APPLICATION FORM FOR STRATEGIC NGO COLLABORATION

Execution of Comprehensive Evidence-Based Healthcare Services & Digital Ecosystem Implementation (India & Global)

1. ORGANIZATION PROFILE

Full Legal Name of NGO			
Registered Address			
City / State		**Country**	
Years of Experience	*(In health delivery):*	**Website / URL**	
Primary Contact Person		**Designation**	
Mobile / Telephone		**Email Address**	
Legal Structure	☐ Registered Public Charitable Trust ☐ Registered Society ☐ Section 8 / Section 25 Company ☐ International Non-Profit / Equivalent		

2. LEGAL, REGULATORY COMPLIANCE & DISCLOSURES

Please ensure all applicable statutory registrations are active and valid.

Registration Number		**Date & Place of Incorporation**	
PAN (India)		**12A / 80G Registration No.**	
CSR Registration (CSR01 No.)		**FCRA Registration Status**	☐ Active ☐ Not Applicable
International Operations Clearance	*If applying for collaborations outside India, state compliance framework/clearance handled:*		
Legal or Sub-judice Cases	*Disclose any ongoing legal, regulatory, or sub-judice cases in India or abroad:* ☐ No Active Cases / Clean Record ☐ Yes, Case(s) Pending (Provide details below)		

3. OPERATIONAL TRACK RECORD & EXEMPLARY PROJECTS

Primary Areas of Healthcare Intervention

☐ Primary Healthcare Reach ☐ Rural & Remote Health Infrastructure
☐ Maternal & Child Health (MCH) ☐ Non-Communicable Diseases (NCDs) Screening
☐ Point-of-Care (POC) Diagnostic Deployments
☐ Telemedicine & Digital Health Consultations

Three Exemplary Projects

Project Title & Locality	Duration	Impact Analytics (Beneficiaries, outcomes, data tracked)
1. Locality:		
2. Locality:		
3. Locality:		

Existing Infrastructure Capabilities

☐ Brick-and-Mortar Community Clinics ☐ Mobile Medical Units (MMUs)
☐ Trained Paramedic / Community Health Worker Network
☐ Existing Cloud/IT Framework for Patient Records

4. PROPOSED COLLABORATION & PARTNERSHIP SYNERGY

Proposed Territory for Joint Initiative

☐ Rural/Remote India Heartlands ☐ Urban Slums/Under-served Pockets
☐ International Territories (Specify below)

Specific target districts, states, or nations:

Integration with DXTX Point-of-Care (POC) Tech

Describe your plan to deploy connected diagnostic devices, e-prescriptions, and continuous health trend analytics within your field operational flow to drive evidence-based medical clinical judgements:

Patient Data Privacy & Consent Compliance

Confirm agreement to implement robust data security and secure OTP-based or written patient consent frameworks for digital record streaming:

☐ Yes, we fully comply ☐ Requires custom alignment

Strategic Value Proposition
Why DXTX Should Partner With You?

Provide a short, definitive brief outlining your organization's unique grass-roots leverage, execution capabilities, or ecosystem alignment that ensures the joint success of this evidence-based delivery model:

5. CAPACITY, PERSONNEL & SUSTAINABILITY

Field Workforce Available for Training	☐ Full-time Registered Medical Officers ☐ Certified Nurses / Technicians ☐ Trained Paramedical staff / ANMs / ASHAs Total Estimated Healthcare Personnel Allocation for this project: _____
Funding & Sustainability Structure	☐ Self-funded / NGO Internal Accruals ☐ Tied corporate CSR sponsorships ☐ Government Grant/Subsidy integration ☐ Co-pay / Highly subsidized community model

6. DECLARATION & AUTHORIZATION

We hereby declare that all information, particulars, and documentation submitted within this application form are true, accurate, and valid to the best of our organizational knowledge. We understand that this application is an expression of interest for standard collaboration on evidence-based healthcare deliveries utilizing digital diagnostics and therapeutics at the point of care, and does not constitute a binding legal entity until a detailed Memorandum of Understanding (MoU) is executed between both parties.

_____
Authorized Signatory Name & Title

_____
Official Stamp / Seal of the NGO

Date: _____

Place: _____