



आरोग्यार्थं मनःस्वास्थ्यम्

वेबसाइट / Website: <https://nimhr.ac.in>, फोन / Phone : 07562-223960, ईमेल / Email: [nimhrsehare@gmail.com](mailto:nimhrsehare@gmail.com)

राष्ट्रीय मानसिक स्वास्थ्य पुनर्वास संस्थान सीहोर

National Institute of Mental Health Rehabilitation, Sehore

दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार

Department of Empowerment of Persons with Disabilities (Divyangjan),

Ministry of Social Justice & Empowerment, Govt. of India

एन. एच. 46, भोपाल इंदौर हाइवे, शेरपुर, सीहोर, मध्य प्रदेश - 466001

N.H. - 46, Bhopal Indore Highway, Sherpur, Sehore, Madhya Pradesh - 466001

File No.: NIMHR/ EOI ( E )/ 2024-25/1448

Date : 08/01/2025.

### **Invitation for EoI (Expression of Interest)**

National Institute of Mental Health Rehabilitation (NIMHR) is a Central Autonomous Institute under the Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Government of India working in the area of mental health and rehabilitation with the following broad objectives:

- To promote mental health rehabilitation using integrated multidisciplinary approach.
- To promote and undertake capacity building and to involve in developing trained professionals in the area of mental health rehabilitation.
- To engage in research and development and policy framing towards promoting mental health rehabilitation services.

As a part of extension of services, we would like to collaborate with Non-Governmental Organizations (NGOs) in activities like skill training, awareness activities, students training and placements etc. In this context, interested NGOs may provide their draft MoUs indicating their proposed activities. Such MoUs will have purely no financial implications from the ends of the respective NGO and NIMHR.

All interested NGOs shall have to submit a request letter on their letterhead duly signed along with copy of draft MOU. The above documents are required to be sent at the following address:

“The Director, National Institute of Mental Health Rehabilitation, NH-46, Bhopal Indore Highway, Sherpur, Sehore – 466001 (M.P.)”

Alternatively, the interested NGOs may submit their proposal directly on email: [nimhrsehare@gmail.com](mailto:nimhrsehare@gmail.com).

The last date for submission of proposal shall be one month after the circulation of notification.

Sd/-

डॉ. नरेन्द्र कुमार,

उपकुलसचिव (कार्य.) रा.मा.स्वा.पु.सं., सीहोर



“हम हिंदी में पत्राचार का स्वागत करते हैं।”



**Proforma to be submitted by NGOs on their letterhead duly filled, signed and stamped**

<b>01.</b>	<b>Introduction</b>																																																		
(i)	Name of the organization																																																		
(ii)	Abbreviation name of the organization, if any																																																		
(iii)	Address of the organization (a) Mailing / Correspondence office (b) Visiting office																																																		
(iv)	Contact Person (a) Name (b) Designation/ Title (c) Telephone Number: Landline Mobile Email																																																		
(v)	Address, if different from (iii)																																																		
<b>02.</b>	<b>Identity/ Legal Status</b>																																																		
(i)	Is organization registered (provide registration certificate)																																																		
(ii)	If Yes, Under																																																		
(iii)	Year of registration																																																		
(iv)	Since how long it is operational (No. of years)																																																		
(v)	Operational area of the organization State/s District/s Block/s Village/s																																																		
(vi)	Whether organization is registered under FCRA (provide copy)																																																		
(vii)	Whether it is registered under Income Tax (provide copy)																																																		
<b>03.</b>	<b>Programmes/ Projects of the Organization</b>																																																		
(i)	Thematic Areas of intervention																																																		
(ii)	Core competency area																																																		
(iii)	Current projects / programs with Govt. (on going)	Please attached Separate Sheet, if required.																																																	
	<table border="1"> <thead> <tr> <th>S. No.</th> <th>Name/ Title of the Project</th> <th>Duration</th> <th>Sponsors</th> <th>Target Area</th> <th>Target Group</th> <th>Project Cost Total/ Yearly</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	S. No.	Name/ Title of the Project	Duration	Sponsors	Target Area	Target Group	Project Cost Total/ Yearly																																											
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(iv)	Project / program in last five years with Govt. support	Please attached Separate Sheet, if required.																																																	
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<b>04.</b>	<b>Governance</b>																																																		
(i)	What are VMG (vision, mission, goal) of the organization-																																																		

	Attach required document																
(ii)	Are those reflected in program / activities taken by the organization																
(iii)	Does organization have a governing board																
(iv)	If yes, what is tenure of board (in year) & Nature Fixed or Rotating																
(v)	Give details of Board Members (current status) <table border="1"> <thead> <tr> <th>S. No.</th><th>Name &amp; Address</th><th>Gender</th><th>Occupation</th><th>Position/ Designation (Including Chief Executive)</th></tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>....</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	S. No.	Name & Address	Gender	Occupation	Position/ Designation (Including Chief Executive)						....					Please attached Separate Sheet, if required.
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....																	
(vi)	Which of the Board members receive salary / remuneration for services apart from the expenses for attending board meetings																
(vii)	Are minutes of Board meeting documented and circulated among Board members If yes please attached																
(viii)	Dates of Board meeting when the Board approved the following in the Year 2024-25 <table border="1"> <thead> <tr> <th>S. No.</th><th>Items</th><th>Date of Meeting</th></tr> </thead> <tbody> <tr> <td>(a)</td><td>Budget for the year</td><td></td></tr> <tr> <td>(b)</td><td>Programme of the year</td><td></td></tr> <tr> <td>(c)</td><td>Annual report including financial report</td><td></td></tr> </tbody> </table>	S. No.	Items	Date of Meeting	(a)	Budget for the year		(b)	Programme of the year		(c)	Annual report including financial report					
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(b)	Programme of the year																
(c)	Annual report including financial report																
(ix)	What are sources of fund for the organization Corpus Endowment Donation Govt. Grant Donor's grant(foreign) Other if others specify																
<b>05.</b>	<b>Management/ Administration</b>																
(i)	Briefly mention administrative set up below chief executive – (flow chart)																
(ii)	Are role and responsibility of staff clearly defined	Yes/ No															
(iii)	Are staff issued with letters of appointment / contract	Yes/ No															
(iv)	Has organization the manual of personnel policy & administration	Yes/ No															
(v)	Does the organization plan and periodically review its programmes/Activities (Kindly attach supporting documents for the points mentioned under no. 5)	Yes/ No															
<b>06.</b>	<b>Financial Management</b>																
(i)	Whether there is an Internal audit system	Yes/ No															
(ii)	If yes, who conducts Internal audit	In-house personnel/ Outside agency															
(iii)	Periodicity of Internal audit report	Monthly/ Bimonthly/ Quarterly/ Half Yearly/ Annually															
(iv)	Whether accounts are audited by external auditor	Yes/ No															
(v)	Do you have system of Internal control	Yes/ No															
(vi)	If yes, specify																



(i)	Is/are any founder/co-founder/member/employee/consultant (or their relatives) of the organization is working in the NIMHR, Sehore	Yes/ No
(ii)	If yes, details may be provided	
<b>13.</b>	<b>Details of Inquiry/ Blacklisting (If Any)</b>	
(i)	Whether your organisation is debarred/blacklisted	
(ii)	If yes, details thereof	
(iii)	Please give details If any financial inquiries done/ pending/contemplated (Govt./ Other) If Yes: Please give details	
<b>14.</b>	<b>NGO Darpan Unique ID</b> If yes, please give details	Yes/ No

**Declaration:**

I declare that all the information given above are true and correct to the best of my knowledge and belief.  
If information provided is found false or suppressed, necessary action as deemed fit may be taken.

(Signature and Seal of authorised person)

**Annexure:**

Attach self-attested photocopies of supporting documents as means of verification)

Total number of annexure: .....(please name and number each annexure)

- I. Registration certificate
- II. Minutes of last meeting of Governing Board
- III. Annual report (last year)
- IV. Audited statement (last 3 years)
- V. Current staff list (with No., qualification, experience and date of joining of organization)
- VI. Evaluation report available (only summary & recommendation part)
- VII. Contract letter of Govt. depts. and donors both for development project and watershed projects available with organization (last 3 to 5 years)
- VIII. Any other documents.