



# JAITRINATH AROGYA SANSTHAN

जयत्रीनाथ आरोग्य संस्थान

## DETAILED PROJECT REPORT & DONOR PROSPECTUS

*"Seva Parmo Dharma" — Service is the Highest Duty*

**₹15 CRORE**

Total Programme Cost

**FY27 - FY30**

Implementation Period

**3 PHASES**

Phased Development Model

**Founder Chairman:** Shri Shrishti Narayan Jha

**Managing Director:** Akshay Narayan

**Foundation Stone:** 4 May 2026

**Project Site:** Paitghat, Lalganj-Lohana Road, Jhanjharpur, Madhubani, Bihar

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## Chapter 1 EXECUTIVE SUMMARY

*Project Overview, Vision & The Case for Funding*

Jaitrinath Arogya Sansthan is a charitable healthcare institution being established to serve underserved communities across Madhubani District and the broader Mithila region of Bihar. Conceived as more than a hospital, it is a long-term social institution dedicated to making quality healthcare accessible and affordable to every individual, irrespective of economic circumstances.

The institution is being developed under the stewardship of Shivhari Dharma Foundation Trust — a registered public charitable trust (registered office: Darbhanga, Bihar) — on Trust-owned land at Paitghat, Lalganj–Lohana Road, Jhanjharpur, Madhubani, Bihar. The project is structured as a phased, financially sustainable, and professionally governed development programme spanning Financial Year 2027 to 2030.

### THE HEALTHCARE CHALLENGE

Madhubani District, home to over 4.5 million people, faces a significant healthcare accessibility gap. Despite advances in national coverage, thousands of families still travel long distances for specialist consultations, bear high out-of-pocket costs, and lack nearby diagnostic or emergency services — leading to delayed diagnoses, avoidable complications, and financial distress.

### THE SOLUTION: A PHASED HEALTHCARE INSTITUTION

Jaitrinath Arogya Sansthan addresses this challenge through a three-phase development programme that will progressively build healthcare capacity — beginning with foundational OPD, Emergency, and ICU services, and expanding through specialty consultations, advanced diagnostics, day-care surgical procedures, and eventually a healthcare training and telemedicine hub.

### KEY PROJECT HIGHLIGHTS

<b>₹15 Crore</b> Total Programme Investment	<b>50,000+</b> Annual Beneficiaries at Maturity	<b>FY27–30</b> Implementation Timeline	<b>11,000 Sq.Ft.</b> Built-Up Area (G+4 Floors)
<b>3 Phases</b> Phased Development Model	<b>100+ OPD</b> Daily Patients at Full Operation	<b>10+</b> Medical Departments at Full Build-Out	<b>Not-for-Profit</b> Operating Model

### PHASED PROGRAMME SUMMARY



Phase	Title (Timeline)	CapEx (₹ Cr)	OpEx (₹ Cr)	Contingency (₹ Cr)	Total (₹ Cr)
Phase 1	Foundation of Care (FY27–FY28)	5.30	1.20	0.50	7.00
Phase 2	Community Expansion (FY29)	3.15	1.00	0.35	4.50
Phase 3	Advanced Care & Training (FY30)	2.45	0.90	0.15	3.50
<b>TOTAL</b>	Full operations by FY30	10.90	3.10	1.00	15.00

## INVESTMENT SUMMARY

Component	Amount
Capital Infrastructure Development	₹10.90 Crore
Operational Readiness & Service Delivery	₹3.10 Crore
<b>TOTAL PROGRAMME COST</b>	<b>₹15.00 Crore</b>

## THE CASE FOR FUNDING

Jaitrinath Arogya Sansthan represents a rare convergence of urgent community need, professional leadership, transparent governance, and a clear, time-bound implementation roadmap. Key reasons to invest in this initiative:

- Registered charitable trust with PAN, 80G certification, and NITI Aayog DARPAN registration
- Trust-owned land — eliminating land acquisition risk and cost
- Professionally managed by experienced leaders from Deloitte, Genpact, and PwC
- Phased model ensures early healthcare services while development continues
- Strong governance framework: Board of Advisors chaired by a former IAS Officer
- Not-for-profit operating model — 100% surplus reinvested into patient care and infrastructure
- Complete financial transparency: annual audits, donor utilisation reports, and project monitoring

## FUNDING REQUIRED

The Trust respectfully invites donors, corporate partners, philanthropic institutions, and well-wishers to contribute toward the ₹15 Crore programme cost. Contributions may be directed to specific phases, infrastructure components, equipment, or patient welfare funds — with transparent reporting and appropriate recognition at every level.

*We invite you to join us in building a healthcare institution that serves communities today and generations to come.*



## Chapter 2 PROJECT CONTEXT & NEED ASSESSMENT

*The Healthcare Imperative in Madhubani District*

### REGIONAL CONTEXT

The Mithila region of Bihar, anchored by Madhubani District, combines rich cultural heritage with significant socioeconomic challenges. With a population exceeding 4.5 million and a largely agrarian economy, the district suffers systemic under-investment in secondary and tertiary healthcare infrastructure.

While primary health centres (PHCs) provide basic care, patients needing specialist consultations, emergency stabilisation, diagnostic workup, or surgery must typically travel 80–300 km to Darbhanga, Muzaffarpur, or Patna — at significant personal expense and time cost.

### HEALTHCARE GAPS IDENTIFIED

Challenge Area	Current Situation	Impact on Communities
Specialist Access	Nearest multi-specialty facility 80+ km away	Delayed treatment, high travel costs, avoidable complications
Emergency Care	No well-equipped emergency unit locally	Critical delays in trauma and acute illness management
Diagnostics	Limited lab and imaging services locally	Delayed diagnosis, patients sent to distant cities
Inpatient Care	Insufficient bed capacity in the region	Patients turned away or treated in inadequate conditions
Maternal & Child Health	High out-of-hospital deliveries, poor MCH outcomes	Preventable maternal and infant morbidity
Preventive Health	Minimal awareness and screening programmes	Late-stage disease presentation, higher treatment burden
Healthcare Training	No local paramedical training infrastructure	Youth migration, local healthcare talent gap

### IDENTIFIED COMMUNITY NEEDS

Sustained community engagement by the Trust's leadership over several years revealed consistently recurring healthcare concerns across the region:

- **Accessibility:** Quality healthcare services within reasonable travel distance from communities
- **Affordability:** Services priced equitably with support for economically weaker sections
- **Reliability:** An institution that delivers consistent, ethical, and professional care



- Continuity of Care: Ability to support patients across multiple stages of treatment without referral to distant facilities
- Future Capacity: Infrastructure that grows with community needs and incorporates emerging healthcare technology

## WHY PAITGHAT, LALGANJ?

Paitghat, in Lalganj block of Madhubani District, sits at a geographic and demographic convergence point serving multiple surrounding villages and panchayats. The Trust owns the project land — eliminating acquisition risk — and the site benefits from reasonable road connectivity and proximity to underserved communities.

### Chapter 3 VISION, MISSION & VALUES

*The Institutional Character of Jaitrinath Arogya Sansthan*

## GUIDING PRINCIPLE

**"Seva Parmo Dharma" — Service is the Highest Duty**

## VISION

*To establish a sustainable charitable healthcare institution that delivers accessible, affordable, and high-quality healthcare services while continuously evolving to meet the changing healthcare needs of society.*

## MISSION

*To ensure that no individual is denied healthcare due to financial limitations and to create a trusted institution dedicated to service, compassion, medical excellence, community welfare, and human dignity.*

## CORE VALUES

Core Value	Principle	Operational Expression
Service	Placing community welfare at the centre	Every clinical and administrative decision evaluated against community benefit
Compassion	Treating every individual with dignity and empathy	Patient-centred care, respectful staff conduct, support for vulnerable patients
Integrity	Highest standards of honesty and accountability	Transparent governance, accurate reporting, ethical procurement
Excellence	Continuous quality improvement	Clinical protocols, staff training, accreditation pursuit



<b>Accessibility</b>	Healthcare for all sections of society	Sliding-scale fees, free care for the indigent, outreach programmes
<b>Sustainability</b>	Building institutions for future generations	Financial prudence, phased investment, surplus reinvestment

## FOUNDING PRINCIPLES

1. Healthcare Without Financial Barriers — Quality care irrespective of economic capacity
2. Service Before Self — Institutional mission above individual or commercial interest
3. Dignity for Every Individual — Universal respect regardless of caste, class, or background
4. Transparency and Accountability — Complete openness in governance and financial management
5. Sustainable Institution Building — Long-term planning over short-term expedience
6. Community-Centered Development — Shaped by the needs and participation of the communities served
7. Continuous Improvement — Commitment to learning, adapting, and evolving
8. Responsible Stewardship of Resources — Every rupee utilised with care and purpose

## Chapter 4 MESSAGES FROM LEADERSHIP

Founder Chairman & Managing Director

### MESSAGE FROM THE FOUNDER CHAIRMAN

**Shri Shrishti Narayan Jha | Founder Chairman, Shivhari Dharma Foundation Trust**

*Dear Friends, Well-Wishers, Supporters and Members of Society,*

It gives me immense satisfaction and gratitude to present the vision of Jaitrinath Arogya Sansthan — an initiative that has emerged from a lifelong belief that service to humanity is among the highest forms of worship.

Throughout my professional journey of more than thirty-five years in public service with Oriental Insurance Company Limited, I had the opportunity to witness the aspirations, struggles, and challenges faced by ordinary families in accessing healthcare, education, and essential social support. These experiences strengthened my conviction that lasting social change requires institutions built upon compassion, integrity, and service.

Following my retirement, I dedicated myself to community welfare and established the Pandit Hari Narayan Jha and Shiv Narayan Jha Educational and Social Support Trust in 2023 to support educational advancement, cultural preservation, and social development. As our engagement with communities expanded, one concern consistently emerged as a priority — access to affordable and quality healthcare.

Jaitrinath Arogya Sansthan represents the realisation of this vision. It is not merely a healthcare project but a long-term commitment to building an institution that places humanity, dignity, and compassion at the centre of every service. Our objective is simple yet profound: to ensure that quality healthcare remains accessible to every individual, irrespective of economic circumstances.

*I warmly invite you to join us in this journey of nation-building through healthcare and humanitarian service.*



With gratitude and deep respect,

**Shri Shrishti Narayan Jha**

## MESSAGE FROM THE MANAGING DIRECTOR

**Akshay Narayan | Managing Director, Jaitrinath Arogya Sansthan**

*Dear Stakeholders, Donors, Partners, and Community Members,*

Jaitrinath Arogya Sansthan is envisioned as a professionally governed charitable healthcare institution built upon the principles of service, accountability, sustainability, and excellence. Healthcare institutions are most impactful when they combine compassion with strong governance, social purpose with professional execution, and long-term vision with disciplined implementation.

The project has been carefully structured as a three-phase healthcare development programme spanning FY27 to FY30. This approach enables us to progressively develop infrastructure, operational capabilities, and healthcare services while maintaining financial prudence and institutional sustainability.

Professionally, I bring experience across leading organisations including Deloitte, Genpact, and PwC, where I have worked on business transformation, operational excellence, governance frameworks, financial management, and strategic execution — alongside a Mechanical Engineering degree and an MBA in Operations Management from Symbiosis. Through Jaitrinath Arogya Sansthan, I am committed to applying these professional principles toward building a transparent, accountable, and sustainable institution capable of creating measurable social impact.

*Success for this institution will not be measured solely by infrastructure developed, but by lives improved, communities served, healthcare access expanded, and trust earned.*

With sincere regards,

**Akshay Narayan**

## Chapter 5 ABOUT SHIVHARI DHARMA FOUNDATION TRUST

*Institutional Background & Credentials*

### INSTITUTIONAL BACKGROUND

Shivhari Dharma Foundation Trust is a registered public charitable trust established in 2026 with the objective of advancing healthcare accessibility, social welfare, humanitarian service, and community development. Guided by the principle of 'Seva Parmo Dharma', the Trust seeks to create meaningful and lasting impact through initiatives that improve quality of life and strengthen communities.

### INSTITUTIONAL CREDENTIALS

Particulars	Details
Organisation Name	Shivhari Dharma Foundation Trust



Nature of Organisation	Public Charitable Trust
Year of Establishment	2026
PAN Number	ABOTS5039C
Income Tax Exemption	12A registration (u/s 332, URN ABOTS5039CE20261) & 80G approval (u/s 354, URN ABOTS5039CF20261) — valid TY 2026-27 to 2028-29; donations tax-deductible
NITI Aayog DARPAN	Registered on NITI Aayog DARPAN Portal — ID BR/2026/1080485
Banking Infrastructure	Dedicated institutional accounts established
Website	shivharidharma.org
Project	Jaitrinath Arogya Sansthan (Flagship Healthcare Initiative)

## HISTORICAL JOURNEY

The Trust is rooted in years of community service by Founder Chairman Shri Shrishti Narayan Jha. In 2023 he established the Pandit Hari Narayan Jha and Shiv Narayan Jha Educational and Social Support Trust to advance education, cultural preservation, and social development. As community engagement deepened, healthcare emerged as the most pressing unmet need — leading to Shivhari Dharma Foundation Trust in 2026, dedicated to healthcare accessibility and sustainable infrastructure.

## CORE PROGRAMME AREAS

Programme Area	Description
<b>Healthcare Development</b>	Development of healthcare institutions, medical facilities, health awareness, and community wellness programmes
<b>Education &amp; Skill Development</b>	Educational opportunities, scholarships, training programmes, and skill development initiatives
<b>Social Welfare</b>	Support for vulnerable populations through welfare and community assistance programmes
<b>Community Development</b>	Programmes aimed at strengthening local communities and promoting sustainable development
<b>Cultural Preservation</b>	Encouragement and preservation of cultural heritage, traditions, and community values
<b>Humanitarian Assistance</b>	Support during emergencies, natural disasters, and situations requiring community assistance

## GOVERNANCE PHILOSOPHY



The Trust believes public trust can only be earned through transparency, accountability, and ethical conduct. All initiatives are governed through responsible financial management, independent audit and review, transparent reporting, regulatory compliance, stakeholder participation, ethical decision-making, and long-term sustainability planning.

## Chapter 6 GOVERNANCE & LEADERSHIP FRAMEWORK

### Structure, Roles & Accountability Mechanisms

### GOVERNANCE PHILOSOPHY

Jaitrinath Arogya Sansthan is a professionally governed charitable institution operating under the stewardship of Shivhari Dharma Foundation Trust. Its governance architecture ensures clear authority, ethical decision-making, financial discipline, regulatory compliance, and institutional sustainability at every level.

### GOVERNING STRUCTURE — OVERVIEW

Governance Body	Role & Authority
Shivhari Dharma Foundation Trust	Apex governing authority — sets strategic direction, approves policies, budgets, and major decisions
Board of Advisors	Independent advisory body — provides expertise, governance oversight, and strategic recommendations
Hospital Governing Council	Day-to-day institutional management and operational oversight
Medical Advisory Board	Clinical governance, healthcare quality, patient safety, and protocol oversight
Managing Director	Executive leadership and overall project execution responsibility

### LEADERSHIP PROFILES

#### Founder Chairman: Shri Shrishti Narayan Jha

Profile Attribute	Details
Full Name	Shri Shrishti Narayan Jha
Role	Founder Chairman & Strategic Patron
Professional Background	35+ years of service, Oriental Insurance Company Limited (GoI PSU)
Post-Retirement Activity	Social service, education, cultural initiatives, and community welfare
Institutions Founded	Pandit Hari Narayan Jha Trust (2023); Shivhari Dharma Foundation Trust (2026)



Key Responsibilities	Strategic Direction, Institutional Stewardship, Governance Oversight, Stakeholder Engagement
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### Managing Director: Akshay Narayan

Profile Attribute	Details
Full Name	Akshay Narayan
Role	Executive Head and Managing Director
Education	B.E. Mechanical Engineering; MBA Operations Management (Symbiosis International University)
Corporate Experience	Deloitte, Genpact, PwC — Business Transformation, Operational Excellence, Financial Governance
Key Expertise	Programme Management, Strategy Execution, Process Improvement, Organisational Development
Key Responsibilities	Project Execution, Hospital Operations, Financial Management, Regulatory Compliance, Stakeholder Coordination

### HOSPITAL GOVERNING COUNCIL

Position	Name	Status	Key Function
CEO & Founder	Shri Shrishti Narayan Jha	Founder	Overall Function and leadership
Managing Director (Honorary)	Er. Akshay Narayan	Appointed	Executive Leadership & Overall Operations
Director - Operations (Clinical)- (Honorary)	Dr. Srideo Das	Appointed	Clinical Operations, Patient Care, Quality Assurance
Director - Operations (Non-Clinical & IT)- (Honorary)	Er. Akshay Narayan	Appointed	IT Infrastructure, Digital Systems, Facility Operations
Director - Administration- (Honorary)	Prof. Anurag Kulshrethta	Appointed	Human Resources, Admin, Infrastructure, Vendor Management
Director - Finance - (Honorary)	Akshay Narayan	Appointed	Financial Planning, Budgeting, Audit, Fund Utilisation
Medical Superintendent	TBD	To be recruited	Clinical Management, Patient Safety, Medical Protocols



<b>Nursing Superintendent</b>	TBD	To be recruited	Nursing Standards, Patient Care Quality
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## BOARD OF ADVISORS

Jaitrinath Arogya Sansthan is guided by an independent Board of Advisors that brings together distinguished expertise in administration, medicine, law, public health, community development and corporate partnerships. Chaired by Shri Mantreshwar Jha, a former IAS Officer, the Board provides strategic counsel, governance oversight and institutional credibility — ensuring that every decision is made transparently, ethically and in the long-term interest of the community the institution serves.

Position	Nominee	Background / Domain
<b>Chairman, Board of Advisors</b>	Shri Mantreshwar Jha	Former IAS Officer — Governance, Public Administration & Public Policy
<b>Healthcare Advisor</b>	Shri Nirbhay Mishra	Program Management Officer at UNICEF India — Senior Medical Professional — Clinical Governance & Healthcare Quality
<b>Medical Education Advisor</b>	Prof. Prabhod Jha	Academic & Medical Education — Training, Curriculum & Capacity Building
<b>Legal Advisor</b>	Adv. Sushil Pathak	Advocate — Legal, Regulatory & Compliance Affairs
<b>Community Development Advisor</b>	Shri Sanjay Jha / Prof. Asharfi Kamati	Social Sector & Community Engagement — Rural Outreach, Resource Mobilisation & Partnerships
<b>Corporate Partnerships Advisor</b>	Dr. Phanikant Mishra	Former Director, Archaeological Survey of India — CSR & Industry Relations — Resource Mobilisation & Partnerships
<b>Institutional &amp; Policy Advisor</b>	Prof. M.K. Thakur	Honorary President and Ex HOD, Institute of Science, BHU - Public Policy & Institutional Development — Governance & Strategy

## DECISION-MAKING FRAMEWORK

Decision Type	Approval Authority	Examples
<b>Strategic Decisions</b>	Founder Chairman + Trust Board	Major expansion, capital projects, institutional policies, annual budget
<b>Operational Decisions</b>	Managing Director + Governing Council	Staffing, procurement, service delivery, day-to-day operations
<b>Clinical Decisions</b>	Medical Superintendent + Clinical Team	Clinical protocols, patient care standards, healthcare delivery models



<b>Financial Decisions</b>	MD + Finance Director + Trust Board	Capital expenditure, major procurement, budget revisions
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## GOVERNANCE MEETINGS CALENDAR

Meeting Body	Frequency	Primary Agenda
<b>Governing Council Meeting</b>	Monthly	Operational review, performance monitoring, issue resolution
<b>Trust Review Meeting</b>	Quarterly	Governance oversight, progress review, compliance check
<b>Board of Advisors Meeting</b>	Half-Yearly	Strategic review, policy recommendations, advisory input
<b>Financial Audit Review</b>	Annually	Independent audit, financial compliance, donor reporting
<b>Medical Advisory Board</b>	Quarterly (post Phase 1 launch)	Clinical quality, healthcare standards, protocol review

## Chapter 7 INFRASTRUCTURE & MASTER DEVELOPMENT PLAN

*Campus Design, Floor Configuration & Technical Specifications*

## PROJECT LOCATION

Particulars	Details
Institution Name	Jaitrinath Arogya Sansthan
Site Address	Paitghat, Lalganj-Lohana Road, Jhanjharpur, Madhubani, Bihar, India
Land Ownership	Trust-Owned (Shivhari Dharma Foundation Trust)
Land Area	Approximately 10,000 Sq. Ft.
Current Status	Available and ready for development
Expansion Potential	Adjacent land parcels under evaluation for future acquisition

## DEVELOPMENT PHILOSOPHY: BUILD → OPERATE → EXPAND

The infrastructure strategy follows a phased, community-centred philosophy — building what is needed when it is needed, commencing healthcare services at the earliest stage, and maintaining financial discipline throughout.



The institution is designed not as a building, but as an evolving healthcare campus that adapts to future community needs.

## PROPOSED BUILDING CONFIGURATION

Floor	Area (Approx.)	Primary Function
Ground Floor	2,200 Sq. Ft.	Community Healthcare & Outpatient Services
First Floor	2,200 Sq. Ft.	Critical Care & Diagnostics
Second Floor	2,200 Sq. Ft.	Inpatient Care Services
Third Floor	2,200 Sq. Ft.	Advanced Clinical Services
Fourth Floor	2,200 Sq. Ft.	Healthcare Training & Administration Centre
<b>Total Built-Up Area</b>	11,000 Sq. Ft.	—

## FLOOR-WISE FUNCTIONAL PLAN

Floor / Zone	Purpose	Key Facilities
<b>Ground Floor — Community Healthcare &amp; Outpatient Services</b>	Primary community interface and OPD hub of the institution.	<ul style="list-style-type: none"> <li>• Reception, Registration Counter, Administrative Help Desk</li> <li>• Waiting Hall and Patient Amenities</li> <li>• General Medicine, Pediatrics, Gynecology &amp; Orthopedics OPDs</li> <li>• Emergency Stabilisation Unit</li> <li>• Pharmacy and Sample Collection Centre</li> </ul>
<b>First Floor — Critical Care &amp; Diagnostics</b>	Emergency response, critical care, and diagnostic services.	<ul style="list-style-type: none"> <li>• Intensive Care Unit (ICU) — 4-6 beds with full monitoring</li> <li>• Observation Beds — 4-8 beds for short-stay patients</li> <li>• Nursing Station and Doctor Duty Room</li> <li>• Diagnostic Services (Laboratory, Basic Imaging)</li> <li>• Medical Records Unit and Medical Gas Infrastructure</li> </ul>
<b>Second Floor — Inpatient Care Services</b>	Comprehensive inpatient admission and monitoring services.	<ul style="list-style-type: none"> <li>• General Ward — 15-20 beds</li> <li>• Semi-Private Rooms — 4-6 rooms</li> <li>• Isolation Room, Nursing Station, Patient Support Areas</li> </ul>



<b>Third Floor — Advanced Clinical Services</b>	Specialty consultations, procedural services, and day-care surgery.	<ul style="list-style-type: none"> <li>• Procedure Rooms for Minor Procedures</li> <li>• Minor Operation Theatre (OT)</li> <li>• Day Care Services Unit</li> <li>• Specialty Consultation Areas and Clinical Support</li> </ul>
<b>Fourth Floor — Healthcare Training &amp; Administration Centre</b>	Healthcare workforce capacity and institutional management.	<ul style="list-style-type: none"> <li>• Paramedical Training Centre with Classroom Facilities</li> <li>• Conference Hall for CME, Training and Institutional Events</li> <li>• Administrative Offices and Management Suites</li> <li>• Community Health Resource Centre</li> <li>• Telemedicine Hub</li> </ul>

### OPERATIONAL CAPACITY PLAN

Service Category	Phase 1 Capacity	Full Build-Out Capacity
OPD Consultations	50–75 patients/day	100+ patients/day
Emergency Cases	Available 24×7	Available 24×7 (Enhanced)
ICU Beds	4–6 Beds	8–10 Beds
General Ward Beds	10–15 Beds	20–30 Beds
Observation Beds	4–6 Beds	8–10 Beds
Diagnostic Services	Basic (Lab + X-Ray)	Intermediate to Advanced
OPD Specialties	4 Core	10+ Departments

### ENGINEERING & INFRASTRUCTURE STANDARDS

System	Specification
Structural Design	RCC Framed Structure, Earthquake-Resistant (Zone IV compliance), Future Vertical Expansion Ready
Electrical Systems	Dedicated Hospital-Grade Infrastructure, Generator Backup (100% critical area coverage), UPS for ICU & Emergency
Medical Gas Systems	Central Medical Gas Pipeline (O2, N2O, Vacuum, Air) for ICU and Critical Areas
Water & Sanitation	Multi-Stage Water Storage, STP (Sewage Treatment Plant), Biomedical Waste Management per BMWWM Rules 2016



<b>Fire Safety</b>	Automatic Fire Detection & Suppression System, Fire Exits, Emergency Lighting, Safety Signage
<b>Accessibility</b>	Passenger Lift (Hospital-Grade), Wheelchair Accessibility, Accessible Washrooms, Stretcher-Compatible Corridors
<b>IT &amp; Digital</b>	Hospital Information System (HIS), Electronic Medical Records (EMR) ready, Telemedicine Infrastructure, Structured Network Cabling
<b>Security</b>	CCTV Monitoring (24x7), Access Control Systems, Visitor Management, Security Control Room
<b>Sustainability</b>	Solar Panel Provision, Rainwater Harvesting, Energy-Efficient Lighting (LED), Waste Segregation Infrastructure

## Chapter 8 PHASE-WISE DEVELOPMENT & INVESTMENT PLAN

Operational Blueprint for FY27–FY30

Each phase is designed to deliver independent healthcare value to the community while advancing the long-term institutional vision. The following sections provide a complete operational blueprint per phase — infrastructure to be built, services to be launched, investment required, milestones, and communities served.

### Stage 0 — Pre-Construction & Mobilisation (FY27 Q1–Q3)

Before civil construction begins in FY27 Q4, the opening period of the programme is dedicated to building a sound foundation for execution. These activities de-risk the project and ensure that every rupee of construction and equipment spend that follows is deployed efficiently.

- Land filling, leveling and site development
- Plan approvals — financial sanction, plot / land approvals and architectural drawings
- Statutory and clinical licensing initiation
- Funding mobilisation and donor commitments for Phase 1
- Appointment of architect, civil contractor and project-management support

*Civil construction commences in FY27 Q4. Healthcare operations are therefore expected to begin on a limited, phased basis from FY28 Q3, scaling progressively as infrastructure, equipment, staffing and licensing mature.*

<b>PHASE 1</b> <b>Foundation of Care</b> FY27 Q4 – FY28	<b>Total Investment: ₹7.00 Crore</b> CapEx: ₹5.30 Cr   OpEx: ₹1.20 Cr   Contingency: ₹0.50 Cr
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### Strategic Objective

Establish the foundational infrastructure and commence core medical services to immediately begin serving the community, demonstrate institutional capability, and build stakeholder confidence.

### Infrastructure Development

- Foundation and structural work — RCC frame, earthquake-resistant design



- Ground Floor completion: OPD Complex, Emergency Area, Pharmacy, Reception, Waiting Area
- Partial First Floor: Basic ICU setup, Observation Beds, Nursing Station
- Electrical infrastructure, plumbing, fire safety systems
- Lift provision (hospital-grade)
- IT infrastructure, CCTV, security systems

### Healthcare Services to be Launched

- General Medicine OPD — 5 days per week, visiting consultants
- Pediatrics OPD — 3 days per week
- Gynecology & Obstetrics OPD — 3 days per week
- Orthopedics OPD — 2 days per week
- 24x7 Emergency Stabilisation Services
- Basic Diagnostics: Pathology Lab, X-Ray
- Pharmacy — In-house dispensing
- Basic ICU (4 beds) for emergency stabilisation

### Phase 1 Capital Expenditure Breakdown

Category	Amount (₹ Crore)	Notes
Foundation & Structural Work (RCC frame, earthquake-resistant)	1.30	Earthquake-resistant RCC frame; built for vertical expansion
Ground Floor Civil — OPD, Emergency, Pharmacy, Reception	0.60	Public-facing OPD, emergency, pharmacy & reception block
Partial First Floor Civil — ICU & Diagnostics bay	0.40	Critical-care bay enabling early ICU launch
Electrical Infrastructure (hospital-grade wiring, DG, UPS)	0.25	100% DG backup; UPS for ICU & emergency
Plumbing, Sanitation & Medical-Gas	0.20	Central oxygen / vacuum lines to ICU & ER
Fire Safety Systems	0.10	Detection, suppression & emergency exits
Passenger Lift (hospital-grade)	0.25	Stretcher-compatible hospital-grade lift
OPD Equipment (4 core departments)	0.20	Medicine, Paediatrics, Gynaecology & Orthopaedics
Emergency Equipment (resuscitation, monitors, crash cart)	0.25	Resuscitation, monitors & crash cart



Category	Amount (₹ Crore)	Notes
ICU Starter Setup (4 beds — ventilator, monitors, beds)	0.55	Ventilators, multi-para monitors & ICU beds
Basic Diagnostics (haematology, biochemistry, X-Ray, USG)	0.45	Pathology lab, X-Ray & ultrasound
Furniture & Fixtures (30-bed inpatient + admin)	0.35	Patient, clinical & administrative furniture
IT Infrastructure (HMIS, networking, EMR)	0.15	HMIS, EMR-ready network & workstations
CCTV & Security	0.10	24x7 surveillance & access control
Pre-Operative Mobilisation & Site Prep	0.15	Site clearing, boundary wall & enabling works
<b>PHASE 1 TOTAL CAPEX</b>	<b>₹5.30 Crore</b>	

### Phase 1 Operational Expenditure

Category	Annual Amount (₹ Crore)	Notes
Doctors & Visiting Specialists	0.45	Medical officers, visiting specialists
Nursing Staff	0.22	Staff nurses, ANMs
Lab & Diagnostic Technicians	0.10	Pathology and radiology technicians
Administration & Support	0.10	Admin, housekeeping, security
Utilities (Electricity, Water, Telecom)	0.08	Operational utilities
Medicines & Consumables	0.13	Drug inventory, medical consumables
Maintenance	0.07	Preventive and corrective maintenance
Community Outreach & Miscellaneous	0.05	Outreach camps, awareness
<b>PHASE 1 TOTAL OPEX</b>	<b>₹1.20 Crore</b>	For Phase 1 duration

### Phase 1 Key Milestones & Success Criteria



Milestone	Target Timeline	Success Criterion
Land Filling, Approvals & Funding	FY27 Q1-Q3	Site leveled; finance, plot & architectural plans approved; licensing & funding initiated
Construction Commencement	FY27 Q4	Mobilisation certificate issued; foundation & structural work begins
Civil Structure (GF + partial 1F)	FY28 Q1	RCC frame & ground-floor slab complete; structural certification obtained
Equipment Procurement & Fit-Out	FY28 Q2	OPD, pharmacy, lab, ICU & emergency equipment installed and tested
Clinical Establishment Licensing	FY28 Q2	Clinical Establishment registration & statutory clearances obtained
Limited Operations Commence	FY28 Q3	Core OPD, pharmacy, basic diagnostics & emergency live — limited / phased start
ICU Commissioned	FY28 Q4	4 ICU beds with monitoring fully operational
Phase 1 Services Scaled	FY28 Q4 onwards	50+ OPD patients/day achieved consistently as services ramp up

### Phase 1 Community Impact Targets

<b>15,000+</b> OPD Consultations (Year 1)	<b>500+</b> Emergency Cases Managed	<b>1,000+</b> Diagnostic Beneficiaries	<b>5,000+</b> Pharmacy Beneficiaries
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<b>PHASE 2</b> <b>Community Healthcare Expansion</b> FY29	<b>Total Investment: ₹4.50 Crore</b> CapEx: ₹3.15 Cr   OpEx: ₹1.00 Cr   Contingency: ₹0.35 Cr
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### Strategic Objective

Expand the institution's reach by launching specialty outpatient services, enhanced diagnostics, and completing inpatient ward infrastructure — progressively shifting from a referral-dependent facility to a comprehensive community hospital. Medical Oncology (day-care) is a targeted service for this phase, subject to oncologist availability and dedicated funding.

### Infrastructure Development

- Completion of Second Floor: Inpatient General Ward, Semi-Private Rooms, Isolation Room
- Specialty Consultation Rooms for ENT, Dental, Dermatology, Physiotherapy
- Expanded diagnostic laboratory and imaging infrastructure

### New Healthcare Services

- ENT (Ear, Nose & Throat) — Specialist consultations and minor procedures



- Dental Care — General dentistry, extractions, fillings, oral health services
- Dermatology — Skin disorders, minor dermatological procedures
- Physiotherapy & Rehabilitation — Post-injury and post-surgical physiotherapy
- Inpatient Admissions (15–20 General Ward Beds)
- Expanded Diagnostics — Ultrasound, ECG, expanded lab panel
- Medical Oncology / Day-Care Chemotherapy (targeted) — subject to oncologist availability and dedicated funding

### Phase 2 Capital Expenditure

Category	Amount (₹ Crore)
Second Floor Civil Development (specialty OPD + wards)	1.10
Inpatient Expansion Fit-Out (additional ward beds)	0.45
Dental Setup (chair, unit, X-Ray)	0.30
ENT Setup (microscope, instruments)	0.25
Dermatology Equipment	0.15
Physiotherapy Equipment	0.25
Diagnostics Expansion (Ultrasound, ECG, Lab)	0.35
Furniture, IT & Miscellaneous	0.30
<b>PHASE 2 TOTAL CAPEX</b>	<b>₹3.15 Crore</b>

### Phase 2 Community Impact Targets

<b>25,000+</b> Annual OPD Consultations	<b>3,000+</b> Specialty Consultations	<b>500+</b> Inpatient Admissions	<b>5,000+</b> Diagnostic Beneficiaries
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<b>PHASE 3</b> Advanced Care & Paramedical Training FY30	<b>Total Investment: ₹3.50 Crore</b> CapEx: ₹2.45 Cr   OpEx: ₹0.90 Cr   Contingency: ₹0.15 Cr
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### Strategic Objective

Complete the institution as a comprehensive secondary-care hospital and self-sustaining healthcare ecosystem — introducing a Minor Operation Theatre, day-care surgery, ophthalmology, a telemedicine hub and a paramedical training centre. This final phase establishes both advanced clinical capability and long-term workforce development for the region.



### Infrastructure Development

- Third & Fourth Floor development: Procedure Rooms, Minor Operation Theatre, Day-Care Unit, Telemedicine Hub and Paramedical Training Centre
- Advanced diagnostic infrastructure: Digital X-Ray upgrade, ultrasound/Doppler, expanded pathology
- Surgical & support systems: Anaesthesia equipment, OT lighting and CSSD sterilisation unit

### New Healthcare Services

- General Surgery — minor and day-care surgical procedures
- Ophthalmology — eye consultations and minor procedures
- Advanced Day-Care & Specialty Procedures — expanded day-care and specialty consultation services
- Telemedicine Services — remote specialist consultations for rural patients
- Paramedical Training Programme — GNM, ANM, Lab Technician and Pharmacy courses
- Day-Care & Specialty Clinics — diabetes, hypertension, thyroid and nutrition

### Phase 3 Capital Expenditure

Category	Amount (₹ Crore)
Third & Fourth Floor Civil (OT, day-care, training)	0.95
Minor OT & Day-Care Surgery Setup	0.45
Ophthalmology Unit	0.20
Advanced Care & Specialty Equipment	0.45
Telemedicine & Paramedical Training Centre	0.40
<b>PHASE 3 TOTAL CAPEX</b>	<b>₹2.45 Crore</b>

### Phase 3 Community Impact Targets

<b>50,000+</b> Annual Healthcare Interactions	<b>500+</b> Day-Care & Specialty Procedures / Year	<b>100+</b> Paramedical Trainees / Year	<b>1,500+</b> Annual Inpatient Admissions
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### CONTINGENCY RESERVE

A strategic contingency reserve of ₹1.00 Crore has been incorporated within the ₹15.00 Crore programme budget to manage unforeseen cost escalations, design modifications, regulatory requirements and price inflation across the three development phases. This reserve is held inside the total programme cost — it does not add to it — and is released only against documented, board-approved need.

*Note on reserves: The contingency is reflected both at the programme level and phase-by-phase (₹0.50 Cr in Phase 1, ₹0.35 Cr in Phase 2 and ₹0.15 Cr in Phase 3), totalling ₹1.00 Crore within the ₹15.00 Crore budget.*

## Chapter 9 FINANCIAL FRAMEWORK & SUSTAINABILITY

Investment Model, Fundraising Strategy & Long-Term Viability

### TOTAL PROGRAMME INVESTMENT

<b>₹10.90 Cr</b> Capital Expenditure (Capex)	<b>₹3.10 Cr</b> Operational Expenditure (Opex)	<b>₹15.00 Cr</b> Total Programme Cost
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**See Annexure J** ▶ The complete consolidated programme budget (capital and operational expenditure, by phase and category) and the detailed line-item CapEx and OpEx frameworks are provided in Annexure J — Detailed Financial & Implementation Schedules.

### PHASE-WISE FUNDING REQUIREMENT

Phase	Timeline	Total Investment	Cumulative Funding Required
Phase 1 — Foundation of Care	FY27–FY28	₹7.00 Crore	₹7.00 Crore
Phase 2 — Community Expansion	FY29	₹4.50 Crore	₹11.50 Crore
Phase 3 — Advanced Care & Training	FY30	₹3.50 Crore	₹15.00 Crore
Contingency (inclusive)	Programme-Wide	₹1.00 Crore	Within ₹15.00 Crore

### FUND-REQUIREMENT TIMELINE

The curve below shows the cumulative funding required across the programme. The solid line is cumulative funding (₹ Crore); the faint bars show each quarter's draw; the shaded bands denote Phase 1 (FY27 Q1–FY28 Q4), Phase 2 (FY29) and Phase 3 (FY30).





The full quarter-by-quarter fund-requirement schedule (CapEx, OpEx, contingency and cumulative draw) is set out in Annexure J – Detailed Financial & Implementation Schedules.

## FUNDRAISING STRATEGY

The Trust will pursue a diversified funding model to reduce dependence on any single source and ensure programme continuity:

Funding Channel	Target Segment	Approach
Individual Philanthropy	Individuals, families, NRIs, alumni	Personal engagement, social media, community events, digital campaigns
Corporate CSR	Banking, insurance, pharma, tech, manufacturing	Direct proposals, CSR portals, industry associations, relationship-based
Institutional Grants	Charitable foundations, development organisations	Grant applications, impact reporting, programme alignment
Government Schemes	Health Ministry, NABARD, SIDBI	Scheme applications, PMAY, PMJAY linkages
Community Participation	Local communities, panchayats, district networks	Community mobilisation, town halls, membership drives
Legacy & Endowments	HNWI, families seeking memorial recognition	Legacy giving programme, named endowments

## DONOR RECOGNITION FRAMEWORK

Contribution Level	Donation Amount	Recognition & Benefits
Community Friend	₹11,000 – ₹49,999	Appreciation Certificate & Letter of Gratitude
Community Supporter	₹50,000 – ₹99,999	Appreciation Certificate + Annual Report Recognition
Healthcare Patron	₹1,00,000 – ₹4,99,999	Donor Wall Recognition + Annual Report
Equipment Sponsor	₹5,00,000 – ₹24,99,999	Named Equipment Sponsorship + Donor Wall
Room Sponsor	₹25,00,000 – ₹49,99,999	Named Room/Ward Recognition + Plaque
Major Benefactor	₹50,00,000 – ₹99,99,999	Named Ward + Felicitations Ceremony
Founding Donor	₹1 Crore and above	Named Infrastructure Recognition + Founding Donor Status + Permanent Plaque



Note: All donations to Shivhari Dharma Foundation Trust are eligible for income tax deduction under Section 80G of the Income Tax Act. Donors will receive official receipts and utilisation reports.

## CSR PARTNERSHIP OPPORTUNITIES

CSR Category	Opportunity	Estimated Budget	Naming Rights
Infrastructure	OPD Block Sponsorship	₹1-2 Crore	Named OPD Block
Infrastructure	ICU Development	₹2-3 Crore	Named ICU Unit
Infrastructure	Training Centre	₹0.75-1 Crore	Named Training Hall
Equipment	ICU Equipment Package	₹1.20 Crore	Plaque Recognition
Equipment	Ambulance	₹0.50 Crore	Branded Ambulance
Equipment	Diagnostic Equipment	₹1-2 Crore	Named Diagnostic Centre
Programme	Community Health Fund	₹25-50 Lakh	Annual Programme Recognition
Programme	Maternal & Child Health	₹20-40 Lakh	Named Programme

## LONG-TERM SUSTAINABILITY MODEL

While the institution is entirely donor-funded during the development phase (FY27-FY30), Jaitrinath Arogya Sansthan is designed to progressively achieve operational sustainability through diversified revenue streams — all aligned with its not-for-profit, mission-driven character:

- OPD, Inpatient, and Pharmacy Service Fees — tiered by patient economic status
- Diagnostic Services Revenue — lab, imaging, and specialised diagnostics
- Procedure and Day-Care Revenues — surgical and day-care services at cost-recovery rates
- Specialty Day-Care Services — cost-recovery model for sustainable specialty care
- Government Health Scheme Empanelment — PMJAY/Ayushman Bharat, RSBY, State Schemes
- Training Programme Fees — paramedical and allied health courses
- Telemedicine Services — consultation fees and institutional tie-ups
- Continued Philanthropic Support — donor relationships, CSR renewals, annual campaigns

*Any operational surplus generated through institutional activities shall be reinvested entirely into patient welfare, infrastructure enhancement, equipment upgrades, community programmes, and institutional development. No surplus shall be distributed for private gain.*



## Chapter 10 IMPACT FRAMEWORK & RISK MANAGEMENT

KPIs, Monitoring, Risk Mitigation & Accountability

### SOCIAL IMPACT FRAMEWORK

The success of Jaitrinath Arogya Sansthan will be measured holistically — not merely through infrastructure metrics but through healthcare outcomes, community reach, employment generated, and long-term institutional sustainability.

### KEY PERFORMANCE INDICATORS

Impact Domain	Key Indicator	Measurement Frequency	Phase 1 Target	Full Build-Out Target
Healthcare Access	OPD Consultations	Monthly	15,000+ / year	50,000+ / year
Healthcare Access	Emergency Cases Managed	Monthly	500+ / year	2,000+ / year
Inpatient Care	IPD Admissions	Monthly	Not applicable (Phase 1)	2,000+ / year
Critical Care	ICU Occupancy	Monthly	40–60%	65–75%
Diagnostics	Diagnostic Tests Performed	Monthly	1,000+ / year	15,000+ / year
Women & Children	Maternal & Paediatric OPD	Monthly	25% of OPD	25% of OPD
Community	Outreach Beneficiaries	Quarterly	Not applicable	5,000+ / year
Employment	Healthcare Jobs Created	Annually	15–20 staff	60–80 staff
Training	Healthcare Workers Trained	Annually	Not applicable	100+ / year
Financial	Cost Recovery Ratio	Quarterly	<30%	>60%

### MONITORING & EVALUATION FRAMEWORK

Review Cycle	Review Body	Areas of Focus	Key Output
Monthly	Governing Council	Patient volumes, service utilisation, financial performance	Monthly Management Report
Quarterly	Trust + Governing Council	Project progress, budget utilisation, healthcare outcomes	Quarterly Progress Report



<b>Half-Yearly</b>	Board of Advisors	Strategic objectives, institutional effectiveness	Advisory Recommendations
<b>Annually</b>	Trust + Independent Auditor	Institutional performance, financial sustainability, impact	Annual Impact Report + Audited Accounts

## QUALITY ASSURANCE FRAMEWORK

The institution shall progressively implement the following quality standards:

- Standard clinical protocols for all departments (adapted from Indian and international guidelines)
- Infection Control Policy compliant with NABH pre-entry and national standards
- Patient safety standards including medication safety, fall prevention, and pressure ulcer management
- Regular staff training on clinical competencies and patient safety
- Internal quality audits (monthly clinical review, quarterly departmental audits)
- NABH Pre-Entry Level accreditation — targeted within 18 months of Phase 1 launch
- Full NABH Accreditation — targeted by end of Phase 3

## RISK MANAGEMENT FRAMEWORK

Risk Category	Potential Impact	Severity	Mitigation Strategy
<b>Construction Risk</b>	Project delays and cost escalation	High	Phased development, quarterly milestone review, fixed-price contracts, project management oversight
<b>Funding Risk</b>	Delayed or insufficient fund mobilisation	High	Diversified funding channels (individual, CSR, grants), phase-gated approach, contingency reserve
<b>Staffing Risk</b>	Inability to recruit qualified medical staff	Medium	Visiting consultant model (Phase 1), local talent pipeline, competitive compensation
<b>Regulatory Risk</b>	Compliance changes, licensing delays	Medium	Proactive regulatory engagement, legal advisory support, early application for all licences
<b>Operational Risk</b>	Service disruptions, equipment failure	Medium	Preventive maintenance contracts, backup systems, standard operating procedures
<b>Reputational Risk</b>	Quality concerns, governance lapses	Medium	Transparent governance, patient safety standards, independent audit, public accountability
<b>Inflation Risk</b>	Material and equipment cost escalation	Medium	Contingency reserve of ₹1.00 Cr, annual budget reviews, fixed-rate procurement where possible
<b>Technology Risk</b>	HIS / IT system failures	Low	Robust IT infrastructure, backup systems, vendor support agreements



## Chapter 11 IMPLEMENTATION TIMELINE

Programme Milestones & Gantt Chart FY27–FY30

### PROGRAMME GANTT CHART

Activity	FY27 Q1–Q3	FY27 Q4–FY28 Q2	FY28 Q3–Q4	FY29	FY30
<b>Pre-Construction &amp; Mobilisation</b>	■	.	.	.	.
Land filling, approvals, funding	■	.	.	.	.
<b>Phase 1 — Foundation of Care</b>	.	■	■	.	.
Civil construction & fit-out	.	■	.	.	.
Equipment, licensing & HMIS	.	■	.	.	.
Limited operations launch (OPD, ER, pharmacy, diagnostics)	.	.	■	.	.
ICU & fuller Phase-1 services	.	.	■	.	.
<b>Phase 2 — Community Expansion (incl. Oncology)</b>	.	.	.	■	.
Specialty OPD, inpatient & diagnostics	.	.	.	■	.
<b>Phase 3 — Advanced Care &amp; Training</b>	.	.	.	.	■
OT, day-care, telemedicine & training, Paramedical	.	.	.	.	■

**See Annexure J** ► A detailed milestone tracker — with the target date, responsible owner and success criterion for every milestone — is provided in Annexure J — Detailed Financial & Implementation Schedules.

## Chapter 12 TRANSPARENCY, COMPLIANCE & ACCOUNTABILITY

Governance Standards & Regulatory Framework

### COMMITMENT TO TRANSPARENCY

Jaitrinath Arogya Sansthan and Shivhari Dharma Foundation Trust treat transparency and accountability not as a compliance obligation but as a core value. Donors, community members, and regulatory bodies will at all times have access to clear, accurate, and timely information on the institution's activities, finances, and governance.



## TRANSPARENCY FRAMEWORK

Dimension	Mechanism	Frequency
Financial Transparency	Independent Annual Audit, Chartered Accountant-certified accounts	Annually
Fund Utilisation Reporting	Itemised donor utilisation reports showing fund deployment	Per milestone / Annually
Project Progress Reporting	Monthly operational reports, quarterly project updates	Monthly / Quarterly
Donor Communication	Formal progress updates, photographs, acknowledgement letters	Per donor agreement
Governance Documentation	Minutes of Governing Council and Trust meetings maintained	Ongoing
Regulatory Compliance	80G compliance, FCRA (as applicable), NITI Darpan updates	Annually
Public Accountability	Annual impact report published and available on request	Annually

## REGULATORY COMPLIANCE FRAMEWORK

Compliance Area	Applicable Regulation/Law	Status / Action
Trust Registration	Indian Trusts Act / State Public Trust legislation	Registered — Certificate available
Income Tax Exemption	Income Tax Act, 1961 — Section 12A & 80G	Registered — Certificate available
NGO Darpan Registration	NITI Aayog portal requirement for grants	Registered — DARPAN ID BR/2026/1080485
Hospital Licensing	Bihar Clinical Establishments Act	To be obtained prior to Phase 1 launch
Clinical Establishments	PCPNDT, MTP Act, Blood Banking (as applicable)	To be registered as services are added
Biomedical Waste	Biomedical Waste Management Rules 2016	Compliance plan to be implemented
Fire Safety Clearance	State Fire Services / NBC norms	Obtained per floor as construction progresses
Labour & Employment	PF, ESI, Minimum Wages Act	Compliance from first employee appointment
GST Compliance	CGST Act (charitable trust provisions)	Advisory to be obtained



## DONOR ASSURANCE FRAMEWORK

The Trust provides the following formal assurances to all donors:

9. Every donation will be maintained in a dedicated bank account with separate ledger coding by donor and purpose
10. Utilisation certificates will be issued for all donations above ₹1,00,000 upon completion of the relevant milestone
11. Annual audited accounts will be shared with all significant donors
12. Donors will receive formal acknowledgement letters and 80G certificates for income tax purposes
13. All donations and expenditures are subject to independent chartered accountant review
14. The Trust's governing documents, registration certificates, and annual reports are available for inspection upon request

## Chapter 13 CONCLUSION & CALL TO ACTION

*An Invitation to Build Something That Lasts*

## OUR COLLECTIVE OPPORTUNITY

Jaitrinath Arogya Sansthan is not merely a hospital under construction — it is a long-term commitment to the dignity and well-being of every person it will serve. It is designed to outlast its founders, serve generations yet unborn, and stand as a symbol of what compassion, vision, and collective action can achieve.

The programme is well-conceived, professionally governed, transparently managed, and backed by a Trust with legal standing, financial infrastructure, and a leadership team with the professional experience to execute it. The land is secured, the foundation stone has been laid, and the work has begun.

**₹15 Crore. Three phases. One lasting institution. Thousands of lives, every year.**


## HOW YOU CAN HELP

How to Contribute	Details
Direct Bank Transfer	Account details available upon request from the Trust office
Cheque / Demand Draft	In favour of 'Shivhari Dharma Foundation Trust'
NEFT/RTGS/UPI	Dedicated project account — details on request
CSR Partnership	Formal MoU with CSR-specific utilisation and reporting
Equipment Sponsorship	Specific equipment procurement in donor's name



<b>Infrastructure Sponsorship</b>	Naming rights for rooms, wards, OPD blocks, or ICU
<b>Programme Sponsorship</b>	Fund a specific healthcare programme (MCH, Oncology, Outreach)

## CONTACT US

Contact Information	Details
Managing Director	Akshay Narayan
Registered Office	Shivhari Dharma Foundation Trust, Shanti Vihar Colony, Chhapaki Parari, Laxmi Sagar, Darbhanga, Bihar 846004
Project / Hospital Site	Paitghat, Lalganj–Lohana Road, Jhanjharpur, Madhubani, Bihar
Website	shivharidharma.org
Email	shivharidharma@gmail.com • info@shivharidharma.org
PAN (for 80G Donations)	ABOTS5039C
Website QR	 Scan to visit shivharidharma.org

**"Seva Parmo Dharma" — Let us build together. For communities. For generations.**

## Chapter 14 ANNEXURES & SUPPORTING DOCUMENTATION

*Legal, Governance & Project Reference Documents*

### ANNEXURE INDEX

Annexure	Document	Status
<b>Annexure A.1</b>	Trust Registration Certificate — Shivhari Dharma Foundation Trust	Attached — \$332 provisional registration (12A), URN ABOTS5039CE20261, dated 21-05-2026
<b>Annexure A.2</b>	PAN Card — ABOTS5039C	Available on request
<b>Annexure A.3</b>	80G Registration Certificate	Attached — \$354 provisional approval (80G), URN ABOTS5039CF20261, dated 21-05-2026
<b>Annexure A.4</b>	NITI Aayog DARPAN Registration Certificate	Attached — DARPAN ID BR/2026/1080485



Annexure	Document	Status
Annexure A.5	Banking Infrastructure Documentation	Available on request
Annexure B.1	Trust Deed	Available on request (extract) — registered Trust Deed No. 65, Book 4, District Registry, Darbhanga, 18-04-2026
Annexure B.2	Governance Framework Document	Available on request
Annexure B.3	Board of Advisors Charter	To be finalised and attached
Annexure B.4	Medical Advisory Board Framework	To be finalised
Annexure C.1	Founder Chairman Profile — Shri Shrishti Narayan Jha	Available on request
Annexure C.2	Managing Director Profile — Akshay Narayan	Available on request
Annexure D.1	Land Ownership Documentation	Available on request
Annexure D.2	Site Photographs	Available on request — site & foundation-stone photographs
Annexure D.3	Existing Layout Plans	Ground floor concept plans
Annexure D.4	Future Infrastructure Concepts	Attached — architect's 3D concept render of the envisioned G+4 campus
Annexure E	Foundation Stone Ceremony Documentation	Available on request — foundation stone ceremony, 4 May 2026
Annexure F	Media Coverage	Attached — press coverage of the shilanyas (incl. Dainik Bhaskar, Madhubani, 05-05-2026)
Annexure G	Donor Information & Contribution Process	Bank details, contribution guide
Annexure H	Donor Recognition Policy	Full recognition framework
Annexure I	Contact Information	Trust and project office details
Annexure J	Detailed Financial & Implementation Schedules	Enclosed in this document (Annexure J)

## DECLARATION

We hereby affirm that the information contained in this Detailed Project Report has been prepared in good faith based on currently available information, project planning assumptions, and institutional objectives.

The project estimates, timelines, infrastructure plans, and financial projections presented herein are intended for strategic planning, fundraising, donor engagement, and institutional development purposes. Actual figures may vary as implementation progresses and shall be reviewed and updated accordingly.



The Trust remains committed to transparency, accountability, regulatory compliance, and responsible stewardship of all resources entrusted to the institution.

## CERTIFICATION

For and on behalf of Shivhari Dharma Foundation Trust

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**Shri Shrishti Narayan Jha**

Founder Chairman

Shivhari Dharma Foundation Trust

Date: \_\_\_\_\_

Place: Madhubani, Bihar

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**Akshay Narayan**

Managing Director

Jaitrinath Arogya Sansthan

Date: \_\_\_\_\_

Place: Madhubani, Bihar

**ANNEXURE — SUPPORTING DOCUMENTS & PHOTOGRAPHS****Annexure A.1 — Trust Registration (12A, u/s 332)****FORM NO. 106**

(See rule 181)

*Order for provisional registration u/s 332*

<b>Part A: Particulars of the Applicant</b>		
1	Name:	SHIV HARI DHARMA FOUNDATION TRUST
2	Address:	Dharmashram, Dharmashram Shanti Vihar Colony Chapakki Parari Laxmisagar Darbhanga, Darbhanga, DARBHANGA, Bihar, INDIA - 846004
3	Permanent Account Number (PAN):	ABOTS5039C
<b>Part B: Details of Registration granted</b>		
4	Document Identification Number:	ABOTS5039CE2026101
4a	Application Number:	862725870140526
5	Nature of activities:	Charitable
6	Section in which provisional registration is being granted:	332(8)
7	Unique Registration Number:	ABOTS5039CE20261
8	Date of provisional registration:	21-05-2026
9	Tax year or years for which the trust or institution is provisionally registered:	From TY 2026-27 to TY 2028-29
<b>Part C: Conditions subject to which registration is being granted</b>		
10	<b>Application of Income</b> a) any income of the registered non-profit organisation shall not be applied, other than for its objects; b) the registered non-profit organisation shall not apply any part of its total income for private religious purposes (which does not ensure for the benefit of the public); c) the registered non-profit organisation, created or established after the commencement of this Act for charitable purpose, shall not apply any part of its income for the benefit of any particular religious community or caste other than the Scheduled Castes or the Scheduled Tribes or backward classes or women and children;	
11	<b>Conditions in respect of carrying out commercial activities</b> a) the registered non-profit organisation (other than a registered non-profit organisation carrying out advancement of any other object of general public utility) shall not carry out any commercial activity unless such commercial activity is incidental to the attainment of the objectives of the registered non-profit organisation;	

*Income Tax Department — Form No. 106, provisional registration u/s 332. URN ABOTS5039CE20261. Digitally signed 21-05-2026.*



	<p>b) the registered non-profit organisation, carrying out advancement of any other object of general public utility, shall not carry out any commercial activity unless such commercial activity is undertaken in the course of actual carrying out of advancement of any object of the general public utility;</p> <p>c) the aggregate receipts from the commercial activity or activities carried out by the registered non-profit organisation, carrying out advancement of any other object of general public utility, shall not exceed 20% of the total receipts of such registered non-profit organisation of the relevant tax year.</p>	
12	<p><b>Books of accounts</b></p> <p>a) Separate books of account shall be maintained by the registered non-profit organisation in respect of the commercial activity that is incidental to the attainment of the objectives;</p> <p>b) the registered non-profit organisation, carrying out advancement of any other object of general public utility, shall maintain separate books of accounts for any commercial activity undertaken by it.</p>	
13	<p><b>Compliance with the requirements of law and conditions</b></p> <p>a) the registered non-profit organisation shall not carry out any activity which is not genuine or is not being carried out in accordance with all or any of the conditions subject to which it was registered;</p> <p>b) the registered non-profit organisation shall comply with the requirements of any other law.</p>	
14	<p><b>True and complete disclosure</b></p> <p>The form for registration in Form No. 104 shall be duly filled in by providing all the information or documents and no false or incorrect information or documents have been provided.</p>	
<b>Part D: Details of the Authority passing the order</b>		
15	<p>Name:</p>	Naveen Gupta
16	<p>Designation:</p>	Principal Director of Income Tax (Digitally signed)

Signature Not Verified  
Digitally signed by  
DS Income Tax Department 9  
Date: 2026.05.21 21:59:05  
IST

**Annexure A.3 – 80G Approval (u/s 354)****FORM NO. 106**

(See rule 181)

*Order for provisional approval u/s 354*

<b>Part A: Particulars of the Applicant</b>		
1	Name:	SHIV HARI DHARMA FOUNDATION TRUST
2	Address:	Dharmashram, Dharmashram Shanti Vihar Colony Chapakki Parari Laxmisagar Darbhanga, Darbhanga, DARBHANGA, Bihar, INDIA - 846004
3	Permanent Account Number (PAN):	ABOTS5039C
<b>Part B: Details of Approval granted</b>		
4	Document Identification Number:	ABOTS5039CF2026102
4a	Application Number:	862725870140526
5	Nature of activities:	Charitable
6	Section in which provisional approval is being granted:	354(4)
7	Unique Registration Number:	ABOTS5039CF20261
8	Date of provisional approval:	21-05-2026
9	Tax year or years for which the trust or institution is provisionally approved:	From TY 2026-27 to TY 2028-29
<b>Part C: Conditions subject to which approval is being granted</b>		
10	Application of Income	<p>a) any income of the registered non-profit organisation shall not be applied, other than for its objects;</p> <p>b) the registered non-profit organisation shall not apply any part of its total income for private religious purposes (which does not ensure for the benefit of the public);</p> <p>c) the registered non-profit organisation, created or established after the commencement of this Act for charitable purpose, shall not apply any part of its income for the benefit of any particular religious community or caste other than the Scheduled Castes or the Scheduled Tribes or backward classes or women and children;</p>
11	Conditions in respect of carrying out commercial activities	<p>a) the registered non-profit organisation (other than a registered non-profit organisation carrying out advancement of any other object of general public utility) shall not carry out any commercial activity unless such commercial activity is incidental to the attainment of the objectives of the registered non-profit organisation;</p>

Income Tax Department — Form No. 106, provisional approval u/s 354 (80G). URN ABOTS5039CF20261. Digitally signed 21-05-2026.



	<p>b) the registered non-profit organisation, carrying out advancement of any other object of general public utility, shall not carry out any commercial activity unless such commercial activity is undertaken in the course of actual carrying out of advancement of any object of the general public utility;</p> <p>c) the aggregate receipts from the commercial activity or activities carried out by the registered non-profit organisation, carrying out advancement of any other object of general public utility, shall not exceed 20% of the total receipts of such registered non-profit organisation of the relevant tax year.</p>
12	<p><b>Books of accounts</b></p> <p>a) Separate books of account shall be maintained by the registered non-profit organisation in respect of the commercial activity that is incidental to the attainment of the objectives;</p> <p>b) the registered non-profit organisation, carrying out advancement of any other object of general public utility, shall maintain separate books of accounts for any commercial activity undertaken by it.</p>
13	<p><b>Compliance with the requirements of law and conditions</b></p> <p>a) the registered non-profit organisation shall not carry out any activity which is not genuine or is not being carried out in accordance with all or any of the conditions subject to which it was registered;</p> <p>b) the registered non-profit organisation shall comply with the requirements of any other law.</p>
14	<p><b>True and complete disclosure</b></p> <p>The form for approval in Form No. 104 shall be duly filled in by providing all the information or documents and no false or incorrect information or documents have been provided.</p>
<b>Part D: Details of the Authority passing the order</b>	
15	<p>Name:</p> <p>Naveen Gupta</p>
16	<p>Designation:</p> <p>Principal Director of Income Tax (Digitally signed)</p>

Signature Not Verified  
Digitally signed by  
DS Income Tax Department 9  
Date: 2026.05.21 21:59:05  
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## Annexure D.4 – Envisioned Campus



Architect's concept render — Jaitrinath Arogya Sansthan (G+4 charitable hospital).

## Annexure F — Media Coverage

# लोहना मे जैत्री नाथ आरोग्य संस्थानक कयल गेल शिलान्यास

» ऑनलाइन जुड़लथि  
आईएस मन्त्रेश्वर  
झा

झंझारपुर, समदिया

लोहना मे जैत्री नाथ आरोग्य संस्थान केर शिलान्यास कएल गेल। ई कार्यक्रम पंडित हरि नारायण झा आ पंडित शिव नारायण झा शैक्षणिक एवं सामाजिक सहयोग न्यास केर तत्वावधान मे आयोजित भेल, जतय आईएस अधिकारी मन्त्रेश्वर झा ऑनलाइन माध्यम सं शिलान्यास कएलनि। शिलान्यास समारोह केर अध्यक्षता हर्षपति सिंह महाविद्यालय, मधेपुर केर अवकाशप्राप्त प्रधानाचार्य डॉ. केदार नाथ झा कएलनि। मुख्य अतिथि रूप मे जवाहरलाल नेहरू केंद्रीय विश्वविद्यालय केर अवकाशप्राप्त प्राचार्य डॉ. गंगानाथ



झा उपस्थित छलथि। कार्यक्रम केर शुभारंभ पंडित रंजेश्वर झा आ प्रियंगम झा द्वारा वैदिक आ पौराणिक मंगलाचरण सं भेल। मंच संचालन अमल कुमार झा कएलनि, जबकि स्वागत भाषण न्यास केर संस्थापक आ संयोजक सृष्टि नारायण झा

द्वारा देल गेल। एहि अवसर पर डॉ. प्रबोध झा, डॉ. असफ़ी कामति, डॉ. सतीरमण झा, अमरेन्द्र नाथ झा, विनय झा, सुशील पाठक, रतीनाथ झा, प्रदीप ठाकुर, उदय नाथ मिश्र, उदय नाथ झा आ आशीष कुमार ठाकुर सहित कई गणमान्य व्यक्ति

सभ संस्थान केर उज्वल भविष्य लेल शुभकामना देलथि। सभे लोक न्यास केर संस्थापक सृष्टि नारायण झा के तन-मन-धन सं लगातार सहयोग करबाक आश्वासन देलथि। कार्यक्रम केर अंत मे आशीष कुमार ठाकुर धन्यवाद ज्ञापन कएलनि।

Press coverage of the foundation-stone ceremony (shilanyas), Lohna — with attending dignitaries and Trust members. May 2026.



मधुबनी 05-05-2026

## लोहना में जैत्री नाथ आरोग्य संस्थान का शिलान्यास

भास्कर न्यूज़|इंझारपुर

लोहना में जैत्री नाथ आरोग्य संस्थान का शिलान्यास किया गया। यह कार्यक्रम पंडित हरि नारायण झा एवं पंडित शिव नारायण झा शैक्षणिक एवं सामाजिक सहयोग न्यास के तत्वावधान में आयोजित हुआ, जिसमें आईएएस अधिकारी मन्त्रेश्वर झा द्वारा ऑनलाइन शिलान्यास किया गया। शिलान्यास समारोह की अध्यक्षता हर्षपति सिंह महाविद्यालय, मधेपुर के अवकाश प्राप्त प्रधानाचार्य डॉ. केदार नाथ झा ने की। मुख्य अतिथि के रूप में जवाहरलाल नेहरू केंद्रीय विश्वविद्यालय के अवकाश प्राप्त प्राचार्य डॉ. गंगानाथ झा मौजूद रहे। कार्यक्रम का शुभारंभ पंडित रंजेश्वर झा एवं प्रियंगम झा के वैदिक और पौराणिक मंगलाचरण से हुआ। मंच संचालन अमल कुमार झा ने किया, जबकि स्वागत भाषण न्यास के संस्थापक एवं संयोजक सृष्टि नारायण झा ने दिया। इस अवसर पर डॉ. प्रबोध झा, डॉ. असर्फी कामति, डॉ. सतीरमण झा, अमरेंद्र नाथ झा,



*Dainik Bhaskar, Madhubani edition — 05-05-2026. "Jaitri Nath Arogya Sansthan — foundation stone laid at Lohna."*



## ANNEXURE J — DETAILED FINANCIAL & IMPLEMENTATION SCHEDULES

The schedules below provide the full financial and implementation detail underlying the summary figures presented in the main report. All amounts reconcile to the ₹15.00 Crore total programme cost.

### CONSOLIDATED PROGRAMME BUDGET (CAPEX + OPEX)

The table below consolidates the entire ₹15.00 Crore programme — capital and operational expenditure together with the contingency reserve — in a single view. Phase-wise totals are shown at the Capex, Opex, Contingency and Total levels; each line item is expressed as a share of total programme cost. Granular category and phase-level breakdowns follow in the sections and chapters below.

Budget Head / Category	Phase 1 (₹ Cr)	Phase 2 (₹ Cr)	Phase 3 (₹ Cr)	Total (₹ Cr)	% of Cost
<b>A. CAPITAL EXPENDITURE (CAPEX)</b>					
Site Development & Preparation	—	—	—	0.60	4.0%
Civil Construction (G+4, all floors)	—	—	—	4.10	27.3%
Electrical Infrastructure (DG, UPS)	—	—	—	0.50	3.3%
Plumbing, Sanitation & Medical Gas	—	—	—	0.40	2.7%
Fire Safety Systems	—	—	—	0.20	1.3%
Elevator & Accessibility	—	—	—	0.25	1.7%
Medical Equipment (OPD, ER, ICU, OT)	—	—	—	1.55	10.3%
Diagnostic Equipment (Lab, X-Ray, USG, ECG)	—	—	—	1.25	8.3%
Advanced Care & Specialty Equipment	—	—	—	0.45	3.0%
Furniture & Fixtures	—	—	—	0.70	4.7%
IT Infrastructure & HMIS	—	—	—	0.30	2.0%
Telemedicine & Paramedical Training Centre	—	—	—	0.40	2.7%
Compliance & Project Management	—	—	—	0.20	1.3%
<b>Subtotal — Capital Expenditure</b>	<b>5.30</b>	<b>3.15</b>	<b>2.45</b>	<b>10.90</b>	<b>72.7%</b>
<b>B. OPERATIONAL EXPENDITURE (OPEX) — FY27 to FY30</b>					
Medical Professionals (Doctors / Specialists)	—	—	—	1.25	8.3%
Nursing Services	—	—	—	0.62	4.1%
Technical Staff (Lab, Radiology, Pharmacy)	—	—	—	0.28	1.9%



Budget Head / Category	Phase 1 (₹ Cr)	Phase 2 (₹ Cr)	Phase 3 (₹ Cr)	Total (₹ Cr)	% of Cost
Administration & Support Staff	—	—	—	0.28	1.9%
Utilities (Power, Water, Telecom)	—	—	—	0.22	1.5%
Medicines & Consumables	—	—	—	0.30	2.0%
Equipment Maintenance	—	—	—	0.07	0.5%
Community Outreach & Training	—	—	—	0.08	0.5%
<b>Subtotal — Operational Expenditure</b>	<b>1.20</b>	<b>1.00</b>	<b>0.90</b>	<b>3.10</b>	<b>20.7%</b>
<b>C. CONTINGENCY RESERVE (held within the programme cost)</b>					
Contingency Reserve	0.50	0.35	0.15	1.00	6.7%
<b>TOTAL PROGRAMME COST</b>	<b>7.00</b>	<b>4.50</b>	<b>3.50</b>	<b>15.00</b>	<b>100%</b>

Note: Phase-wise figures are presented at the Capex, Opex, Contingency and Total levels. Line-item percentages are of total programme cost (₹15.00 Crore) and may not sum precisely due to rounding. “—” indicates that a category spans multiple phases; its phase split is captured within the relevant phase tables (Chapter 8).

## DETAILED CAPITAL EXPENDITURE FRAMEWORK

Category	Amount (₹ Crore)	% of Total Capex
Site Development & Preparation	0.60	5.5%
Civil Construction (G+4, all floors)	4.10	37.6%
Electrical Infrastructure (DG, UPS)	0.50	4.6%
Plumbing, Sanitation & Medical Gas	0.40	3.7%
Fire Safety Systems	0.20	1.8%
Elevator & Accessibility	0.25	2.3%
Medical Equipment (Clinical — OPD, ER, ICU, OT)	1.55	14.2%
Diagnostic Equipment (Lab, X-Ray, USG, ECG)	1.25	11.5%
Advanced Care & Specialty Equipment	0.45	4.1%
Furniture & Fixtures	0.70	6.4%
IT Infrastructure & HMIS	0.30	2.8%



Category	Amount (₹ Crore)	% of Total Capex
Telemedicine & Paramedical Training Centre	0.40	3.7%
Compliance & Project Management	0.20	1.8%
<b>TOTAL CAPEX</b>	<b>₹10.90 Crore</b>	<b>100%</b>

## OPERATIONAL EXPENDITURE FRAMEWORK

Category	Amount (₹ Crore)	Notes
Medical Professionals (Doctors/Specialists)	1.25	Visiting consultants, medical officers, full-time doctors
Nursing Services	0.62	Staff nurses, head nurses, ANMs
Technical Staff (Lab, Radiology, Pharmacy)	0.28	Diagnostic and clinical support staff
Administration & Support Staff	0.28	Administrative, housekeeping, security personnel
Utilities (Power, Water, Telecom)	0.22	Operational utilities across all phases
Medicines & Consumables	0.30	Essential drug list, consumables
Equipment Maintenance	0.07	Preventive and corrective maintenance
Community Outreach & Training	0.08	Outreach camps, CME, paramedical programmes
<b>TOTAL OPEX</b>	<b>₹3.10 Crore</b>	For the FY27 to FY30 development period

## QUARTERLY FUND-REQUIREMENT PROJECTION (CAPEX + OPEX)

An indicative quarter-by-quarter drawdown of the ₹15.00 Crore programme cost — figures in ₹ Crore. Phase totals are firm; the quarterly split is an indicative disbursement schedule that may be refined during execution. “Cont.” denotes the contingency reserve, which is held within the programme cost. The cumulative column shows the total funding required to date at the end of each quarter.

Period	Stage / Focus	CapEx	OpEx	Cont.	Qtr Total	Cumulative
<b>PHASE 1 — Foundation of Care (FY27 Q1 - FY28 Q4, includes Pre-Construction &amp; Mobilisation)</b>						
FY27 Q1	Pre-construction & plan approvals	0.40	—	0.05	<b>0.45</b>	0.45
FY27 Q2	Site development & licensing	0.50	—	0.05	<b>0.55</b>	1.00
FY27 Q3	Mobilisation & funding tie-up	0.50	—	0.05	<b>0.55</b>	1.55



Period	Stage / Focus	CapEx	OpEx	Cont.	Qtr Total	Cumulative
FY27 Q4	Construction begins	1.20	—	0.10	1.30	2.85
FY28 Q1	Civil structure (GF + 1F)	1.00	—	0.10	1.10	3.95
FY28 Q2	Equipment & fit-out, licensing	0.90	0.10	0.05	1.05	5.00
FY28 Q3	Limited operations begin	0.50	0.45	0.05	1.00	6.00
FY28 Q4	ICU & service scale-up	0.30	0.65	0.05	1.00	7.00
<b>Phase 1 Sub-Total</b>		<b>5.30</b>	<b>1.20</b>	<b>0.50</b>	<b>7.00</b>	<b>—</b>
<b>PHASE 2 — Community Expansion (FY29)</b>						
FY29 Q1	Specialty OPD & expansion start	1.00	0.20	0.10	1.30	8.30
FY29 Q2	Inpatient ward & diagnostics	0.95	0.25	0.10	1.30	9.60
FY29 Q3	Oncology day-care (targeted)	0.70	0.27	0.10	1.07	10.67
FY29 Q4	NABH pre-entry & consolidation	0.50	0.28	0.05	0.83	11.50
<b>Phase 2 Sub-Total</b>		<b>3.15</b>	<b>1.00</b>	<b>0.35</b>	<b>4.50</b>	<b>—</b>
<b>PHASE 3 — Advanced Care &amp; Training (FY30)</b>						
FY30 Q1	OT & day-care setup	0.80	0.20	0.05	1.05	12.55
FY30 Q2	Telemedicine & training launch	0.75	0.22	0.04	1.01	13.56
FY30 Q3	Training centre & equipment	0.50	0.24	0.03	0.77	14.33
FY30 Q4	Completion & full operations	0.40	0.24	0.03	0.67	15.00
<b>Phase 3 Sub-Total</b>		<b>2.45</b>	<b>0.90</b>	<b>0.15</b>	<b>3.50</b>	<b>—</b>
<b>PROGRAMME TOTAL</b>		<b>10.90</b>	<b>3.10</b>	<b>1.00</b>	<b>15.00</b>	<b>15.00</b>

### DETAILED MILESTONE TRACKER

Milestone	Target Date	Responsible	Success Criterion
Foundation Stone Ceremony	4 May 2026	Founder Chairman	Completed
Land Filling & Site Development	FY27 Q1-Q2	Director - Admin	Site leveled and development-ready
Plan Approvals (Finance, Plot, Architecture)	FY27 Q2	Managing Director	Board-approved financing plan & architectural drawings
Licensing Initiated & Phase 1 Funding Mobilised	FY27 Q3	Managing Director	Licensing applications filed; Phase 1 funding committed



Milestone	Target Date	Responsible	Success Criterion
Architect & Civil Contractor Appointment	FY27 Q3	Director – Admin	Construction contracts executed
Construction Commencement	FY27 Q4	Director – Admin	Mobilisation certificate issued; foundation begins
Ground Floor Structure Complete	FY28 Q1	Director – Admin	Structural completion certificate obtained
Equipment Procurement & Fit-Out	FY28 Q2	Director – Ops (Non-Clinical)	OPD / ER / ICU / lab equipment installed & commissioned
Clinical Establishment Licensing	FY28 Q2	Managing Director	Clinical Establishment registration obtained
Limited Operations Commence	FY28 Q3	Medical Superintendent	Core OPD, pharmacy, diagnostics & emergency live (limited start)
ICU Commissioned	FY28 Q4	Director – Ops (Clinical)	4 ICU beds operational
Phase 1 Full Operations	FY28 Q4	Medical Superintendent	50+ OPD/day; emergency & diagnostics scaled
Phase 2 Expansion Start	FY29 Q1	Director – Admin	Specialty / inpatient expansion mobilised
Specialty OPD Launch (ENT / Dental / Physio)	FY29 Q1	Director – Ops (Clinical)	3+ specialty departments operational
Inpatient Ward Commissioned	FY29 Q2	Director – Ops (Clinical)	15+ general ward beds operational
Medical Oncology Day-Care (targeted)	FY29 Q3	Medical Superintendent	Day-care oncology launched, subject to oncologist & funding
NABH Pre-Entry Certification	FY29 Q4	Medical Superintendent	NABH pre-entry certificate obtained
Phase 3 Construction Start	FY29 Q4	Director – Admin	Third / fourth-floor works mobilised
Minor OT & Day-Care Surgery	FY30 Q1	Director – Ops (Clinical)	OT cleared; day-care procedures commence
Telemedicine Hub Launch	FY30 Q2	Director – Ops (Non-Clinical)	Telemedicine consultations commence
Paramedical Training Programme Launch	FY30 Q2	Director – Admin	First paramedical batch enrolled
Programme Completion & Full Operations	FY30 Q4	Managing Director	All three phases fully operational