children)
11. Vocational Training Facilities for persons with/without Disabilities (Number with Contact Address)
a) Vocational Rehabilitation Centre _____ b) ITI _____ c) Other Training Centres (Specify): _____
12. Target Group of the OES Programme: (Specify Expected Number)
a) General Public : _____ b) School Children (Special / normal) _____
c) Senior Citizens: _____ d) Preschool Children: _____
e) Women: _____ f) Any other (Specify) : _____

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13. a) Number of OES programme beneficiaries expected:
 - b) Age/Gender group of beneficiaries(if known/available) :
14. This programme will be:
 - a) Only for speech & hearing handicapped: Yes/No.
 - b) For different categories of handicap (Specify category)
 - c) Clubbed with some other programme (Specify name of the programme)
15. The purpose of organizing the OES program: (In maximum 50 words)
16. Nearest railway station /Airport/Bus Depot and convenient mode of transport to reach the place.
 - 15.1.Name of the Venue intended Programme:
 - 15.2.Number of days proposed for the programme:
17. Facilities that will be made available free of cost at the Venue of the Programme:
 - 17.1. Electricity: (from 9am to 6pm):YES/NO
 - 17.2. If not available will Generator facility provided as alternative: YES/NO
 - 17.2. LCD Projector with white screen: YES/NO
 - 17.3. T.V. with VCD/DVD : YES/NO
 - 17.4. Powerpoints & light: (in all the rooms/hall) : YES/NO
 - 17.5. Number of Rooms with Tables & Chairs/Hall (Minimum of 3 Rooms 10x20 ft size & 1 Hall 20x40 size is required): Specify Number with size details:
18. Health facilities available:
 - a) District Hospital: Name and contact address:
 - b) Private clinics / Nursing homes of ENTs Ophthalmologists, Orthopedic Surgeons, Psychiatric, Pediatricians.:
 - c) Primary Health Centers: Number & contact address:
 - d) Mobile Units: (if any) with contact address:
 - e) Medical College Hospital: Name with Contact Address:
 - f) Any other (Specify):
- 19.Willingness to provide follow-up facility for identified beneficiaries: YES/NO
 - 19.1.Conduct Follow-up camp for waitlisted beneficiaries: YES/NO
 - 19.2.1.Preschool:YES/NO
 - 19.2.2.Service Centre : YES/NO
 - 19.2.3.Ear mould lab: YES/NO
 - 19.2.4.School/College : YES/NO
 - 19.2.5.Vocational Training Centre
 - 19.2.6.Any other follow-up method : YES/NO
19. Any other information you wish to add :

SIGNATURE & SEAL OF ORGANISATION
(with full assurance for collaboration during the OES programmes)

METHODOLOGY FOR AVAILING THE OES PROGRAMME BY GOs/NGOs:
(application should be routed through the District Collector/District Magistrate)

If the organization is ready to meet the following terms and conditions:

- i) Fulfilling the conditions of:
 - a) Pre-requisites of the programme
 - b) Providing us with the Pre-programme information & implement the same.
- ii) Identify a suitable organization who could be responsible to start a pre-school/service center/Ear-mould lab/Follow-up of identified beneficiaries
- iii) Identify a Mutually agreeable date/s for the OES programme:
- iv) **Forwarding the application through the District Magistrate/Collector.**

Contact us by Mail/E-mail:

The Director

Ali Yavar Jung

National Institute for the Hearing Handicapped,

(Ministry of Social Justice & Empowerment)

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