

Information of BVHA Members

1.	Name of the Organization LkLFkk dk uke	Arunalaya health center
2.	Year of Establishment/ LFkki uk dk o"kl	1992
3.	Is your organization is registered (Please write). D; k vki dh l LFkk i at'hd'r gS \ (d'l; k fy [k]) a. Under Societies Reg. Act 1860 b. Trust. c. Under Diocese.	Under diocese
4.	Is your organization is FCRA registered ? (Please write). D; k vki dh l LFkk , Q-l h-vkj- , - i at'hd'r gS \ (d'l; k fy [k])	NO
5.	Address for Correspondence. lk=kkpkj dk irk	Arunalaya health center'pakkadi kothi Barharwa P.O,Sitamarhi,843315
6.	Phone / Fax / Email. Oku @ QDI @ b&ey	9507505902/ 9661614616
7.	Contact Person / l á d'l 0; fDr	9507505902
8.	Main Target Population / ed; y{; l eg	Marginalised and poorest
9.	Operational Area of the organization/ LFkk dk dk; l {ks= Dist. / ftyk Block / i z[kM Total no. of Panchayat/ dty i pk; r Total no. of village/ dty xkb Total Population coverage/ dty tud [; k	Sitamarhi Suppi/Majerganj 8 18 64 000to 65 000
10.	Organization is working on which issue of health & development ? LokLF; , oa fodkl ds fdu epnka ij l LFkk dke dj jgh gS \	Health-G.[specially who has no reach to the better healthcare inhospitals.,TB]andSHG for women/and literacy to the Charvaha children[MUZAHAR]
11.	Source of Economic support (Please write the name). vkfFkd l g; ksx ds l kr (d'l; k uke fy [k])	a. Govt. (Please write the name of sputumcollection and transportaionDept.) / l jdkjh vupku b. International / varjk'Vh; c. Other source / vU; l kr [Di ocee]- IDW