

**National NGOs Network Group Against AIDS, Nepal  
(NANGAN)  
Member Organisation Information**

1. Organisation Name: \_\_\_\_\_ Registration No: CDO \_\_\_\_\_  
SWC \_\_\_\_\_

Date of registration: \_\_\_\_\_

2. Address:

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Email address: \_\_\_\_\_

Website address: \_\_\_\_\_

3. Contact person: Name \_\_\_\_\_

Position \_\_\_\_\_

4. Number of staff:

Office based \_\_\_ Male \_\_\_ Female

Field based \_\_\_ Male \_\_\_ Female

Total \_\_\_ Male \_\_\_ Female

5. Organisations objectives: \_\_\_\_\_

6. Working area:

Community  Name: \_\_\_\_\_

Village  Name: \_\_\_\_\_

Ward  Name: \_\_\_\_\_

District  Name: \_\_\_\_\_

Region  Name: \_\_\_\_\_

7. Target Group:

Women  Trafficked Women/Girls

Dalits  PLWHAs

Child of PLWHA  IDUs

Transport Workers  MSM

FSWs  Clients of FSWs

Migrant Workers

Other (Please specify)  \_\_\_\_\_

**8. Programmes and activities:**

<b>Current Program/Project Name</b>	<b>Beneficiaries</b>	<b>Donor agency (if applicable)</b>
1.		
2.		
3.		
4.		
5.		

**9. Other support, for example VDC, DDC etc.:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**10. Tentative annual fund mobilisation in Rs:** \_\_\_\_\_

**11. Publications, annual reports or other reports:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(please provide a copy to NANGAN)

**12. Training programmes (if any):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**13. Main issues which affect your work:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Future plans of your organisation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**15. How long have you been a member of NANGAN: \_\_\_\_\_years**

**Last membership renewal with NANGAN\_\_\_\_\_**

**16. In your opinion, how can we strengthen NANGAN as a network organisation:\_\_\_\_\_**

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**17. What would you like to receive from NANGAN:**

- |   |                                |
|---|--------------------------------|
| <b>Newsletter</b>                       | <input type="checkbox"/>       |
| <b>Publications</b>                     | <input type="checkbox"/>       |
| <b>HIV/AIDS data</b>                    | <input type="checkbox"/>       |
| <b>Contacts</b>                         | <input type="checkbox"/>       |
| <b>Information about Global Fund</b>    | <input type="checkbox"/>       |
| <b>Member organisations information</b> | <input type="checkbox"/>       |
| <b>Other (Please specify)</b>           | <input type="checkbox"/> _____ |

**18. Any other comments that you would like to make:\_\_\_\_\_**

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