To

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

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

1. Association details
   (i) Name and address

   WORLD HEALTH PARTNERS
   B-57 2ND FLOOR NEW RAJINDRA NAGAR
   NEW DELHI
   DELHI - 110060

   (ii) Registration number and date [under the Foreign Contribution (Regulation) Act, 2010] (42 of 2010) 231661358

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

   (iv) Nature of association
   Social

   (v) Denomination in case of religious association

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

   297188554.88

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

      (a) In the designated bank account
      3582926.46

      (b) On investments made (Fixed Deposit Receipt etc) during the year or in the preceding years
      0.00

3. Purpose(s) for which foreign contribution has been received and utilized

   (in rupees)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Purpose</th>
<th>Previous balance</th>
<th>Receipt during the year</th>
<th>Total</th>
<th>Utilised</th>
<th>Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In cash</td>
<td>In kind</td>
<td>In cash</td>
<td>In kind</td>
<td>In cash</td>
</tr>
<tr>
<td>1</td>
<td>Activities other than those</td>
<td>5800846.58</td>
<td>0.00</td>
<td>297188554.88</td>
<td>0.00</td>
<td>3582926.46</td>
</tr>
<tr>
<td>Sl.No.</td>
<td>Purpose</td>
<td>Specific Activity</td>
<td>Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------</td>
<td>------------------</td>
<td>---------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Activities other than those mentioned above</td>
<td>Multi Level Delivery System in Private sector to scale up Family Planning and Health Care in low Income Indian State</td>
<td>BB-11, Greater Kailash II Enclave, New Delhi, Delhi, Delhi, PIN:110048</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities other than those mentioned above</td>
<td>Multi Level Delivery System in Private sector to scale up Family Planning and Health Care in low Income Indian State</td>
<td>R-6/9, Associated warehousing Raj Nagar, Ghaziabad, Ghaziabad, Uttar Pradesh, PIN:201002</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Activities other than those mentioned above</td>
<td>Engaging private providers to improve management of Tuberculosis, Visceral leishmaniasis, Childhood Pneumonia and Diarrhea in Bihar</td>
<td>23-A, Pataliputra Colony, Patna, Patna, Bihar, PIN:800010</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Activities other than those mentioned above</td>
<td>Engaging private providers to improve management of Tuberculosis, Visceral leishmaniasis, Childhood Pneumonia and Diarrhea in Bihar</td>
<td>201-202, Madhusudan Dham, Patna, Patna, Bihar, PIN:800001</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Activities other than those mentioned above</td>
<td>Engaging private providers to improve management of Tuberculosis, Visceral leishmaniasis, Childhood Pneumonia and Diarrhea in Bihar</td>
<td>R S enterprises, Campus of gautam buddha College, Kumahrar, Patna, Patna, Bihar, PIN:800006</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

Bank name: I.C.I.C.I. Bank
Address: GREATER KAILASH PART II
NEW DELHI
Delhi - 110048

5. Donor wise receipt of foreign contribution (in rupees)

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Donor Name</th>
<th>Address</th>
<th>Purpose</th>
<th>Receipt date</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>World Health Partners</td>
<td>653 5th Avenue San Francisco - CA 94118</td>
<td>Activities other than those mentioned above</td>
<td>01/11/2012</td>
<td>82504500.84</td>
</tr>
</tbody>
</table>
1. World Health Partners
2. 653 5th Avenue San Francisco - CA 94118
3. Activities other than those mentioned above
4. 12/04/2012
5. 182554793.04

2. World Health Partners
3. 653 5th Avenue San Francisco - CA 94118
4. Activities other than those mentioned above
5. 07/12/2012
6. 32129261.00

3. OTHER
4. Activities other than those mentioned above
5. 01/09/2012
6. 2236183.00

4. OTHER
5. Activities other than those mentioned above
6. 01/03/2013
7. 1345401.00

5. OTHER
6. Activities other than those mentioned above
7. 31/03/2013
8. 1342.46

Individual donors (B): --- NIL ---
Total (A+B): 300771481.34

6. Country wise receipt of foreign contribution

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Country Name</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>India</td>
<td>3582926.46</td>
</tr>
<tr>
<td>2</td>
<td>United States of America</td>
<td>297188554.88</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>300771481.34</td>
</tr>
</tbody>
</table>

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

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

Place:

Date:

Returns submitted to the ministry: Friday, November 08, 2013
Application printed on: Friday, November 08, 2013