

ANNEXURE -I

Document required to be furnished while seeking exemption u/s 11(1)(c) of the Income-tax Act, 1961

1. Certified copies of Trust Deed/Articles of Association & Memorandum of Association (as applicable) : please indicate the specific clause under which the activities proposed to be undertaken in Nepal is covered.
2. Copy of PAN card and jurisdiction where assessed to tax.
3. Copy of order granting registration u/s 12AA of the Income Tax Act
4. Amount in INR and year in which it is proposed to be remitted/incurred. (there should be separate break-up for financial remittances and amounts of relief materials to be send)
5. In case distribution of relief material is proposed, the manner of distribution alongwith requisite details as provided in Para 6 of the SOP.
6. Copies of the latest IT Returns alongwith Account Statements
7. Copy of the latest Income-tax Assessment Orders, if any in last five years
8. Details of pending prosecution launched by Income Tax Department, if any
9. Whether in cases of organisation registered under FCRA, 2010, it is desired to transfer foreign contributions received by them (in cash or in kind) to Nepal.
10. Details of any proceeding initiated/pending for violations of FCRA regulations, if any
11. Information/documents as prescribed in paras 5 to 9 of the SOP, as applicable.
12. A note on past experience in handling relief work for the disaster affected persons.
13. Sources from which remittances are proposed to be made.
14. A legally valid undertaking from the donor that it shall abide by the criteria prescribed by the Ministry of Finance, Government of Nepal in "National and International Non-Government Aid Mobilization Directory 2015" (enclosed as ANNEXURE-III)
15. Duly filled in and signed copies of Schedule-I/II appended to the above mentioned Directory (as applicable)

The applicant must give his email-id, phone number, fax number and complete address for correspondence.



नेपाल सरकार
गृह मन्त्रालय
(..... शाखा)
राष्ट्रिय आपत्कालीन प्रतिक्रिया-मन्त्रालय
गृह-मन्त्रालय

पत्र संख्या :-

प्राप्त पत्र संख्या र मिति :- ०११/७२

च. नं. :- ८९६

सिंहदरवार,
काठमाडौं, नेपाल ।

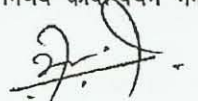
मिति :- २०७२/०२/०३.....

विषय :-

भूकम्प पीडितहरूका लागि आवश्यक राहत सामग्रीको सूची सम्बन्धमा ।

श्रीमान् सचिवज्यू
अर्थ मन्त्रालय, सिंहदरवार, काठमाण्डौ ।
श्रीमान् सचिवज्यू,
परराष्ट्र मन्त्रालय, सिंहदरवार, काठमाण्डौ ।
श्रीमान् सचिवज्यू,
वाणिज्य तथा आपूर्ति मन्त्रालय, सिंहदरवार, काठमाण्डौ ।
श्रीमान् सचिवज्यू,
सहरी विकास मन्त्रालय, सिंहदरवार, काठमाण्डौ ।

प्रस्तुत विषयमा केन्द्रीय दैवी प्रकोप उद्धार समितिको मिति २०७२/१/१७ गतेको बैठकबाट भएको निर्णयानुसार गृह, वाणिज्य, कृषि, अर्थ, सहरी विकास मन्त्रालयका सचिवहरूले संयुक्त रूपमा भूकम्प पीडितहरूका लागि आवश्यक पर्ने राहत सामग्रीको सूची तयार गरी केन्द्रीय दैवी प्रकोप उद्धार समितिका अध्यक्षबाट अनुमोदन गराई सार्वजनिक गर्ने भनी निर्णय भए अनुसार उक्त मन्त्रालयका सचिवहरूको बैठकबाट सिफारिस गरेको राहत सामग्रीको प्राथमिकिकरणको सूची यसै साथ छ । प्रस्तुत सूची परराष्ट्र मन्त्रालय मार्फत नेपाल स्थित विदेशी नियोगहरूलाई जानकारी गराउन, यसै बमोजिमको राहत सामग्री मात्र भन्सारबाट भन्सार छुटमा ल्याउन दिन र यो सूची स्वीकृत भएको मितिले १० (दश) दिन सम्मको लागि मात्र भन्सार छुटको प्रावधान कार्यान्वयनमा रहने विषय समेत खुलाई राहत प्राप्त कार्यलाई क्रमशः संकुचित गर्दै लैजाने गरी नेपाल सरकार (गृह मन्त्रीस्तर) को मिति २०७२/०२/०३ गतेको निर्णयबाट उक्त सूची स्वीकृत भएको हुँदा उक्त निर्णय कार्यान्वयन गर्ने गराउने व्यवस्थाका लागि आदेशानुसार अनुरोध छ ।


लीलाधर अधिकारी
उप-सचिव


INDICATIVE LIST OF PRIORITY ITEMS
FOR RELIEF OPERATION

(UPDATED/REVISED LIST AS ON 14.05.2015)

NOTE:




1. VALID UNTIL FURTHER NOTICE IS ISSUED.
2. RELIEF MATERIALS RECEIVED OTHER THAN THOSE LISTED WILL BE CONSIDERED ON A CASE BY CASE BASIS AND WILL BE DEPOSITED IN THE CENTRAL OR DISTRICT WAREHOUSES.

| 1. | MEDICAL CONSUMABLES, DRUGS AND ORTHOPEDIC IMPLANTS/EQUIPMENT |
|------------------------|--|
| A. MEDICAL CONSUMABLES | |
| S.N. | GENERIC NAME |
| 1 | ADHESIVE TAPE 4" |
| 2 | ARM SILLING POUCHA |
| 3 | BABY OIL, 100ML |
| 4 | CAST PAD 6" |
| 5 | CAST PAD 4" |
| 6 | CERVICAL COLLOR |
| 7 | CHLOROXYLENOL 4.8% (DETTOL) 5LT |
| 8 | COTTON 400GM |
| 9 | CREPE BANDAGE 6" |
| 10 | CREPE BANDAGE 4" |
| 11 | CRUTCHES ALUMINIUM ALL SIZE |
| 12 | DISPOSABLE GOWN (NON-TRANSPARENT) |
| 13 | DISPOSABLE CAP |
| 14 | DISPOSABLE MASK |
| 15 | DISPOSABLE SYRINGE - 20ML |
| 16 | DISPOSABLE SYRINGE - 5ML |
| 17 | DISPOSABLE SYRINGE - 10 ML |
| 19 | DISPOSABLE SYRINGE - 50ML |
| 20 | ECG LEADES (CHEST LEADES) |
| 21 | ELASTOPLAST 4" |
| 22 | FISTULA NEEDLE |
| 23 | FOLEYS CATHETER |
| 24 | GALLY CUP |
| 25 | GAUZE THAN SUP DEL 18M*90C 450G |
| 26 | GLOVES EXAMINATION |
| 27 | GLOVES STERILE |

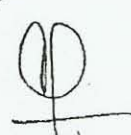
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|-----|---------------------------------------|
| 28 | HAND SANITIZER(HAND RUB) |
| 29 | HANDY PLAST |
| 30 | IV CANULA 18G |
| 31 | IV CANULA 20G |
| 32 | IV CANULA 22G |
| 33 | IV CANULA 24G |
| 34 | IV SET |
| 35 | PLASTER OF PARIS 6" |
| 36 | PLASTER OF PARIS 4" |
| 37 | POVIDON IODINE 5% - 100 ML |
| 38 | CATGUT/ PROLENE 2.0 CB |
| 39 | CATGUT/ PROLENE 3.0 CB |
| 40 | RECTIFIED SPIRIT 400 ML |
| 41 | ROLLER BANDAGE 6" |
| 42 | ROLLER BANDAGE 4" |
| 100 | SPINAL NEEDLE 25G |
| 45 | SURGICAL BLADE |
| 46 | SUTURE NEEDLE CUTTING BODY (ALL SIZE) |
| 47 | TRIANGULAR SLING |
| 49 | URO BAG |
| 50 | VICRYL 2-0 |
| 51 | VICRYL 3-0 |
| 52 | POLYGLYCON |
| 53 | NYLON MICROFILAMENT |
| 54 | SKIN STAPLE |
| 55 | SURGICAL GELFORM |
| 56 | FEBRILE GLUE |

| B. LIST OF DRUGS | |
|------------------|-------------------------|
| S.N. | GENERIC NAME |
| 1 | AMOX + CLAV 625 |
| 2 | AMOX+CLAV |
| 3 | AMICACIN INJ |
| 4 | ACECLOFENAC 100 |
| 5 | ALPRAZOLAM 0.25 |
| 6 | AMOXYCILLIN 250 |
| 7 | AMOXYCILLIN 500 |
| 8 | AMOXYCILLIN DIATAB 125 |
| 9 | AMPI + CLOX 500 |
| 10 | AMPI + CLOX DIS TAB 125 |


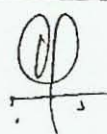
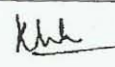




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|----|--|
| 11 | AMPI + CLOX DIS TAB 250 |
| 12 | AMPI + CLOX 500 |
| 13 | GENTAMYCIN 80 MG |
| 14 | ANALGESIC SPRAY |
| 15 | ANTACID |
| 16 | ANTICOLD |
| 17 | ATROPINE |
| 18 | AZITHROMYCIN 500 |
| 19 | AZITHROMYCIN SYR. 15ML |
| 20 | BUPIVACAINE HEAVY (SENSORCAIN)20 ML / VS |
| 21 | CALCIUM CARBONATE 500 |
| 22 | CEFEXIME SYR. 30ML |
| 23 | CEFIXIME 200 |
| 24 | CEFTRIAZONE SOD 1 GM/VS |
| 25 | CETRIZINE HCL 10 |
| 26 | CIPROFLOXACIN EYE/ EAR |
| 27 | CIPROFLOXACIN 2MG/ML - 100ML/VS |
| 28 | CIPROFLOXACIN 500 |
| 29 | CLINDMYCIN INJ |
| 30 | CLOTRIMAZOLE VAGINAL 100 (CANDID V6) |
| 31 | CLOXACILLIN 500MG/VS |
| 32 | CO-TRIMOXAZOLE DS |
| 33 | COUGH EXPECTORANT 100ML (VASODRYL EXP.) |
| 34 | COUGH EXPECTORANT PAEDIATRIC 60ML |
| 35 | DEXTROSE SALINE SOLUTION 500 ML (DNS) |
| 36 | DICLOFENAC GEL 30GM |
| 37 | DICLOFENAC SOD 25MG/ML - 3ML/AMP |
| 38 | DICLOFENAC SODIUM/ POTASSIUM 50 |
| 39 | DOMPERIDON SYP. 30ML |
| 40 | DOXYCYCLINE 100 |
| 41 | ETOPHYLINE + THEOP R 300 |
| 42 | FERROUS SULPHATE 200 |
| 43 | FLUCLOXACILLIN 500 MG |
| 44 | FLUCLOXACILLIN 500 MG INJ |
| 45 | INJ CLOXACILLINE 500 MG |
| 46 | INJ CEFAZOLIN 1GM |
| 47 | INJ VANCOMYCIN 300 MG |
| 48 | INJ PANTRAPRAZOL |
| 49 | INJ OFLOXACINE |
| 50 | HAEMACEL INJ |
| 51 | HYDROCORTISONE SUCCINATE 100MG/CS |
| 52 | HYOSCINE BUTYL BROMIDE |
| 53 | IBUPROFEN + PARACETAMOL |
| 54 | IBUPROFEN+PARACETAMOL SYR. 30ML |
| 55 | LEVOGETRIZIN 5MG |
| 56 | LIGNOCAINE 2% -30 ML /VS |
| 57 | MANITOL 20%, 100ML |
| 58 | METRONIDAZOLE 400 |

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| 59 | METRONIDAZOLE 5MG/ML 100ML/VS |
| 60 | METACLOPRAMIDE INJ 5MG/2ML |
| 61 | NEFIDIPINE 5MG |
| 62 | NEOSPORINE SKIN 15 GM. |
| 63 | NORFLOXACIN 400 |
| 64 | OMEPRAZOLE 20 |
| 65 | ONDANSETRON 2 MG/5ML SYP. 30ML |
| 66 | ONDANSETRON 4 |
| 67 | ORAL REHYDRA SALT 20 GM |
| 68 | PANTOPRAZOLE 40 |
| 69 | PARACETAMOL INJ |
| 70 | PARACETAMOL 60 ML SYR. |
| 71 | PROCHLORPERRAZINE 5 |
| 72 | PROPOFOL 10 MG / ML 20 ML /VS |
| 73 | RANITIDINE 150 |
| 74 | RANITIDINE 25MG/ML-2ML/AMP |
| 75 | RINGER LACTATE -500ML GLASS BOTTLE |
| 76 | SALBUTAMOL 4 |
| 77 | SILVERSULPHADIAZINE CREAM 250 gm |
| 78 | SODIUM CHLORIDE 0.9%-500ML(NS) |
| 79 | SOFRAMYCIN SKIN OINT |
| 80 | TINIDAZOLE 500MG |
| 81 | TRAMADOL 50MG/ML, 3ML |
| 82 | TAB CIFIXIME |
| 83 | ZINC |
| 84 | CHLORINE |
| 85 | INJ KETOROL 30 MG |
| 86 | INJ DOPAMINE |
| 87 | INJ NORADRENALIN |
| 88 | INJ MIDAZOLAM |
| 89 | INJ PROPOFOL |
| 90 | INJ THYOPENTONE |

| C. ORTHOPEDIC IMPLANT/EQUIPMENT | |
|---------------------------------|---|
| S.N. | MATERIALS |
| 1 | IM NAIL FOR FEMUR SIZE: 9-10X34-42 |
| 2 | IM NAIL FOR TIBIA SIZE: 8-10X26-36 |
| 3 | PLATES : DYNAMICS/RECONSTRUCTION (BROAD) |
| 4 | PLATES : DYNAMICS/RECONSTRUCTION (NARROW) |
| 5 | PLATES : DYNAMICS/RECONSTRUCTION (SMALL) |
| 6 | SCREW (CORTICAL AND CANCELLOUS) 3.5 |
| 7 | SCREW (CORTICAL AND CANCELLOUS) 4.5 |
| 8 | DRIL BITS 2.5 |
| 9 | DRIL BITS 3.5 |
| 10 | SMALL FRAGMENT SET |
| 11 | NARROW FRAGMENT SET |
| 12 | LARGE FRAGMENT SET |
| 13 | DHS SET |
| 14 | DCS SET |

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|----|--|
| 15 | AUSTIN SET |
| 16 | IM NAIL SET |
| 17 | IM CORROGATED SET |
| 18 | SPINE POSTERIOR INSTRUMENT SET(ZETA SYSTEM) |
| 19 | C-CAL RETRACTOR SYSTEM /PINS DISTRACTOR SYSTEM |
| 20 | C-CAL SPINE, ANTERIOR SET (ACDF PLATING SET) |
| 21 | HIGH SPEED BAR |
| 22 | DISPOSABLE DRAPES (SMALL) |
| 23 | DISPOSABLE DRAPES (LARGE) |
| 24 | BAR TO BAR CLAMP |
| 25 | COMPRESSION SCREW |
| 26 | CONNECTING ROD |
| 27 | CONNECTOR ROD 10" |
| 28 | CONNECTOR ROD 12" |
| 29 | CONNECTOR ROD 16" |
| 30 | CONNECTOR ROD 16" |
| 31 | CONNECTOR ROD 6" |
| 32 | CONNECTOR ROD 8" |
| 33 | DCP PLATE |
| 34 | DRILL BIT 3.5MM |
| 35 | EX-FIXED AUT |
| 36 | K - NAIL |
| 37 | K-WIRE 6" - 1.5 |
| 38 | K-WIRE 6" - 2.0 |
| 39 | K-WIRE 6" - 2.5 |
| 40 | L-KEY |
| 41 | PROSTHESIS |
| 42 | ROD TO ROD CLAMP |
| 43 | STEAMEN PIN |
| 44 | TUBULAR ROD 6" - 16" |
| 45 | UNIVERSAL CLAMP |
| 46 | WRENCH / SPANNER |
| 48 | BP SET |
| 49 | SUCTION SET |
| 50 | CUTERY MACHINE |
| 51 | ECG MACHINE |
| 52 | VENTILAR (PORTABLE) |
| 53 | C ARM |
| 54 | NEBULIZER |
| 55 | PORTABLE DENTAL COMPLETE SET |
| 56 | DENTAL X RAY |
| 57 | VENTILATORS |
| 58 | ANESTHESIA MACHINE |
| 59 | CAUTERY MACHINE |
| 60 | PORTABLE ULTRASOUND |
| 61 | BLOOD CULTIRE MACHINE |
| 62 | ECG MACHINE |
| 63 | PULSE OXYMETER |
| 64 | SEMIAUTOANALYSER |
| 65 | O2 CONCENTRATOR |


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| 66 | PORTALE X RAY MACHINE 100MM |
| 67 | OT TABLE |
| 68 | DELIVERY TABLE |
| 69 | OT LIGHT MOBILE |
| 70 | AUTOMATIC DEFRILATOR |
| 71 | COAGULOMETER |
| 72 | GLUCOMETER |
| 73 | DC BACK UP FOR 300 MM X RAY |

| | |
|-----------|---|
| 2. | SHELTER |
| SN | ITEMS |
| 1. | TARPAULINS /PLASTIC SHEETS/TENTS |
| 2. | MATS |
| 3. | BLANKETS |
| 4. | MOBILE TOILETS (FOR SCHOOLS AND CAMPS ONLY) |
| 5. | CHARGEABLE LAMPS (PREFERABLY SOLAR) |
| 6. | STORAGE BAGS |
| 7. | INFLATABLE WATER TANKS |
| 8. | GENERATORS (FOR SCHOOLS AND CAMPS ONLY) |

| | |
|-----------|-----------------------------|
| 3. | HYGIENE/SANITATION |
| SN | ITEMS |
| 1. | WATER PURIFIERS (HOUSEHOLD) |
| 2. | SANITATION KITS |
| 3. | FIRST AID KITS |
| 4. | AQUA TAB |
| 5. | PIUYUSH |

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|-----------|---------------------------|
| 4. | FOOD |
| SN | ITEMS |
| 1. | RICE |
| 2. | BITTEN RICE (RICE FLAKES) |
| 3. | WHEAT FLOUR |
| 4. | LITTO |
| 5. | LENTILS/PULSES |
| 6. | COOKING OIL |
| 7. | MILK POWDER |

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ANNEXURE -III

(5 pages)

Government of Nepal

Ministry of Finance

National and International Non-Governmental Aid Mobilization Directory,
2015

There is an urgent and immediate need of rehabilitation and reconstruction before the monsoon starts in the massive damages on educational, health and residential sectors caused due to the massive earthquake of April 25, 2015 and the aftershocks. Since it is desirable to effectively coordinate, manage and mobilize the National and International Non-Governmental Organizations, Charity organizations, Company or individuals (to be addressed as 'donor' hereafter) interested to support the GoN, this Directory has been prepared by including the essential criteria to be involved in the agreement with the donors. The donors are encouraged to provide cash assistance in the PM Disaster Rescue and Relief Fund as far as possible. The following criteria should be met in the agreement with the donors interested for Turn Key Model Assistance or Commodity Aid.

1. The donor must abide by the existing law, national policy and priorities of Nepal including Development Aid Policy, 2071.
2. The donor shall mobilize the aid within the limitation of Post Disaster Need Assessment as per the procedure, model, norms, standard and design fixed by the respective Ministry in the prescribed geographical region in a way not to make any duplication, by taking consideration of the international principles of humanitarian assistance.
3. The donor shall manage the fund for assistance from its Core Funding. The donor organization itself should declare in the format of Schedule-2 and include it as the annexure of the agreement that no resources and donation will be collected in the local level. If found to have collected any fund infra to this provision, the agreement will be automatically void.
4. The assistance program shall commence within one week of the Agreement and be handed over to the GoN after the due completion within the tenure mentioned in the Agreement.

5. The entire expenditure and accounts during the course of mobilizing the aid should be kept as per the existing Principle of Account and shall be audited compulsorily.
6. No violation of national integrity, sovereignty, religious, communal and social integrity or any efforts to adversely affect the national security policy shall be entertained while implementing the aid projects. Publicity with negative criticism or photographs with a view to adversely affecting the true attempt of disaster management shall not be allowed.
7. No religious, cultural and communal gesture or emblem shall be allowed while constructing school, hospital, health post, residences or any infrastructure in the local level. The aid cannot be mobilized on the basis of particular community, religion, race or region.
8. The aid shall not be misused apart from the agreed purpose, place or community.
9. The notice about the donor, the kind of aid and the place where the aid is being implemented, shall be published through the local media for the transparency and public responsibility.
10. The donor shall duly coordinate with the concerned government agencies, beneficiaries, local agency, community and local level Disaster Rescue and Relief Committee as per need.
11. Apart from the experts, human resources and materials that cannot be made available in the country, all the experts, human resources and materials shall be mobilized from Nepal as far as possible. While mobilizing the foreign experts, the recommendation/approval of the concerned Ministry of the GoN is essential.
12. The commitment and expenditure made by the donor agency shall be compulsorily kept in the record of the Aid Management Platform in a regular basis.
13. The concerned agency of the GoN shall monitor the aid and other actions of the donor. The name of the agency to monitor the program shall be mentioned in the Agreement itself. It is the responsibility of the donor organization to assist in such monitoring.
14. The donor organization shall not make any publicity or advertisement with a view to identifying the professional influence.
15. The Directory shall be effective up to 15 December, 2015.

16. The respective Ministry may sign MoU with the donor agency in the format of Schedule-1 within the above mentioned criteria. The information along with a copy of the Agreement shall be compulsorily submitted at the Foreign Aid Coordination Division of the Ministry of Finance.

Schedule-1

(In pursuant to Article 17 of National and International Non-Governmental Aid Mobilization Directory, 2015)

Format of the Agreement to be signed between the GoN and the Donor Agency interested to support the GoN for the rehabilitation and reconstruction program after the massive earthquake of 25 April, 2015:

| | |
|----|---|
| 1 | Name of the Project/Program |
| 2 | Name and Address of Donor |
| 3 | Background of the Project |
| 4 | Concept Approval Date |
| 5 | Objectives |
| 6 | Project Location |
| 7 | Project Activities |
| 8 | Expected Outcome/Results |
| 9 | Project Period |
| 10 | Project Cost |
| 11 | Source of Funding |
| 12 | Fund Flow Mechanism |
| 13 | Types of Assistance |
| 14 | Relevant Line Ministry |
| 15 | Reporting Mechanism |
| 16 | Project Implementation Details (Liabilities and criteria) |
| 17 | Exit Policy |

Signature:

On behalf of the GoN

Name, designation, address, office, stamp, date

On behalf of the donor

Name, designation, address, office, stamp, date

Schedule-2

(In pursuant to Article 2 of National and International Non-Governmental Aid Mobilization Directory, 2015)

Declaration regarding the resources and availability of the aid made by the Donor Agency interested to support the GoN for the rehabilitation and reconstruction program after the massive earthquake of 25 April, 2015:

On behalf of the donor..... I would like to declare the following commitments to be included as the annexure of the MoU as being interested to support the GoN for the rehabilitation and reconstruction program after the massive earthquake of 25 April, 2015:

1. The fund required for the assistance shall be made available from my/our own resources. It will not be collected in the local level.
2. The fund has been collected legitimately as per the existing law. The aid shall not be mobilized against the Money Laundering Policy.
3. The resources are available to implement the project as per agreement. No separate resource shall be sought after the agreement.
4. Any action as per the existing law shall be acceptable if found against the abovementioned declaration:

Name and address of the donor.....

Representative of the declaring donor.....

Contact No/Mobile No:

Email:.....

Signature.....

Stamp, if the donor is any organization.