

Information of BVHA Members.

1.	Name of the Organization LkLFkk dk uke	CHHATRA CHHAYA
2.	Year of Establishment/ LFKki uk dk o"kl	2000 - 2001
3.	Is your organization is registered (Please write). D; k vki dh l LFkk i athdr gS \ (dl; k fy [k]) a. Under Societies Reg. Act 1860 b. Trust. c. Under Diocese.	Yes, (u) Under Societies Registration act 1860,21
4.	Is your organization is FCRA registered ? (Please write). D; k vki dh l LFkk , Q-l h-vkj- , - i athdr gS \ (dl; k fy [k])	NO
5.	Address for Correspondence. lk=kkpkj dk irk	Purani Bazar, Lakhisarai Near Mahadev Cinema, Po+Dist – Lakhisarai
6.	Phone / Fax / Email. Oku @ QDI @ b&ey	07870707337, 09852666433 chhatrachhayalkr@rediffmail.com
7.	Contact Person / l á dl 0; fDr	HARIOM PRASAD(SECRETARY)
8.	Main Target Population / ed; y{; l eg	Marginalized class of society
9.	Operational Area of the organization/ LkLFkk 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	Lakhisarai, Sheikhpura, Bhagalpur
10.	Organization is working on which issue of health & development ? LokLF; , oa fodkl ds fdu epnka ij l LFkk dke dj jgh gS \	T.B, Immunization , Self employment
11.	Major programme of organization in the last 2 years (Please write the name of programme). fi Nys nks o"kkā ea l LFkk ds }kjk pyk; s x; s ed; dk; bde (dl; k dk; bdeka ds uke fy [k])	T.B, Immunization , School Health Check-Up Programme , Environment , SHG Formation , Vocational Training etc.
12.	Source of Economic support (Please write the name). vkfFkd l g; ksx ds l kr (dl; k uke fy [k])	a. Govt. (Please write the name of Dept.) / l jdkjh vupku Govt & b. International / v r j k V h; Non Govt

		c. Other source / vll; I kr Grant
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