

**Form FC-6**  
[See rule 17(1)]

To  
The Secretary to the Government of India  
Ministry of Home Affairs, NDCC- Building, Jai Singh Road,  
New Delhi - 110001

**Account of Foreign Contribution for the year ending on 31st March , 2013**

1 Association Details

(i) Name and Address

**The Voluntary Health Services**  
T.T.T.I. Post, Adyar, Chennai - 600 113.  
Tamil nadu  
075900485/dated 13/07/1988  
Not Applicable

(ii) Registration Number and date [Under the Foreign Contribution (Regulation ) Act, 2010] (42of 2010)

(iii) Prior permission number and date, if not registered

**Social**

(iv) Nature of association

**Not Applicable**

(v) Denomination in case of religious association

2 (i) Total number of foreign contribution received during the year

**Rs.5,48,06,301/-**

(ii) Interest earned on the foreign contribution during the year

**2012 - 2013**

(a) In the designated bank account

**Rs.3,55,109/-**

(b) On investments made (Fixed Deposit Receipt etc) during the year or in the preceding years

**Rs.0**

0

| 3 | Purpose(S)<br>for which<br>foreign<br>contribution<br>has been<br>received | Sl.no        | Purpose   | Previous<br>Balance |          | Receipt During the year |          |                      |          | Utilised        |                    | Balance  |                  |          |
|---|--|--------------|---|---------------------|----------|-------------------------|----------|----------------------|----------|-----------------|--------------------|----------|------------------|----------|
|   |  |              |   | In cash             | In Kind  | As first recipient      |          | As Second<br>receipt |          | Total           | In cash            | in kind  | In cash          | in kind  |
|   |  |              |   | In cash             | In Kind  | In cash                 | In Kind  | In cash              | In Kind  |                 | In cash            | in kind  | In cash          | in kind  |
|   |  |              |   |                     | 0        | 0                       | 0        | 0.00                 | 0        | 0.00            | 0.00               | 0        | 0.00             | 0        |
|   |  | 1            | Construction/Running of<br>Hospital/dispensary/Clinic   | 55,38,807.99        |          | 2721400                 |          | 355109               |          | 3076509         | 8442365            |          | 172951.99        |          |
|   |  | 2            | Awareness about acqired Immune<br>Deficiency Syndrome<br>(AIDS/Treatment &<br>Rehabilitation of persons affected<br>by AIDS | 2697605.5           |          |                         |          | 52084901             |          | 52084901        | 54782506.5         |          | Nil              |          |
|   | (in rupees)  | <b>Total</b> |   | <b>8236413.49</b>   | <b>0</b> | <b>2721400</b>          | <b>0</b> | <b>52440010.00</b>   | <b>0</b> | <b>55161410</b> | <b>63224871.50</b> | <b>0</b> | <b>172951.99</b> | <b>0</b> |

|     |   | Sl.No | Purpose   | Specific Activity   | Address  |
|-----|---|-------|---|---|--|
| 3A. | Purpose(s)  | 1     | Construction/Running of Hospital/dispensary/Clinic  | Running of Hospital   | The Voluntary Health Services<br>T.T.T.I. Post, Adyar, Chennai - 600 113<br>Tamil nadu |
|     | for which   |       |   |   |  |
|     | foreign contribution has been received and utilized places with address of specific | 2     | Awareness about acquired Immune Deficiency Syndrome (AIDS/Treatment & Rehabilitation of persons affected by AIDS) | Technical Assistant component for HIV AIDS, Supporting Mapping Activities, NACP III STI Programme Mid Term Review STI Service, Conducting workshop, Aids Awareness campagin and Impact assessment study etc |  |

Caution : Submission of false information or concealment of material facts shall attract the relevant provisions of the Foreign contribution (regulation) Act, 2010 (42 of 2020) warranting appropriate action

- 4 Name and address of the designated branch of the bank and account number (as specified in the application for registration/prior permission or permitted by the Central Government)

A/c. No                   **000201000012974**  
Bank name               **Indian Overseas Bank, Adyar Branch**  
Address                   **Sardar Patel Road, Adyar, Chennai - 600 020**  
                                  **Tamil nadu**







|                             |              | <b>Individual Donors(B):-</b>                       |   |                         |            |                       |
|-----------------------------|--------------|---|---|-------------------------|------------|-----------------------|
|                             | 8            | Dr.Ram NarayanGopalkrishnan&<br>Ms.Sharada Vitalpur | No.9110, Stones Throw Lane<br>Missouri City, TX 77459 USA | for hospital<br>running | 31.03.2013 | 81046                 |
|                             |              | <b>Total (A + B)</b>                                |   |                         |            | <b>55161410.00</b>    |
| 6                           | Sl.No        | Country Name  |   |                         |            | Amount                |
| Country wise                |              |   |   |                         |            |                       |
| Receipt of                  | 1            | India   |   |                         |            | 5,24,40,010.00        |
| Foreign                     |              |   |   |                         |            |                       |
| Contribution<br>(in rupees) | 2            | United States of America                            |   |                         |            | 27,21,400.00          |
|                             | <b>Total</b> |   |   |                         |            | <b>5,51,61,410.00</b> |

### Declaration

I hereby declare that the above particulars furnished by me are true and correct. I also affirm that the foreign contribution has been utilised for the purpose(s) for which the association has been registered / prior permission obtained, to the best of my knowledge. I have not concealed or suppressed any fact.

Place : Chennai

Date : 05/12/2014



Signature of the Chief Functionary  
(Name of the Chief Functionary  
and Seal of the Association )

**CERTIFICATE TO BE GIVEN BY CHARTERED ACCOUNTANT**

*W*e have audited the account of **The Voluntary Health Services, T.T.T.I. Post, Adyar, Chennai – 600113, Tamil Nadu, Reg No 72 of 1958** for the year ending the **31<sup>st</sup> March 2013** and examined all relevant books and vouchers and certify that according to the audited account:

- (i) The brought forward foreign contribution at the beginning of the year was **Rs. 8236413.49/-**
- (ii) Foreign contribution of / worth **Rs. 55161410/-** Includes Bank Interest **Rs.355109/-** was received by the Association during the year **2012 - 2013**.
- (iii) The balance of unutilized foreign contribution with the Association at the end of the year **31.03.2013** was **Rs.172951.99/-**
- (iv) Certified that the Association has maintained the accounts of foreign contribution and records relating thereto in the manner specified in section 19 of the Foreign Contribution (Regulation) Act, 2010 (42 of 2010) read with rule 16 of the Foreign Contribution (Regulation) Act, 2011.
- (v) The information in this certificate and in the enclosed Balance Sheet and statement of Receipt and Payment is correct as checked by ~~me~~/us.

Place: Chennai

Date: 05/12/2014

For Aiyar & Co  
Chartered Accountants

*N. Sridharan*

Proprietor  
Name – N.Sridharan,  
Membership No – 020503  
New – No – 2, Old No – 184  
Rangarajapuram Main Road,  
Kodambakkam, Chennai – 600 024.



N. SRIDHARAN  
CHARTERED ACCOUNTANT  
MEMBERSHIP No. 20503



**THE VOLUUNTARY HEALTH SERVICES, CHENNAI 600113**  
**RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MACH 2013**  
**FOREIGN CONTRIBUTION ACCOUNT**

| <u>RECEIPTS</u>                    | <u>AMOUNT</u>         | <u>PAYMENTS</u>                                   | <u>AMOUNT</u>         |
|------------------------------------|-----------------------|---|-----------------------|
| Opening Balance                    |                       | Paid To APAC - VHS Technical Assistant Component  | 3,20,18,854.00        |
| Cash                               | Nil                   | Paid To SHARE VHS Project                         | 1,99,64,800.00        |
| Bank                               | 82,36,413.49          | Paid to CHARTERED - VHS for SANCD Project         | 23,97,339.00          |
| Contributions/Donations            | 27,21,400.00          | Paid to CHARTERED - VHS - Impact Assessment Study | 15,28,743.00          |
| Grants:                            |                       | Bank Charges                                      | 237.50                |
| Controller USAID New Delhi         | 3,12,18,214.00        | Chemicals and Disposable                          | 35,82,812.00          |
| Controller USAID New Delhi         | 1,99,64,800.00        | Equipment purchased                               | 37,32,086.00          |
| Public Health Foundation New Delhi | 9,01,887.00           | <u>Closing Balance</u>                            |                       |
| Interest on SB A/c.                | 3,55,109.00           | Cash  | Nil                   |
|                                    |                       | Bank  | 1,72,951.99           |
|                                    | <u>6,33,97,823.49</u> |   | <u>6,33,97,823.49</u> |

For Aiyar & Co.,  
Chartered Accountants



*N Sridharan*

N Sridharan  
Proprietor



For The Voluntary Health Services

*[Signature]*  
Honorary Secretary