

Annexure-II
Details of Un-Registered Old Age Homes

Sl. No	Name of the Old Age Home with Address, Contact Person and Mobile Number	Registered Number & Date of registration under societies/trust /companies Act	No. of working staff in the Home	Availability of infrastructure Rented /own	Plinth area
1	2	3	4	5	6

Source of funding (Specify the amount received in Rupees)						Inspections conducted in last 6months				Whether Help Line board is erected, if yes, send photo of home signboard along with helpline banner photo	Whether order copy direction of the Hon'ble High Court 35 of 2020 in WP(PIL) Dt 15.06.2020 Served. (Enclose acknowledgement)	Whether notice has been issued to the Un-Registered Old Age Home. Furnish copy
State Government (Rs.)	Govt. of India (Grant-in-Aid received) (Rs.)	Donations (Rs.)	Self (Rs.)	Paid by inmates per head (Rs.)	Partially paid by Government (Rs.)	No. of times inspections conducted	Date of inspection (enclose report)	Inspection conducted By whom with name and designation	Reasons for not inspection	17	18	19
7	8	9	10	11	12	13	14	15	16			

Signature of the DWO/Asst. Director

O/o Director, Welfare of
Disabled and Senior Citizens
Department, T.S., Hyd.

Annexure-I
Details of Registered Old Age Homes

Sl. No	Name of the Old Age Home with Address, Contact Person and Mobile Number	Registered Number & Date of registration under societies/trust /companies Act	Registered Number & Date of registration with DWO/Asst. Director under MWPS Act (Enclose Certificate copy)	Validity of the Registration	No. of working staff in the Home	Availability of infrastructure Rented /own	Plinth area
1	2	3	4	5	6	7	8

Source of funding (Specify the amount received in Rupees)						Inspections conducted in last 6months				Whether Help Line board is erected, if yes, send photo of home signboard along with helpline banner photo	Whether order copy direction of the Hon'ble High Court 35 of 2020 in W/PIL) Dt 15.06.2020 Served. (Enclose acknowledgement)
State Government (Rs.)	Govt. of India (Grant-in-Aid received) (Rs.)	Donations (Rs.)	Self (Rs.)	Paid by inmates per head (Rs.)	Partially paid by government (Rs.)	No. of times inspections conducted	Date of inspection (enclose report)	Inspection conducted By whom with name and designation	Reasons for not inspection	19	20
9	10	11	12	13	14	15	16	17	18		

Signature of the DWO/Asst. Director