National Society for Change for Childhood Cancer in India

ANNUAL REPORT

THE MANDALA OF CARE

2025–26

Heart → Reach → People → Partnership → Promise.

One Child.
One Journey.
One Mandala of Care.





The word mandala originates from the ancient Sanskrit word for "circle" or "center". It refers to a geometric, symmetrical design or pattern that represents the cosmos, wholeness, and the interconnectedness of life.

Cankids Mandala *of Care is the circle around our child and the family -*
whose life, relationships, education, mental health, finances and future are all affected by cancer.

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A child's cancer journey is not one step, but many—guided by care, carried by community, and shaped by hope.

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SECTION 01

THE HEART OF OUR MANDALA

Who we are, what guides us, and
the values that hold our care together.

Who we are | leadership messages | vision, mission, values | Theory of Change and impact.



Rama's Story

A child at the centre. A system around him.

Rama (Ramkrushna Das) from a village in Jajpur, Odisha, was just 1 year 10 months old when he was diagnosed with B-ALL at AIIMS, Bhubaneswar in June 2025.

His father is a farmer and his mother is a primary school teacher. For a family from a village the diagnosis brought fear, uncertainity and financial strain but it also set in motion a circle of care that shows what is possible when a system supports a child.

Through CanKids, the family was linked to holistic support and helped to access Ayushman Bharat and state scheme support. Our Patient Navigator Damyanti Nayak, herself a mother of a survivor, walked with the family step by step, while the State Coordination Centre — the Samanvay Kendra — helped coordinate care.

Ramkrushna is now on maintenance treatment. He continues to remain connected to care through follow-up and coordinated support — with his family, hospital, navigator and system working together.





CHAIRMAN'S MESSAGE

THE MANDALA OF CARE

The idea of the Mandala of Care took shape in Manipal in November 2025, at the 9th Annual Conference for social support NGOs and teams, organised by CanKids and Partnering NGOs on behalf of IAP PHO alongside PHOCON.

For the conference memento, we chose a Rangavalli-inspired design, drawing from Karnataka's traditional art form. The Mandala - a sacred circle symbolising harmony and interconnectedness - captured what we had been building towards for years: the child at the centre, surrounded by family, medical teams, social systems and community, all connected and working together as one.

CanKids...KidsCan began with a simple belief: no child should die of cancer because care is unavailable, unaffordable or too far away. What began as support for children and families navigating cancer has grown into a national movement working across the full childhood cancer journey - from detect, diagnose and refer, to treatment, education, survivorship, reintegration, palliative and bereavement care.

As our work evolved, so did our focus. First came Closing the Care Gap - finding more children and helping them reach the right centres. Then Bhagidari Badhao - recognising that children and families, survivors, hospitals, governments and communities all need to participate. Then No More Financial Loss - because reaching care is not enough if a family is impoverished in trying to save its child.

And one truth became clearer with every step: no one organisation, no one hospital and no one government can do this alone.
Our state childhood cancer work, aligned with the WHO, GICC CureAll framework, evolved into our 7S Framework for Change for Childhood Cancer in India.

The Sanskrit-rooted terms were deliberate - seven interconnected ways of working, all reinforcing one another around the child:

Sahbhagita - patient-centred care, participation and partnership

Sajhakaran - shared care

Seva (YANA) - service delivery and holistic support services

Sanshodhan - research, evidence, knowledge and innovation

Sugamikaran - financial protection and easier access to care

Sakshamikaran - capacity building and empowerment

Samanvay - governance, coordination and care coordination

This year, that integration was visible in action: signing our Odisha MoU in November; advocating through ICCi with the Central Government for a Technical Expert Group; launching Srijan BMT in Uttar Pradesh; and in the many state consultations, hospital partnerships and capacity-building efforts that strengthened the ecosystem around the child.

As we moved from Karnataka to Punjab and adjoining states, to Lucknow, Patna and our Bihar Promise, adapting the model state by state, the idea became clearer: the Mandala must sit within and beneath the 7S Framework. The 7S are the enabling system. The Mandala is the ecosystem of care around the child. The Survival Equity Cascade is the child's journey:

Across that cascade, we are finding and connecting more and more children to care - from an estimated 29% reaching treatment centres in 2019 to 62% today. We have to keep pushing that number relentlessly upward, state by state and child by child, until we reach 100% access by 2030.

We closed the year with an extraordinary 5th edition of Cycle for Gold: over 40 days, 2,236 cyclists across 365+ cities rode 1.2 million kilometres for children with cancer - enough to circle the Earth about 30 times - and together helped raise Rs 3.1 crore. That spirit of collective action is exactly what the Mandala represents.

Our 2030 Promise gives us the accountability: 100% Access. 100% Financial Protection. 60%+ Survival.

State by state, hospital by hospital, partnership by partnership, we will keep strengthening the Mandala - so that every child with cancer in India has the chance to survive and thrive.



Poonam Bagai
Founder-Chairman | CanKids...KidsCan

Vision

Every child with cancer in India survives and thrives.
With equitable access to quality care, financial protection and their rights secured.

Mission

We work with children with cancer, their families and childhood cancer survivors, alongside hospitals, governments, philanthropic partners and funders, communities and all stakeholders, to enable the best standards of treatment, patient-centred care and support throughout the cancer journey.



Values

Child & Family First · Voice & Lived Experience · Equity & Access · Compassion with Purpose · Collaboration · Integrity, Accountability & Transparency · Innovation & Sustainability · Resilience & Hope

Goal 2030

100%
Access to Care

100%
Financial Protection

>60%
Survival

MESSAGE FROM THE C-SUITE

BUILDING AN INSTITUTION FOR THE FUTURE

As CanKids grows in reach, scale and ambition, our responsibility is not only to reach more children, but to build an institution capable of serving them consistently, responsibly and sustainably.

At the centre of everything we do is the child with cancer and the family. Child and Family first is the fulcrum around which our programmes, people, partnerships and systems must operate.

CanKids has evolved from supporting children and families through treatment to building a Mandala of Care around them—bringing together hospitals, governments, communities, partners and survivors. This evolution also calls for a shift in our culture: from individual effort to collective ownership, from working in silos to working across boundaries, and from delivering activities to taking accountability for outcomes.

With growth comes greater responsibility. Every rupee entrusted to CanKids carries an expectation of impact. We remain committed to being ethical, transparent and accountable, supported by strong governance, financial discipline, internal controls and evidence-based decision-making.

We are strengthening our structures, processes, technology, data, quality systems and Monitoring, Evaluation & Learning, building institutional capability that enables continuity, efficiency, quality and scalability.

At the same time, institutions are ultimately built by people—our most valuable resource. We have a special responsibility to care for the team that cares for our children and families, investing in their wellbeing, capability, development and sense of purpose. Collaboration and partnership remain a way of life at CanKids—within teams and with hospitals, governments, donors, partners, communities and families.

As we move towards 2030, our ambition is not simply to become a larger organisation, but a stronger institution—child and family centred, ethical, well-governed, people-focused, collaborative, evidence-led and built to sustain impact at scale.

Dr Haresh Gupta
Deputy CEO & Chief of Programmes

Ms. Poonam Tharad
Chief Human Capital Resource Officer

Mr. Arish Syed
Chief Resource Mobilization & Communication Officer

Mr. Pankaj Garg
Chief Financial Officer

THEORY OF CHANGE
THE MANDALA OF CARE

How CanKids creates change for children with cancer in India

Why Change Is Needed

Access
Many children still face social, geographic and financial barriers.

Cure
Survival improves with timely, appropriate diagnosis and treatment.

Care
Children need psychosocial, educational and palliative support for better quality of life.

Awareness
Greater awareness enables earlier detection and faster care.



Outcomes

- More children reach holistic care.
- Greater access to treatment and palliative care.
- Children and families thrive with reduced financial, psychological, social and neurocognitive harm.
- Stronger, more equitable childhood cancer care systems across India.

Impact

Rights of the child with cancer to health, education, childhood, pain and palliative care, and the right to be heard are secured.

2030 Promise:

100% Access
100% Financial Protection
60%+ Survival

IMPACT AT A GLANCE

What our Theory of Change is designed to achieve

RIGHTS IN ACTION

Every child with cancer has the right to:

HEALTH	EDUCATION	CHILDHOOD	PAIN-FREE & PALLIATIVE CARE	TO BE HEARD
The right to timely, quality care	The right to learn and continue learning	The right to play, hope and a better tomorrow	The right to comfort, dignity and quality of life	The right to participate in decisions that affect their lives

SURVIVAL

60%
by 2030

Every child has an equitable chance to survive and live well.



HOW WE DROVE IMPACT IN 2025–26

TURNING STRATEGY INTO CHANGE FOR CHILDREN AND FAMILIES

ACCESS TO CARE

62%

47280 as on 31st , March 2026
Estimated national access to childhood cancer treatment

7.8% ^ FROM 41359 IN LAST YEAR

FINANCIAL PROTECTION

₹69 Cr
enabled

₹34 Cr	₹13 Cr	₹22 Cr
Government schemes facilitated	Other / individual support	Direct beneficiary support by CanKids

41% ^ FROM 49 CR IN LAST YEAR

CHILDREN SUPPORTED

26,017
in FY 2025–26

164,800
since inception

12% ^ FROM 23216 IN LAST YEAR

HOSPITAL FOOTPRINT

142
hospital partnerships

61
cities
Part of a wider network of 612 hospitals

STATE FOOTPRINT

22
States & UTs

9	16
Government MoUs	State Projects

THE RESOURCES BEHIND THE WORK

PEOPLE, PARTNERSHIPS AND INVESTMENT THAT MAKE CHANGE POSSIBLE



TEAM

536
Human Resources

7,181
Team CanKids

Including healthcare professionals, volunteers, parent leaders, survivors and community champions

DONOR PARTNERS

CSR partners, family foundations, individual donors, campaigns and global partners

Together, investing in a healthier, brighter future for India's children.

FUNDS INVESTED

₹59 Cr
(US$ 6.32 million)
in FY 2025–26

12% ^ OVER LAST YEAR 52.76 CR

SECTION 02

THE REACH OF OUR CARE

How our care reaches children and families across India — through presence, services, care centres and milestones.

Year in review | national/state footprint | hospitals | state projects | district outreach | services and care centres.



THE REACH OF OUR CARE

NATIONAL FOOTPRINT
INDIA AT A GLANCE

Across 22 states and 61 cities. CanKids brings care, hope and opportunity closer to every child with cancer, strengthening families and communities nationwide.

CanKids Hospital Support Units (CHSUs)

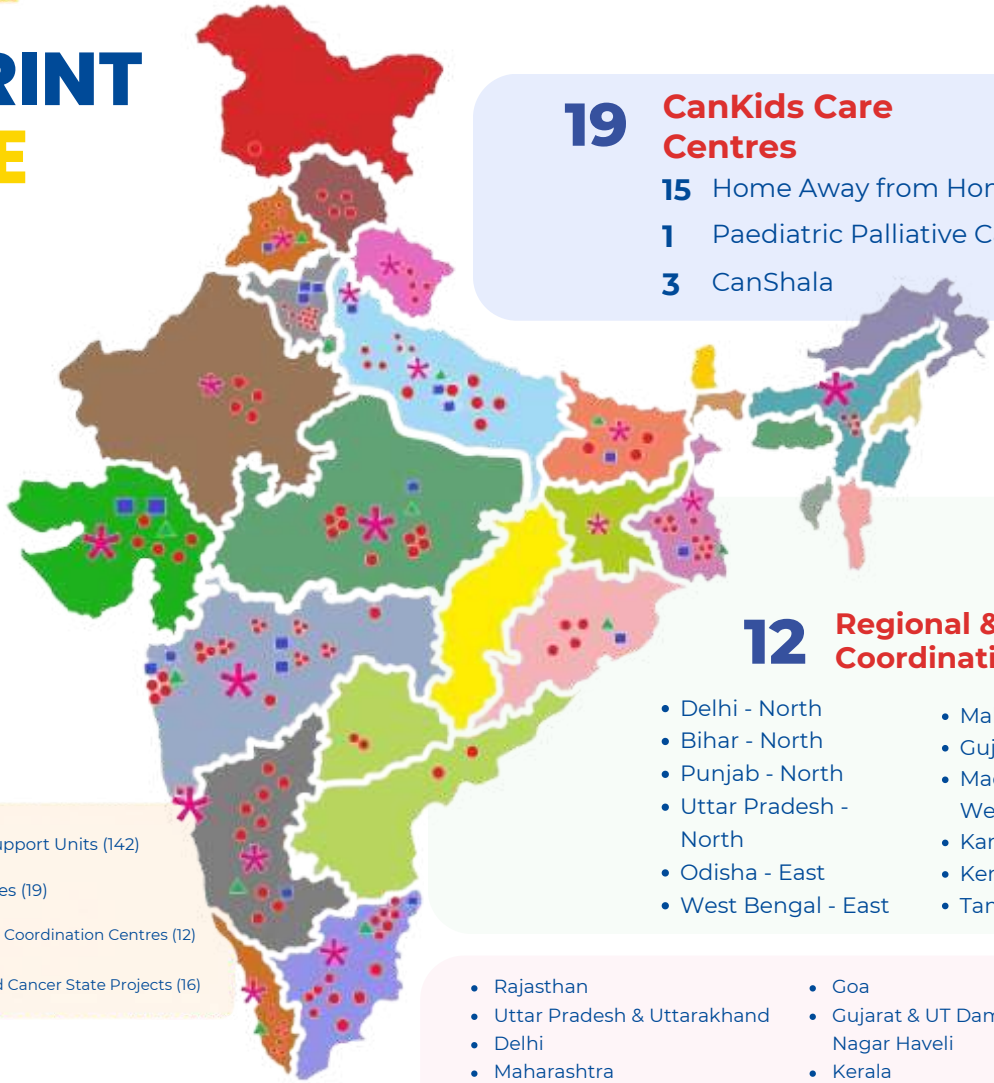
142

22 States
61 Cities

North	47
East	20
West	42
South	33

612+

Hospital Network Across States



19 CanKids Care Centres

- **15** Home Away from Home
- **1** Paediatric Palliative Care Centre
- **3** CanShala

12 Regional & State Care Coordination Centres

- Delhi - North
- Bihar - North
- Punjab - North
- Uttar Pradesh - North
- Odisha - East
- West Bengal - East
- Maharashtra - West
- Gujarat - West
- Madhya Pradesh - West
- Karnataka - South
- Kerala - South
- Tamil Nadu - South

16 Change for Childhood Cancer State Projects

- Rajasthan
- Uttar Pradesh & Uttarakhand
- Delhi
- Maharashtra
- Tamil Nadu & UT Puducherry
- West Bengal
- North East States (8 states)
- Punjab & UT Chandigarh
- Goa
- Gujarat & UT Daman & Diu & Dadra & Nagar Haveli
- Kerala
- Bihar & Jharkhand
- Karnataka
- Madhya Pradesh & Chhattisgarh
- Odisha
- Andhra Pradesh & Telangana

THE REACH OF OUR CARE

Across Four Regions

A connected network of hospital partnerships, care centres and state projects.

NORTH

47	6	5	12,660
CHSUs	HOMES AWAY FROM HOME	STATE PROJECTS	CHILDREN SUPPORTED

CARE COORDINATION: New Delhi · Chandigarh · Lucknow · Patna · Jaipur

PROJECT REACH: Bihar · Delhi · Punjab · Haryana · Himachal Pradesh · Jammu & Kashmir · Leh/Ladakh · Rajasthan · UP · Uttarakhand

EAST

20	3	3	3,354
CHSUs	HOMES AWAY FROM HOME	STATE PROJECTS	CHILDREN SUPPORTED

CARE COORDINATION: Kolkata · Bhubaneswar

PROJECT REACH: North East · Odisha · West Bengal

WEST

42	4	4	6,834
CHSUs	HOMES AWAY FROM HOME	STATE PROJECTS	CHILDREN SUPPORTED

CARE COORDINATION: Mumbai · Ahmedabad · Bhopal

PROJECT REACH: Goa · Gujarat · Daman & Diu · Dadra & Nagar Haveli · MP · Chhattisgarh · Maharashtra

SOUTH

33	2	4	3,303
CHSUs	HOMES AWAY FROM HOME	STATE PROJECTS	CHILDREN SUPPORTED

CARE COORDINATION: Chennai · Bengaluru · Trivandrum

PROJECT REACH: Andhra Pradesh & Telangana · Karnataka · Kerala · Tamil Nadu & Puducherry

15 Homes Away from Home • 12 Regional & State Care Coordination Centres • 3 CanShalas • 1 palliative care centre

THE REACH OF OUR CARE

State Projects & District Outreach

PARTNERSHIPS THAT REACH REAL LIVES

Together with state governments, health systems and local partners, we are building a nationwide ecosystem so that every child with cancer — regardless of where they live can access care, financial protection and a chance to survive and thrive.

10* states formally engaged

68% of India's estimated childhood cancer incidence

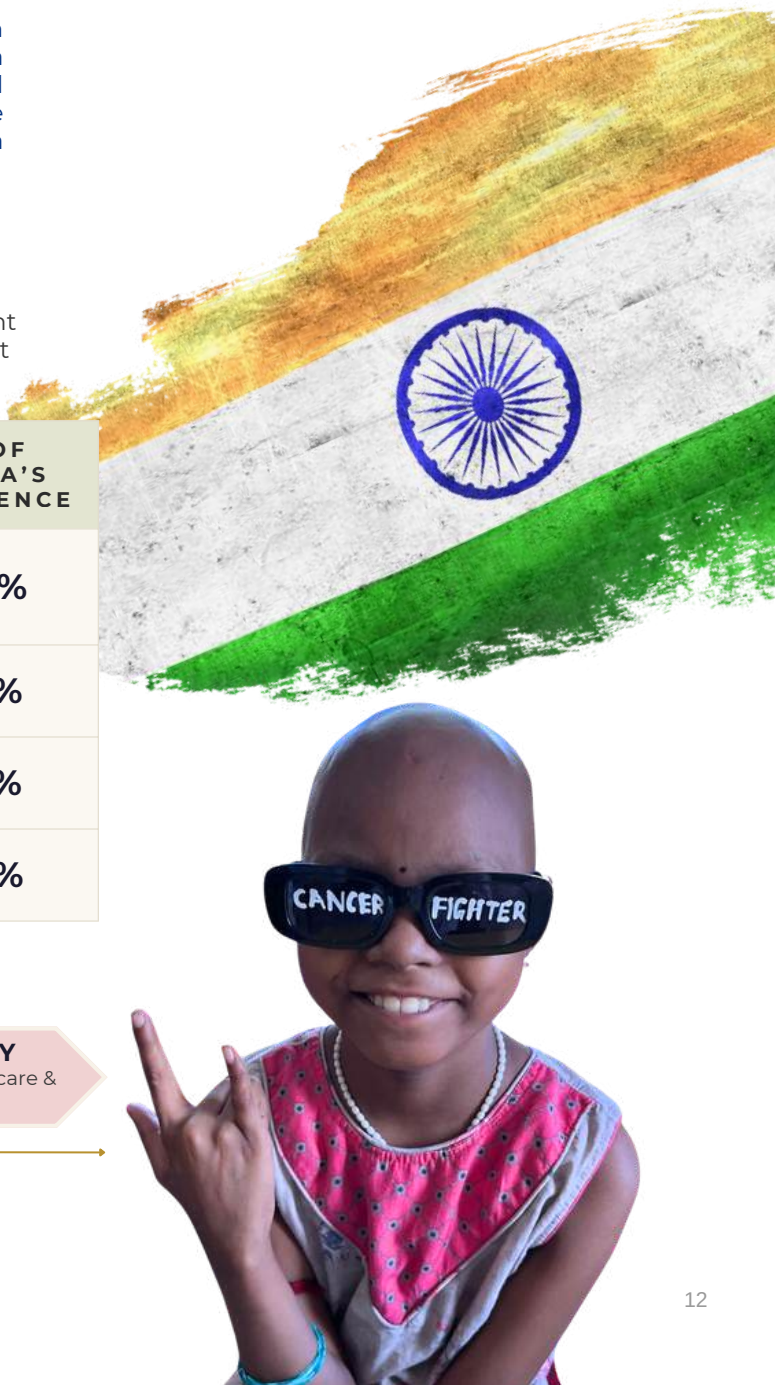
364 districts in the current engagement framework

OUR OUTREACH FRAMEWORK	DISTRICTS	% OF INDIA'S INCIDENCE
Formal State Partnerships MoUs with State Governments/Departments of Health or Education, active Samanvay Kendras and mapped hospitals.	364	45%
Working Towards Formal Engagement MoUs in progress. Operational Samanvay Kendras and growing district outreach.	141	17%
Programmatic Presence Direct services, hospital partnerships, outreach and data mapping.	153	12%
Future Expansion (2026–2030) Planned expansion under CCC India and Canshala for Life to reach every district in India.	156	10%

WORKING ACROSS THE CONTINUUM OF CARE

PRIMARY Awareness & early detection → **DISTRICT** Care coordination & referral → **TERTIARY** Treatment & multidisciplinary care → **QUATERNARY** Advanced specialist care & survivorship

Detect → *Diagnose* → *Refer* → *Treat* → *Survive* → *Thrive*



* MoU with Government of Bihar was Signed on 28 , July 2026

THE REACH OF OUR CARE

A Bridge from Referral to Specialist Care

Hospital partnerships enable Seva (YANA), Sugamikaran and Sanshodhan: support, access and evidence.

612

MAPPED TREATING **HOSPITALS**

Detection & referral pathways
Across the national treatment landscape

28

SHARED CARE UNIT

Sajhakaran·shared care
Medium programme investment

114

CANKIDS HOSPITAL SUPPORT UNITS

Hubs & centres of excellence
Highest programme investment

142

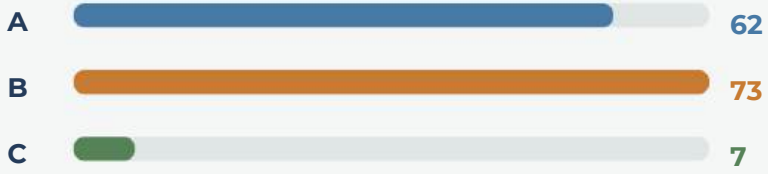
TOTAL CHSUs



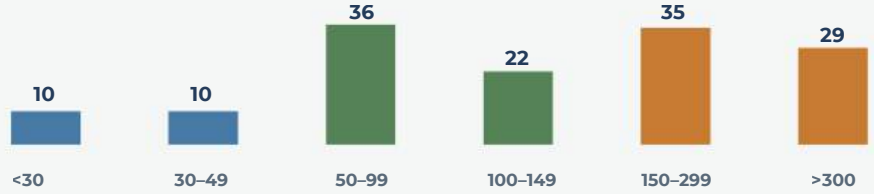
- **Navigation & information**
- **Medical support & scheme access**
- **Nutrition, hygiene, blood & accommodation**
- **Education & return to school**
- **Psychological & expressive therapies**
- **Childlife, outings & celebrations**
- **Family engagement & parent education**
- **Survivorship & palliative care**

INSIDE THE 142 HOSPITAL SUPPORT UNITS

City Category



Hospital Size by Patient Volume





Child & family at the Centre

- ACCESS
- CENTRES OF EXCELLENCE
- PROTECTION
- RESEARCH
- FINANCIAL PROTECTION
- SURVIVAL
- HOLISTIC CARE

The Power of Hospital Partnerships | AIIMS

WHEN CHILDREN REACH AIIMS

Specialist treatment is only one part of the journey. Our partnership brings patient navigation, holistic care and financial support alongside hospital teams - while building capacity and evidence for better outcomes.

AIIMS DELHI

Four CHSUs. One connected support system.

Across eight clinical departments and units, the four projects support children through treatment and beyond.

1,565

NEW REGISTRATIONS
FY 2025–26

3,600

HOLISTIC SUPPORT
SERVICES · ACROSS 4 UNITS

CHILDHOOD CANCER SURVIVORSHIP PROGRAMME (CCSP)

Led by Dr. Sameer Bakhshi and the AIIMS IRCH team, with CanKids support, it combines follow-up and research.

1,313 survivors enrolled · 8 peer-reviewed papers

The team: project associate, research assistant and psychologist; specialists in psychiatry, dermatology, gynaecology and dentistry.

AIIMS NETWORK
Delhi + Patna · Rishikesh · Bhopal · Bhubaneswar · Jodhpur · Bathinda · Gorakhpur

THE REACH OF OUR CARE

Medical Support & Projects

Helping children access and continue the treatment they need.

ABOUT THE SERVICE

Medical Support & Projects helps children and families overcome clinical and financial barriers that can delay or interrupt cancer treatment. Working alongside treatment hospitals, the service supports access to medicines, diagnostics, treatment assistance, specialist review and financial facilitation, while strengthening disease-specific quality and professional capacity.

WHAT WE DO

- **Medicines, diagnostics and treatment assistance**
- **Government / other financial facilitation**
- **Medical Committee Meetings and Virtual Tumour Boards**
- **Project Suddridh / One Cancer at a Time disease-specific work**
- **Nursing, NTPPO and medical capacity building**



FY 2025–26 REACH & SCALE

9,612
PATIENTS DIRECTLY SUPPORTED

3,774
PATIENTS SUPPORTED THROUGH FACILITATION

2,364
GOVT FACILITATION

1,777
OTHERS FACILITATION

54
VIRTUAL TUMOUR BOARD SESSIONS
188 CASES REVIEWED

BMT**: 66 |** Drug**: 5,579 |** Diagnostics**: 5,392 |** Prosthesis & Implants**: 615 |** Surgery**: 87 |** Radiation**: 79**

MEDICAL HEALTH-SYSTEM STRENGTHENING

Building the Capacity to Cure

Survival improves when the system around the child becomes stronger — more skilled people, better clinical pathways, specialist advice and evidence-based care closer to home.

01 **PAEDIATRIC ONCOLOGY CAPACITY BUILDING**
3 NTPPOs + 1 CME across 4 institutions, reaching 267 healthcare professionals.
Training, CME, clinical learning and continuing skills development.

02 **NURSING MANPOWER & SKILLS**
3 institution-based programmes reached 145 nurses; 15 internal capacity-building meetings.
Specialised nursing practice, patient safety and continuity of care.

03 **Virtual Tumour Board sessions for 7 Hospitals by Cankids Medical Advisory reviewed. Include : AIIMS Jodhpur, IGIMS Patna, KNMH Prayagraj, SMGS Jammu, BRD Gorakhpur, CHRI Gwalior**
Specialist advice for complex cases, treatment planning and clinical review.

04 **PROTOCOLS, QUALITY & SHARED CARE**
Standardised treatment approaches, timely referral, shared learning and stronger institutional capacity.
Connecting centres so evidence and expertise travel with the child.





National Society for Change for Childhood Cancer in India

PROJECT SUDDRIDH

ONE CANCER AT A TIME (OCAT)

DRIVING SURVIVAL, ONE CANCER AT A TIME

Through One Cancer at a Time (OCAT), CanKids brings clinicians, treatment centres, and families together to improve survival and quality of life for India's most curable childhood cancers. Each OCAT track strengthens early detection, diagnostics, protocol adherence, and follow-up care — building evidence, improving outcomes, and aligning India's response to the WHO Global Initiative for Childhood Cancer (overall).

Together, these eight focus cancers represent over 60% of India's childhood-cancer burden.

By addressing them systematically, OCAT is helping India move from fragmented care to disease-based survival networks.

Acute Lymphoblastic Leukaemia (ALL)

ALL is the most common childhood cancer, accounting for 24% of all cases. Under OCAT, CanKids ensures that every child with ALL receives comprehensive diagnostic and treatment support.

- Advanced diagnostics: Cytogenetics, MRD testing, BCR ABL in all registered centres
- Treatment continuity: Access to all chemotherapy and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system
- Research collaboration: Participation in INPHOG-ICICLE, and ICMR-CALL national studies

FY 2025–26 Snapshot:

- 10832 children supported
- 108 ALL-treating centres across India

Advisory: Dr. Amita Mahajan, Dr. Howard Scott, Dr. Arpita Bhattacharyya, Dr. Shuvadeep Ganguly

Retinoblastoma (RB)

RB is the most rare type of childhood eye cancer, accounting for 3% of all cases. Under OCAT, CanKids ensures that every child with RB receives comprehensive diagnostic and treatment support.

- Advanced diagnostics: MRI (brain and orbit), Genetic Testing in all registered centres
- Treatment continuity: Access to all chemotherapy and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system

FY 2025–26 Snapshot:

- 1937 children supported
- 69 RB-treating centres across India

Research:

1. A Prospective Collaborative Study for Newly Diagnosed Patients with Retinoblastoma in India (InPOG – RB – 19 – 01)- Enrollment completed and currently in follow-up of patients. One Research paper is published- "Lag time for diagnosis and treatment in 1120 retinoblastoma children: Analysis from InPOG-RB-19-01".
2. A Prospective Registry of Newly Diagnosed Patients with Retinoblastoma in India INPHOG-RB-25-02: Every Child Matters- 69 centres showed interest in this study. This study is in Enrolment phase. 20 RB treating centres are in participation across India. Participation of centres are in process.

Advisory: Dr. Santosh Honavar, Dr. Amita Mahajan, Dr. Sima Das, Dr. Rolika Bansal, Dr. Narendra Patidar, Dr. Surbahi Shaoo, Dr. Divyansh Mishra, Dr. Himika Gupta

Hodgkin Lymphoma (HL)

Hodgkin lymphoma is one of the most curable childhood cancers. Under OCAT, CanKids supports comprehensive diagnostic, treatment, adherence and follow-up care for children with Hodgkin lymphoma.

- Advanced diagnostics: PET-Scan in all registered centres
- Treatment continuity: Access to all chemotherapy and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system

FY 2025–26 Snapshot:

- 1697 children supported
- 94 HL-treating centres across India

Research:

1. Immunotherapeutic Strategies in Children and Adolescents with Hodgkin Lymphoma- *Real World Data (INPHOG-HL-24-04)- This study is a retrospective study, completed in 2025-26.*
2. Prospective Collaborative Study for Relapsed / Refractory Hodgkin Lymphoma (InPOG-HL-17-02)- *Enrollment completed and currently in follow-up of patients. Manuscript is in process.*

Advisory: Dr. Amita Mahajan, Dr. Manas Kalra, Dr. Sandeep Jain

Bone and Soft Tissue Sarcomas (BSTS)

Bone and soft tissue sarcomas are important childhood cancers that require specialized and multidisciplinary care, accounting for 10–15% of all childhood sarcoma cases. Under OCAT, CanKids ensures that every child with BSTS receives comprehensive diagnostic, treatment, and supportive care.

- Advanced diagnostics: Imaging (MRI/CT/PET), biopsy, and molecular testing at all registered centres
- Treatment continuity: Access to surgery, chemotherapy, radiotherapy, and supportive care drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system

FY 2025–26 Snapshot:

- 2377 children supported
- 99 BSTS-treating centres across India

Advisory: Dr. Manish Agarwal, Dr. Akshay Tiwari, Dr. Rajat Gupta, Dr. Amita Mahajan, Dr. Shruti Kakkar , Dr. Revathy Raj

ONE CANCER AT A TIME (OCAT)

Acute Promyelocytic Leukemia (APML)

APML is a rare but highly curable subtype of childhood leukemia, accounting for 10–15% of children. Under OCAT, CanKids ensures that every child with APML receives timely and comprehensive diagnostic and treatment support.

- Advanced diagnostics: Flow-cytometry, PML-RARA testing in all registered centres
- Treatment continuity: Access to all chemotherapy, targeted therapy (ATRA/ATO), and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system

Research:

Indian Childhood Acute Promyelocytic Leukemia Study (I-ChAMP)- *Registration started in March 2023. Total centers participated- 24 and 15 centres received EC approval. Registered with CTRI in march 2024. 143 patients are in retrospective cohort and 26 are in prospective. This study is sponsored by Cankids.*

FY 2025–26 Snapshot:

- 291 children supported
- 108 APML-treating centres across India

Advisory: Dr. Amita Mahajan, Dr. Nishant Verma, Dr. Smita Kayal, Dr. Shuvadeep Ganguly, Dr. Shweta Pathak, Dr. Maya Prasad, Dr. Anand Jillella, Dr. Howard Scott

Burkitt Lymphoma (BL)

Burkitt Lymphoma (BL) is a highly aggressive B-cell non-Hodgkin lymphoma (NHL) that primarily affects children and young adults. It is characterized by the translocation and deregulation of the MYC gene on chromosome 8, leading to rapid cell proliferation. ~6–8% of all childhood non-Hodgkin lymphomas in India.

- Advanced diagnostics: PET-SCAN, MR/CT in all registered centres
- Treatment continuity: Access to all chemotherapy and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA)

FY 2025–26 Snapshot:

- 321 children supported
- 69 BL-treating centres across India

Wilms Tumour (WT)

Wilms tumour, also called nephroblastoma, is a kidney cancer that primarily affects children, usually under the age of 5. It is the most common type of kidney cancer in children. Renal Cancer accounts for 6–7% of all childhood tumours.

- Advanced diagnostics: CT/MRI in all registered centres
- Treatment continuity: Access to all chemotherapy and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system

FY 2025–26 Snapshot:

- 833 children supported
- 80 WT-treating centres across India

Low-Grade Glioma (LGG)

Low-grade gliomas (LGGs) are slow-growing primary brain tumours arising from glial cells in the central nervous system. In children, they are typically WHO Grade I or II tumours. These tumours are less aggressive than high-grade gliomas and generally have a favorable prognosis. LGG has an incidence rate of 30–50% of all childhood brain tumours.

- Advanced diagnostics: MRI, Surgery in all registered centres
- Treatment continuity: Access to all chemotherapy and supportive drugs
- Adherence support: Patient navigation through the You Are Not Alone (YANA) system

FY 2025–26 Snapshot:

- 290 children supported
- 44 LLG-treating centres across India

Research:

BRAIN TUMOR REGISTRY WITH AI-BASED MANAGEMENT ACROSS DIFFERENT AIIMS HOSPITALS ACROSS- *This study is sponsored by cankids*

One research paper is published- *“A prospective observational study assessing waiting times from diagnosisto treatment in brain tumor patients”.*

LED BY

Dr Neelima Thakur
HOD, Medical Projects & Project Suddridh

Dr Amita Mahajan
Project Lead

Treatment Support Programme

Helping children stay nourished, safer and supported through treatment.

ABOUT THE SERVICE

CanKids KidsCan's Treatment Support Programme helps children with cancer and their families overcome the everyday barriers that can interrupt treatment. It provides nutritional assessments, diet counselling, supplements, meals and ration kits; hygiene education and infection-control supplies; blood-support services; affordable Home-Away-from-Home accommodation for families travelling to treatment centres; and transport support. By addressing nutrition, safety, accommodation and travel alongside medical care, the programme seeks to improve treatment completion, reduce infections and malnutrition, and support better quality of life for children and their families.

WHAT WE DO

- **Nutrition assessment, diet counselling, supplements, meals, and family ration kits**
- **Hygiene and infection-control kits**
- **Blood-donation support**
- **"Home-Away-from-Home" accommodation for families travelling for care**
- **Transport between home and hospitals, including inter-state travel**



FY 2025–26 REACH & SCALE

3330
HOLISTIC ACCOMMODATION

965
CANNOURISH KIDS

1,569
CANNOURISH FAMILY

5,964
HYGIENE INTERVENTION KITS

44,177
NUTRITION COUNSELLING SESSIONS

2,484
NUTRITION SUPPLEMENTATION

IMPACT OF SUPPORT

Continuity of Care
Helps children continue and complete cancer treatment by reducing practical barriers.

Better Nutrition
Improves nutrition and lowers the risk of malnutrition during treatment.

Infection Prevention
Reduces infections through hygiene education and essential care kits.

Essential Support Services
Ensures access to blood support, accommodation, and transport.

Improved Outcomes
Enhances children's quality of life and chances of recovery.

TREATMENT SUPPORT

17,870

Patients Supported



THE REACH OF OUR CARE

Home Away From Home

A Safe Place Between Hospital and Home



Home Away From Home provides safe, child-friendly, and temporary accommodation for children with cancer and their families who must travel away from home for treatment. These homes offer a supportive environment close to hospitals, along with basic facilities, meals, counselling, and transport assistance. The programme helps families remain together during long treatment periods and reduces the financial and emotional strain of living in an unfamiliar city.

FY 2025–26 REACH & PRESENCE

15	1805	73509	77%
Home Away From Home centres	families	accommodation days	Avg. Occupancy

close to treatment hubs

safe caregiver stay

supports continuity of care





LED BY

Sarbani Chowdhary

Deputy General Manager, TSP

OUR CARE CENTRES



Snehograh

New Delhi Delhi

BENEFICIARIES: 576 | CAPACITY-22



Sneh Sharan

New Delhi, Delhi

BENEFICIARIES: 270 | CAPACITY-6



Sadda Veda

Chandigarh Punjab

BENEFICIARIES: 177 | CAPACITY-10



Sapno ka Ghar

Lucknow UP

BENEFICIARIES: 315 | CAPACITY-8



Sneh Niwas

Patna Bihar

BENEFICIARIES: 705 | CAPACITY-23



Snehashish

Varanasi UP

BENEFICIARIES: 444 | CAPACITY-22



Snehoneer

Kolkata West Bengal

BENEFICIARIES: 453 | CAPACITY-28



Snehara Ghara

Bhubaneswar, Odisha

BENEFICIARIES: 294 | CAPACITY-18



Sundara Awaas

Cuttack Odisha

BENEFICIARIES: 54 | CAPACITY-16



Sukh Anand

Bhopal MP

BENEFICIARIES: 489 | CAPACITY-21



Sneh Kunj

Aurangabad Maharashtra

BENEFICIARIES: 249 | CAPACITY-22



Sneh Sansaar

Nagpur Maharashtra

BENEFICIARIES: 276 | CAPACITY-22



Subhag Awas

Ahmedabad Gujarat

BENEFICIARIES: 894 | CAPACITY-22



Salil Nivas

Bangalore Karnataka

BENEFICIARIES: 66 | CAPACITY-8



Snehalya

Chennai Tamil Nadu

BENEFICIARIES: 198 | CAPACITY-24

THE REACH OF OUR CARE

Paediatric Psycho-Oncology & Child Life

Helping children and families cope, stay engaged with care, and preserve a sense of safety and childhood through the cancer journey.

ABOUT THE SERVICE

Paediatric Psycho-Oncology supports the emotional and psychological wellbeing of children with cancer, survivors and families from diagnosis through treatment, survivorship, palliative care and bereavement. It helps children and families cope with distress, understand treatment, stay engaged with care and preserve a sense of emotional safety and childhood during a difficult journey.

WHAT WE DO

- **Psychological risk assessment and screening**
- **Individual and family counselling**
- **Treatment adherence / abandonment counselling**
- **Child Life – Kekadu, Make-A-Wish and child-friendly wards**
- **Training and capacity building for healthcare teams**
- **55 in-person locations plus 59 locations through SSOPD.**



FY 2025–26 REACH & SCALE

10,261
UNIQUE BENEFICIARIES

4047
PSYCHO-EDUCATION

3,941
EXPRESSIVE THERAPY

2,811
GROUP THERAPY

3,021
PSYCHOLOGICAL TESTING

47,912
TOTAL NUMBER OF SESSIONS

IMPACT OF SUPPORT

Diagnosis & adjustment

Identify psychological risk, distress and support needs early.

Treatment coping / adherence

Help children and families cope, communicate, make sense of treatment and address abandonment risk.

Survivorship or palliative care

Support treatment adherence and address grief and palliative needs

Family / bereavement support

Provide age-appropriate therapy, end of life and bereavement support.

SYSTEMS & PROGRAMME STRENGTHENING

Integrated 50+ cancer-specific mental health screening tools into VCAN with automated scoring and instant interpretation, enabling quicker clinical decision-making and standardisation.

Developed a comprehensive PPOP dashboard to monitor service delivery across weekly, monthly, quarterly and annual timelines, disaggregated by service type, psychologist and location for real-time programme oversight.

Organised 2 music therapy–based celebrations on World Mental Health Day led by a UNESCO-certified expressive arts therapist



THE REACH OF OUR CARE

CHILD LIFE

Creating moments of play, comfort, expression and childhood within the treatment journey.



CHILD LIFE – KEKADU MAKE-A-WISH

2,700
children reached

Wishes bring
brighter tomorrows.

TOY & BOOK LIBRARY

Established a Toy and Book Library with local donor support.

CHILD LIFE GIFTS

~500

child life gifts (toys) mobilised pan-India through local donors.

03 **Make-A-Wish Foundation programmes**

CHILD-FRIENDLY WARDS / PLAY ROOMS

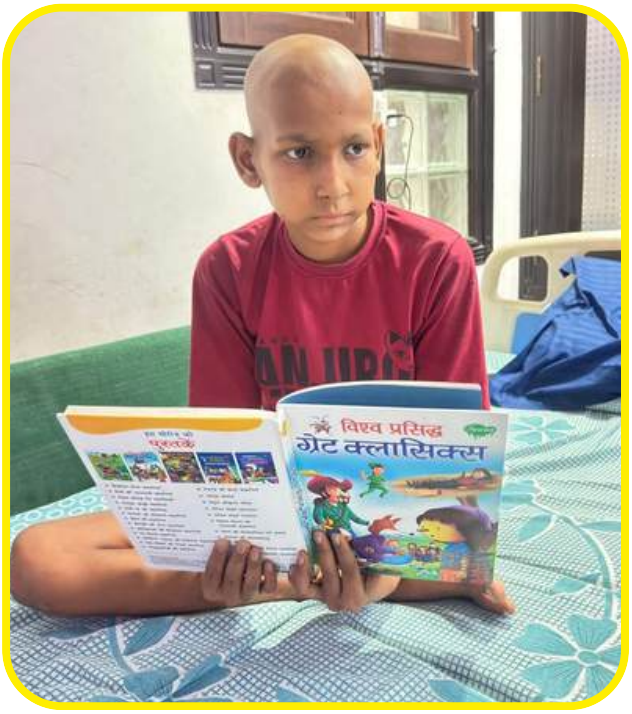
Set up at 7 locations

01 SSKM Hospital
02 HAH Bhubaneswar
03 HAH Kotla
04 BRD Gorakhpur
05 KGMU Lucknow
06 PGICH Noida
07 IGIMS Patna

2,000

beneficiaries reached through these child-friendly spaces.









LED BY

Aalapti Singh

General Manager, Paediatric Psycho-Oncology

THE REACH OF OUR CARE

Education

Helping children continue learning, remain connected to childhood, and move back toward school, higher education and future opportunity.

ABOUT THE SERVICE

Programme ensures that children with cancer can continue learning during and after treatment. Through CanShala—its school-in-hospital model—hospital learning spaces, online classes, learning activity clinics, and scholarships, the programme adapts education to each child's health needs and treatment schedule. It also supports school and college reintegration, helping children retain confidence, social connection, and hope for their future.

WHAT WE DO

- **Ward / bedside and non-formal education**
- **Formal education and personalised education plans**
- **CanShala and Online CanShala**
- **Tutoring, mentoring and reintegration follow-up**
- **Scholarships and Annual National Childhood Cancer Excellence Awards**



FY 2025–26 REACH & SCALE

14,409
CHILDREN SUPPORTED

2,967
ONLINE EDUCATION REACH

1,458
SCHOLARSHIPS

₹1.04 Cr+
SCHOLARSHIP DISBURSEMENT

7809
FORMAL EDUCATION

11,349
NON FORMAL EDUCATION

5615
THERAPEUTIC SESSIONS

IMPACT OF SUPPORT

Treatment-related school disruption

Keep learning and routine alive during prolonged treatment.

Continued learning

Reduce avoidable learning loss and isolation from school life.

School Reintegration

Support a planned return to school after treatment interruptions.

Higher education / future opportunity

Open pathways to scholarships, higher education and future opportunity.

1291

children reintegrated



CANSHALA

FOR LIFE



A school for children with cancer — keeping learning, routine and possibility alive through treatment.

Cancer treatment can interrupt school for months or even years. Children lose classroom time, friends, routine and confidence. CanShala for Life helps ensure that treatment does not become a permanent break in a child's education.

It provides a child-friendly learning environment where children with cancer can continue formal and non-formal education, receive personalised learning support, tutoring and mentoring, participate in therapeutic and creative activities, and prepare to return to mainstream education.

LEARNING THAT CONTINUES THROUGH TREATMENT

Personalised Learning

Diagnostic assessment and personalised education plans help teachers understand where each child is academically and what support they need next.

Formal & Non-Formal Education

Children continue age-appropriate learning even when regular school attendance is disrupted.

Tutoring & Mentoring

Focused academic support helps children address learning gaps and remain connected to their education.

Online Learning

Digital teaching extends learning to children who cannot regularly attend a physical CanShala.

Reintegration

Teachers follow up with children and families to support the transition back to school and continued education after treatment.

Future Pathways

Education continuity connects children onward to scholarships, higher education and future opportunities.

CANSHALA FOR LIFE AT A GLANCE

1,051
new registrations

790	261
Maharashtra	Tamil Nadu



THE REACH OF OUR CARE

Scholarships & Children's Awards

Supporting children to stay connected to education — and celebrating what they continue to achieve.



LED BY

Rahul Sharma
General Manager, Education

Scholarships

1,480
children received scholarships

₹1.04 Cr
scholarship support

1,296
children reintegrated into education

14,409 children received Education support during FY 2025–26.

Online education reach: 2,937

Children's Awards

15th & 16th ANCCEA

Annual National Childhood Cancer Excellence Awards

51 children recognised

A combined celebration of two award cycles,
held in hybrid mode on 9 May 2026.

2,316 applications across 2023–25

Academic · Creative · Regional · Sports · Science & Technology · KCK

THE REACH OF OUR CARE

Patient Navigation, Advocacy & Family Engagement

Helping children and families understand the journey, stay connected to care and find support.

ABOUT THE SERVICE

Patient Navigation, Advocacy & Family Engagement helps children and families understand the cancer journey, move between services, remain connected to follow-up and find peer support and rights-based pathways. It extends from diagnosis and treatment navigation into survival, reintegration and participation, keeping family and survivor voice active across Cankids' care model.

WHAT WE DO

- **YANA information support and care coordination**
- **Emotional support and structured follow-up**
- **Parent and survivor forums: KCK and P3SG participation**
- **Passport2Life and continuity of care**
- **Reintegration, livelihood and disability certificate facilitation**



FY 2025–26 REACH & SCALE

13,159
PSYCHO-ONCOLOGY BENEFICIARIES

3,941
EMOTIONAL-SUPPORT INTERACTIONS

116,857
DISTRICT PARENT PATIENT NAVIGATOR (DPPN) BENEFICIARIES

887
PASSPORT2LIFE ENROLMENTS, FY 2025–26

2,359
KCK MEMBERSHIP

4,177
P3SG MEMBERSHIP

IMPACT OF SUPPORT

Diagnosis / information

Understand next steps and navigate services with clearer information.

Navigation & follow-up

Stay connected to follow-up and continuity of care.

Family & peer support

Find emotional and peer support through parent / survivor networks.

Survivorship & Reintegration

Access survivorship, reintegration, livelihood and disability-support pathways.



THE REACH OF OUR CARE

Survivorship & Disability Support

Survivorship begins before treatment ends — helping children move from cancer care toward education, work, independence and participation in everyday life.



FROM TREATMENT TO A BRIGHTER TOMORROW

Treatment completion → **Passport2Life** → **Health & follow-up** → **Education / Work Reintegration** → **Disability support where needed** → **Participation & independence**

CHILDREN THRIVE. COMMUNITIES GROW STRONGER.

887
Passport2Life enrollments in FY 2025–26

3,975
Passport2Life cumulative enrollments

98
Survivor Forums

7,231
Survivor Forum attendances

Removing barriers to participation

Disability-certificate facilitation helps eligible survivors access rights, entitlements and support that can make education, mobility and participation more practical.

Disability Certificate Service

366 applications supported

140 disability certificates issued



THE REACH OF OUR CARE

Parent & Survivor Groups

Parents and survivors do more than receive support. Through KidsCan Konnect (KCK), Path Pradarshak Parivarik Sahayata Group (P3SG), forums and member-led activity, lived experience becomes peer support, participation, advocacy and a stronger voice for children and families.



Community in Action



Peer support

Families and survivors supporting others who understand the journey.



Participation

Members joining forums, meetings and programme activity.



Advocacy

Patient, parent and survivor voices informing awareness and stakeholder dialogue.



Reintegration

Connecting survivors and parents with education, livelihood and community pathways.



2,359
KidsCan Konnect members

4,177
Path Pradarshak Parivarik Sahayata Group members

133
reintegration & livelihood beneficiaries



LED BY

Nirbhay Singh
Head of Department – PNAFE

FY 2025–26 Activity Highlights

MORE PEOPLE. STRONGER VOICES. BRIGHTER TOMORROWS.

27 KCK monthly meetings

429

22 P3SG monthly meetings

932

234 Parent Forums

attendances

98 Survivor Forums

attendances

340 participants
National Cancer Survivors Day

Capacity & Skill Building

Strengthening the people around every child.

ABOUT THE SERVICE

Capacity & Skill Building strengthens the people who deliver childhood cancer care — frontline health workers, social support teams, nurses, doctors, programme teams and other stakeholders.

By improving knowledge, confidence and consistency of practice, CankKids helps strengthen early recognition and referral, supportive care, patient navigation and quality of service delivery across the childhood cancer care network.

WHAT WE DO

- **Frontline Health Worker Training —** ASHA and community-level childhood cancer sensitisation
- **Social Support Team Capacity Building —** refresher learning for patient navigation, family support and holistic care
- **Doctors & Clinical Training —** clinical learning, Practical Paediatric Oncology and professional workshops
- **Nursing Capacity Building —** training focused on childhood cancer care and supportive-care practice
- **Digital & vCAN Capability Building —** supporting teams to use data and digital systems more effectively
- **Cross-Programme Learning —** webinars, workshops and professional learning across programmes and regions



FY 2025-26 REACH & SCALE

25,481
ASHA WORKERS TRAINED

116
DISTRICTS REACHED THROUGH ASHA TRAINING

1,794
DOCTORS TRAINED

106
NURSES TRAINED

279
SOCIAL SUPPORT TEAM STAFF TRAINED

6
SST TRAINING SESSIONS

IMPACT OF SUPPORT

Earlier Recognition
Strengthens frontline understanding of childhood cancer signs and referral pathways.

Stronger Clinical Practice
Builds knowledge and skills among doctors and nurses supporting children with cancer.

Consistent Family Support
Helps Social Support Teams deliver more informed navigation and holistic support.

Better Referral & Coordination
Strengthens connections between communities, hospitals and CanKids care systems.

Quality at Scale
Helps care practices remain more consistent as CanKids expands across locations.

LED BY

Poonam Tharad
Head, Capacity & Skill Building Working Group



THE REACH OF OUR CARE

Paediatric Cancer Research Institute (PCRI)

Generating evidence to improve childhood cancer care, access, outcomes and survivorship in India.

ABOUT THE SERVICE

The Paediatric Cancer Research Institute (PCRI), the research arm of CanKids, is focused on generating evidence to improve childhood cancer care, access, outcomes and survivorship in India. Recognized as a Scientific and Industrial Research Organisation (Siro) by DSIR, PCRI works across the CanKids network and with partner institutions to undertake research, build evidence, strengthen research capacity and translate findings into practice and policy.

WHAT WE DO

- **Access to Care and Epidemiology** — Identifying gaps and barriers in access to care and generating epidemiological evidence.
- **Disease & Intervention Specific** — Research on childhood cancers, treatment-related challenges and interventions that improve outcomes.
- **Social Support, Continuity of Care & Quality of Life** — Researching the social, emotional and financial dimensions of care.
- **Advocacy** — Translating findings into evidence-based advocacy messages and policy recommendations.
- **Building Capacity for Research & Practice Partnership** — Strengthening research capacity and fostering collaboration among clinicians, researchers, survivors and stakeholders.



FY 2025-26 REACH & SCALE

143 ~~142~~ PARTNER HOSPITALS

19 RESEARCH PROJECTS

10 RESEARCH OUTPUTS

11 PRESENTATIONS / CONFERENCE PARTICIPATIONS

1,313 CCSP SURVIVORS ENROLLED

158 PARTICIPANTS TRAINED

IMPACT OF SUPPORT

Access & Epidemiology

Builds evidence on barriers to care and the childhood cancer landscape.

Better Services

Generates insights that strengthen continuity of care and patient-family experience.

Survivorship & Quality of Life

Expands understanding of long-term outcomes, wellbeing and supportive-care needs.

Advocacy & Policy

Turns research findings into evidence for programme design, advocacy and policy dialogue.

Research Capacity

Strengthens partnerships, ethical oversight and research practice across the ecosystem.

LED BY

Dr. Haresh Gupta
Lead PCRI & Deputy CEO

KEY HIGHLIGHTS

- 4 Institutional Ethics Committee meetings held; 6 protocols reviewed / monitored
- 276 family interviews across 13 Home Away From Home centres; 91% happiness level
- 1,042 patients included in the malnutrition study; 39.7% identified as malnourished
- 130 children enrolled across 3 centres in the SNOWMAN Phase III trial

THE REACH OF OUR CARE

Paediatric Palliative Care Programme

Supporting comfort, dignity and quality of life for children and families through serious illness, supportive care, respite and bereavement.

ABOUT THE SERVICE

CanKids' Paediatric Palliative Care Programme (PPCP) provides holistic, child- and family-centred palliative care from diagnosis onwards. The programme helps children with cancer and other serious conditions manage pain and symptoms, receive psychosocial and emotional support, and stay connected to care across hospital, home and community. It supports children and families through treatment, survivorship, end-of-life care and bereavement, while strengthening systems of compassionate care.

WHAT WE DO

- Pain and symptom management
- IPD and OPD palliative care consultations
- Psychosocial, spiritual and bereavement support
- Family counselling and caregiver guidance
- Home-based, tele-support and referral coordination
- Training and capacity building for healthcare professionals



FY 2025-26 REACH & SCALE

916	179	806	191	280	29
TOTAL BENEFICIARIES	PATIENTS SUPPORTED	TRANSPORT SERVICES	BEREAVEMENT SUPPORT	BEREAVEMENT COUNSELLING	DISABILITY CERTIFICATES FACILITATED

IMPACT OF SUPPORT

Alongside Treatment

Supports the child and family emotionally and practically.

Pain & Symptom Relief

Relieves pain and distressing symptoms and protects quality of life.

Home & Community Care

Extends support beyond the hospital and closer to families.

End-of-Life & Bereavement

Provides dignity, comfort and bereavement care when needed.

Better Continuity of Care

Helps families navigate complex needs through sustained support and follow-up.



THE REACH OF OUR CARE

Subhita — Paediatric Palliative Care Centre

A dedicated space where children and families receive comfort, support and dignity through every stage of care.

ABOUT THE CENTRE

Subhita is CanKids' Paediatric Palliative Care Centre (PPCC), created to support children with cancer and their families with holistic, child-friendly and family-centred care. The centre brings together medical, psychosocial and supportive services in one nurturing environment so that children receive comfort, symptom relief, emotional support and continuity of care.

WHAT WE DO

- Pain and symptom management
- Counselling and emotional support
- Day-care, OPD and follow-up support
- Family guidance and care planning
- End-of-life and bereavement support
- Linkages for home and community-based care

Comfort. Dignity.
Family-centred care.







THE REACH OF OUR CARE

How PPCC Supports Children and Families

Subhita helps children and families navigate difficult moments with clinical care, emotional reassurance and a safe, child-friendly environment.

THE CARE APPROACH

CHILD AT THE CENTRE

Care is shaped around the child's symptoms, stage of illness, comfort and personal needs.

FAMILY SUPPORT

Parents and caregivers receive counselling, guidance and help in decision-making and day-to-day care.

TEAM-BASED SUPPORT

Doctors, nurses, counsellors and the wider care team work together to provide holistic support.

CONTINUITY OF CARE

Support extends beyond the centre through follow-up, referral and coordination with hospital and home-based care.

LED BY

Maj (Dr) Rashmi Sharma
Head of Department, Paediatric Palliative Care Programme

THE REACH OF OUR CARE

Communication, Engagement, Public Awareness & Advocacy

Taking CanKids' work from programmes to people.

ABOUT THE SERVICE

CEPAA strengthens CanKids' public voice through communication, engagement, public awareness and advocacy. It translates programme work into clear, child-focused communication across campaigns, digital platforms, newsletters, the website, films, media, events and collaterals — helping programmes reach communities, partners, donors and decision-makers.

WHAT WE DO

- **Campaign communication and public awareness**
- **Social media strategy, content and digital amplification**
- **Website updates and digital visibility**
- **Newsletters, emailers and donor communication**
- **Print and digital collaterals**
- **Films, reels, videos and storytelling**
- **Press and advocacy communication**
- **Brand consistency and creative review**



FY 2025-26 REACH & SCALE

66.5K
FACEBOOK VIEWS

149K
INSTAGRAM TOTAL VIEWS

69,000
WEBSITE ACTIVE USERS

7,180
LINKEDIN PAGE VIEWS

KEY OUTPUT AREAS

- **Brand Properties** — Ban Jayenge Gold, Cancer Ko Dhishoom Dhishoom, Cycle for Gold, PACER
- **Films & Videos** — awareness videos, campaign reels, donor/event films
- **Events** — RB Awareness Week, DB Hair for Hope, Nurses Day, Doctors' Day, CCAM, National Cancer Survivors Month
- **Newsletter & Website** — newsletter issues and website updates
- **Print & Digital Media** — posters, campaign creatives, IECs, reports
- **Press Coverage** — media visibility and press coverage

Additional digital metrics: 48K Instagram reach | 3,091 LinkedIn unique visitors

IMPACT OF SUPPORT

Public awareness
Campaigns helped to childhood cancer awareness to wider audiences through social media, events, press, films and digital platforms.

Donor communication
Newsletters, emailers, reports and campaign collaterals supported regular donor-facing communication and engagement.

Programme visibility
CEPAA enabled programme teams with communication material, event branding, IECs, videos, reports and digital visibility.

Digital growth
Website, email and donation-linked digital channels supported stronger outreach and donor journeys.



WE COMMIT TO 100% ACCESS, 100% FINANCIAL PROTECTION AND 60% SURVIVAL FOR EVERY CHILD WITH CANCER – NO CHILD LEFT BEHIND "AB MILKAR KARENGE CANCER KO DISHOOM DISHOOM"

SECTION 03

THE PEOPLE AT THE CENTRE

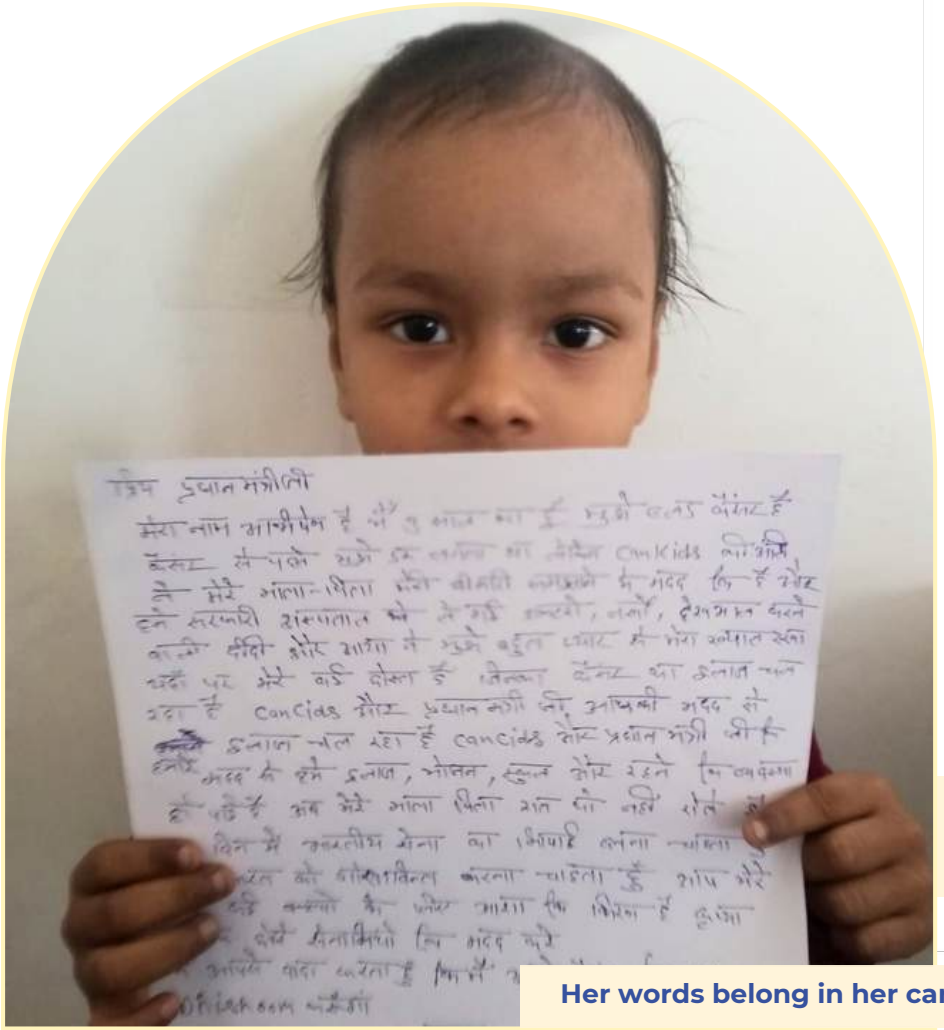
This section brings together the children and families, parents and survivors, Team CanKids, and the voices and recognitions that reflect the human experience behind the year.

Children with cancer | Parents and families | Survivors and Patient voice | Team CanKids | Leadership & Board/EGC/C-Suite



THE PEOPLE AT THE CENTRE

The People Who Shape Our Care



Her words belong in her care.

CHILDREN • PARENTS • SURVIVORS

Children speak

We uphold their rights to health, education and
childhood, and help them speak about their care. At CCAM 2025 and ICCD 2026, children wrote letters in their own voices.

Survivors and Parents Find a Voice

2,359
KCK members

4,177
P3SG members

KidsCan Konnect (KCK) and Path Pradarshak Sahayak Samuh (P3SG) are our two membership peer groups for survivors and parents.

From Experience to Influence

Our forums invite children, parents and survivors to share priorities. Parents become patient navigators, care coordinators, VOICE members and district parent patient navigators. KCK prepares survivors for awareness, capacity building and advocacy.

CHILDREN'S ACHIEVEMENT
2,316 applications / 51 honoured



THE SURVIVORS' PLEDGE

PHOSSCON 2025, MANIPAL

We are survivors.
We are the voice of lived experience.
We know what fear feels like.
We know what pain feels like.
We know what hope can do.
We know that the right to health is a right, not a privilege.
We know that patient-centred care is the only way forward.
And today, we call on every system, every state, every hospital to listen, to support, to respect, to never leave a child behind.
Not about us, but with us: This is patient-centred care.



Families are partners in every child's care.



THE PEOPLE AT THE CENTRE

TEAM CANKIDS

A multidisciplinary team working across treatment, care coordination, education, nutrition, psycho-social support, systems and support functions — all helping children and families move forward.

Frontline Care & Family Support

DIRECT CARE. STRONGER FAMILIES.

Social Workers	104	Patient Navigators	83
Teachers / Education Team	67	Dietitians / Nutrition Team	27
Psychologists / Psycho-Oncology Team	27	Nurses / Clinical Support Staff	39
Palliative Care Team	24	Medical / Clinical Programme Staff	22

Coordination, Field & Programme Networks

BRIDGING CARE. EXPANDING REACH.

State / Samanvay Coordination Team	55	Regional Team	7
Data & Technology / MASSI Team	4	Research / PCRI Team	1
Communications / CEPAA Team	5	Resource Mobilisation / Fundraising Team	10

Organisation Support

ENABLING IMPACT. EVERYDAY.

HR / People Team	7	Finance & Administration Team	26	Volunteers	4

THE PEOPLE AT THE CENTRE

SENIOR LEADERSHIP



Vaibhav Dayal
Chief Executive Officer
Date of Exit: 15 April 2026



Haresh Gupta
Deputy Chief Executive Officer



Arish Syed
Chief Resource Mobilization & Communication Officer



Poonam Tharad
Chief Human Capital Resource Officer



Saumy Agarwal
Board Advisor
Date of Joining: 1 April 2026
Fractional CFO: 7 Nov 2025 – 31 Mar 2026



Pankaj Garg
Chief Finance Officer
Date of Joining: 30 March 2026



Gaurav Himkar
Chief Transformation & Integration Officer
Date of Joining: 13 April 2026



Nasim Ahmed
Regional Head - North



Nabarun Panda
Regional Head - East



Dr Sachin Taware
Regional Head - West



Latha Mani
Regional Head - South



Dr Neelima Thakur
Head, Medical Project & Support Services Programme



Nirbhay Singh
Head, Patient Navigation, Advocacy & Family Engagement
(Parent and Survivor Groups)



Maj (Dr) Rashmi Sharma
Head - Paediatric Palliative Care Programme



Dr Smarajit Chakraborty
Director, National Outreach Projects & Programmes



Rumi Mitra
Director, Communication, Education, Public Awareness & Advocacy (CEPAA)



Vishwajit Mitra
Head Operations & Strategy



Mohit Gupta
Head – Planning, MEL and Finance Strategy



Rahul Sharma
General Manager - Education



Sarbani Chowdhary
Deputy General Manager Treatment Support Programme



Aalapti Singh
General Manager Paediatric Psycho-Oncology Program

THE PEOPLE AT THE CENTRE

BOARD ADVISORS



SOUMYA BANERJEE



ASHOK MEHTA



DR. SURESH SUNDAR



AMIT JAIN

BOARD MEDICAL COMMITTEE ADVISORS



Dr Amita Mahajan (Chair)
Sr. Consultant, Pediatric Hematology/Oncology Indraprastha Apollo Hospitals
Lead Project Suddridh, CanKids KidsCan



Dr Manas Kalra
Senior Consultant - Pediatric Hematology Oncology and BMT, Sir Ganga Ram Hospital,
New Delhi



Dr. Vikramjit Kanwar
Former Chief of Pediatric Oncology HBCH/MPMMCC Varanasi



Dr Sameer Bakhshi
Paediatric Oncologist
AIIMS, Delhi



Dr. Revathi Raj
Consultant-Pediatric Hematologist, Apollo Hospitals, Chennai



Dr. Shruti Kakkar
Consultant, Clinical Hematology and Stem Cell Transplant Unit. CMC & H, Ludhiana.



Dr Sushma Bhatnagar
Clinical Lead and Senior Consultant for Pain and Palliative Medicine at Indraprastha Apollo Hospitals



Dr. M. R. Rajagopal
Palliative Care Leader; Founding Trustee, Pallium India.



Dr Santosh Honavar
Director of Medical Services Centre for Sight Eye Hospital

BOARD RESEARCH ADVISORY COMMITTEE



Dr. Y K Gupta
President - AIIMS, Jammu



Dr. Scott Howard
CEO, Resonance Health



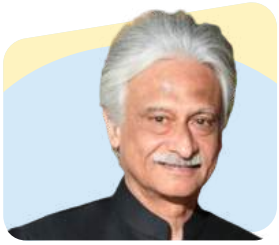
Dr Pooja Sharma
Sr. Researcher PCRI, CanKids KidsCan
CEO APAR Health

THE PEOPLE AT THE CENTRE

BOARD MEMBERS



Ms. Poonam Bagai
Founder-Chairman



Mr. Mukul Marwah
Vice Chairman



Ms. Sonal Sharma
Secretary | Parent Member



Mr. Tarun Ohri
Treasurer



Mr. Chandan Kumar
Joint Secretary | Survivor Member



Mr. Srinath Mukherji
Executive Member



Ms. Priti Dhall
Executive Member



Mr. Sandip Jariwala
Executive Member | Parent Member



Dr. Sunil Bhat
Executive Member



Mr. Arun Seth
Executive Member

AMBASSADORS



RUCHIRA AND PIYUSH GUPTA
Chairman, Keppel Ltd.
Ex - CEO DBS,
Singapore



ALAMELU AND ARVIND NARAINSWAMY
SAMBA BANK, RIYADH,
SAUDI ARABIA



DR. BLOSSOM KOCHHAR
FOUNDER & CHAIRPERSON,
AROMA MAGIC,
DELHI, INDIA


DON'T STOP

A Country Rides for Children with Cancer

Cycle for Gold – 5th Edition

1.2 million km

2,236 RIDERS · 365+ CITIES ₹3.1 CRORE RAISED

A PEOPLE'S MOVEMENT

For over 40 days, 4th of February to 16 March 2026, riders carried the cause through cities, towns and districts.

Schools, hospitals, districts and cycling groups, parents, survivors, volunteers and community turn every kilometre into a shared act of solidarity.

Helping turn kilometres into cures were Champions such as Tanveer Sabharwal (through Soleen Kaur), Piyush Gupta and Milind Godbole, along with corporate partners including CleverTap, S&P Global, Amazon and many others.

EVERY KM COUNTS

Families, young riders and long-time champions joined local rides and rallies Their shared effort brought childhood cancer into public view and mobilised support for care.

CFG became a national engagement and mobilisation platform that influenced:

* individual giving,
* CSR visibility,
* public awareness,
* community participation.

Together let's do CANCER KO DHISHOOM DHISHOOM

GIFT EVERY CHILD A GOLDEN TOMORROW








SECTION 04

THE POWER OF PARTNERSHIP

TOGETHER FOR EVERY CHILD

No one person, organisation, hospital, doctor or government can do everything alone.

THE SYSTEM CAN.

At CanKids, partnerships are how we turn compassion into access, evidence into action and commitment into childhood cancer survival.

By working with governments, hospitals, professional associations, civil society and donors, we build a stronger, more connected system — so that every child, everywhere, can not just start treatment, but complete it and live a healthier, brighter future.

GOVERNMENT PARTNERSHIPS

Stronger systems. Greater access.

HOSPITAL PARTNERSHIPS

Care that reaches children.

PROFESSIONAL PARTNERSHIPS

Skills, standards and evidence.

COLLECTIVE PLATFORMS

A stronger voice for change.

DONORS & IMPLEMENTATION PARTNERS

Ideas to impact. At scale.

A BRIGHTER TOMORROW

More children survive. More futures thrive.



SPOTLIGHT 04

PARTNERSHIP WITH IAP PHO & OTHER NGOs

PHOSSCON 2025, Manipal **9th Conference · alongside the 28th PHOCON**



Where care and cure meet

IAPPHO and CanKids brought NGOs, oncologists, nurses, social support teams, survivors and families together. National, regional and palliative care groups shared practice and strengthened ties across childhood cancer care.

THE RANGAVALLI MANDALA OF CARE
First imagined here, with child and family at the centre.

"

This collaboration between clinicians and CSOs is essential if we truly want to integrate cure and care for children with cancer in India.

Dr Manas Kalra

Secretary, IAP PHO



"

The conference reinforces an essential idea — that cure and care must go together for every child with cancer.

Dr Avinash Shetty

Medical Superintendent, KMC Manipal (MAHE)



9th EDITION • 41 NGOs • 128 PARTICIPANTS IN 2025 • 10 ORGANISING PARTNERS

IAPPHO's conference, organised with CanKids under an SOP; a yearly meeting point for NGOs, Parents, Survivors and health professionals.

2025 committee: Cankids • Umeedien • ICS • Hope • Leukaemia Crusaders • Aarambh • DigiSwasthya • Relief From Cancer • JDF • VSO KMC

CCISSN continues peer exchange between editions.

THE POWER OF PARTNERSHIP

Government Partnerships

Policy support. Systems change. Greater reach.

State partnerships enable us to integrate childhood cancer care into public health systems — strengthening services, expanding access and ensuring financial protection for more children, in more places.

NOV 2025
Odisha MoU signed

9
State Government partnerships active by March 2026

10
State Government partnerships (With Bihar)

INTEGRATE
childhood cancer into state health systems

EXPAND
access and financial protection

STRENGTHEN
infrastructure, workforce and referral systems

IMPROVE
survival outcomes for every child

> *State partnerships help us reach more children, earlier — and ensure that no family faces childhood cancer alone.*
>
> — Poonam Bagai, Founder-Chairman

Hospital Partnerships

CARE WHERE CHILDREN ARE. EXPERTISE WHEN IT MATTERS.

Our hospital partners are the backbone of our work - delivering quality, compassionate care across the continuum, from early detection to advanced treatment and survivorship support.

FOUR LEVELS OF CARE. ONE CONTINUUM.

Primary
Early detection and initial care

District
Diagnosis and standard treatment

Tertiary
Specialised and multidisciplinary care

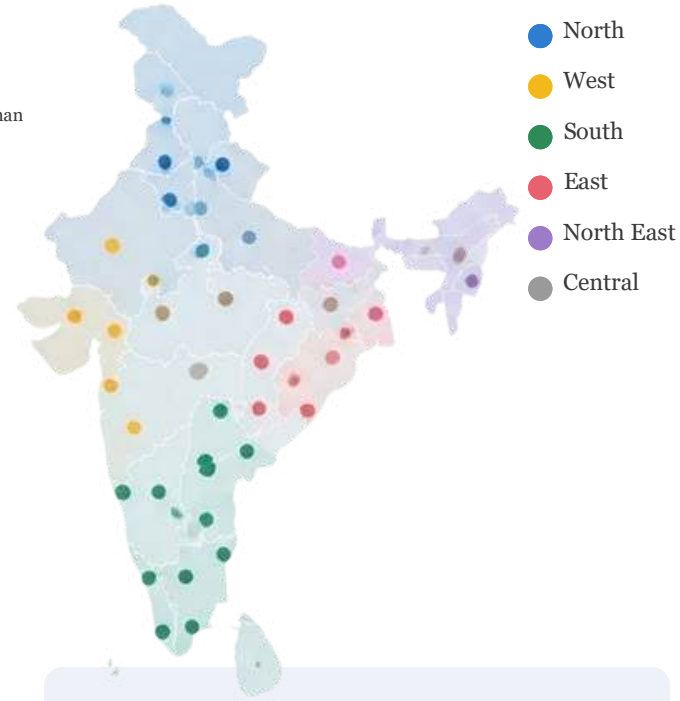
Quaternary
Advanced treatment and complex care

THE SURVIVAL EQUITY CASCADE

Detect	Diagnose	Refer	Treat	Survive	Thrive
Find early	Confirm	Link to care	Deliver quality care	Improve outcomes	Live fuller lives

OUR HOSPITAL FOOTPRINT

A PAN-INDIA NETWORK FOR EVERY CHILD



142
Hospital partnerships

22
States/UTs

61
Cities

(As of March 2026)

Professional Associations

KNOWLEDGE. COLLABORATION. BETTER OUTCOMES.

We work with leading professional associations in India and globally to strengthen clinical care, build capacity, generate evidence and ensure that the voice of children and families shapes policy, practice and research.

Stronger professionals.
Brighter futures for every child.

NATIONAL PROFESSIONAL PARTNERS

Strengthening paediatric cancer care across India through research, training, standards and policy.

InPHOG
Indian Pediatric Hematology Oncology Group

Collaborative research network to improve survival through multicentre studies.

IAP – PHO
Indian Academy of Pediatrics – PHO

Joint training, CMEs and evidence-based clinical guidelines.

IAP
Indian Academy of Pediatrics

Child health, early detection and policy advocacy.

AIOS
All India Ophthalmological Society

Fight Retinoblastoma India – saving lives and vision.

APAR Health
Co-founders of PACER (Patient Advocates for Clinical Research)

Capacity building and patient-centric trials.

Pallium India
National leadership in paediatric palliative care.

Integrating palliative care and quality of life into cancer care.

RESEARCH PARTNERSHIPS DRIVING EVIDENCE FOR BETTER CARE

Through our active role in InPHOG, we promote, support and fund key multicentre studies that generate Indian data, inform clinical practice and improve survival outcomes for children with cancer.

FOUR KEY STUDIES WE HAVE PROMOTED, SUPPORTED AND FUNDED

ACCESS INDIA STUDY
(Access to Care)

Multicentre, prospective study to understand referral pathways, delays and barriers to accessing childhood cancer services in India.

InPHOG-RB-19-01
(Retinoblastoma Registry)

India's first large-scale multicentre study tracking retinoblastoma, diagnostic lag and risk factors for treatment abandonment (>1,100 children).

InPHOG-HL-15-01
(Hodgkin Lymphoma)

Prospective study of 410 children across 27 centres using risk-stratified ABVD protocol, demonstrating excellent, curable survival rates (95.5%). Follow-up study on relapsed HL.

APML PROJECT
(APML Registry)

Multicentre data, funding for ATRA and supportive care, and dedicated parent advocacy for this highly curable but high-risk leukaemia.

INTERNATIONAL PROFESSIONAL PARTNERS

Global learning. Shared advocacy. Greater impact.

St. Jude Global

Strategic partnership for training, knowledge exchange and leadership programmes for the Indian Childhood Cancer Initiative (ICCI).

American Lebanese Syrian Associated Charities

Fundraising and awareness organisation for St. Jude Children's Research Hospital. Capacity building and leadership development.

Resonance Health (Dr. Scott Howard)

Passport2Life (P2L) Survivor Project – digital tools, registries and late effects clinics to track and support long-term survivor health.

Childhood Cancer International (CCI)

Active member and represented in the CCI Asia regional committee. Aligning Indian parent and survivor groups with global standards and advocacy campaigns such as International Childhood Cancer Day and Childhood Cancer Awareness Month.

UICC — Union for International Cancer Control

Member of the global cancer community, contributing to policy dialogue, knowledge exchange and international advocacy for better cancer care for children worldwide.

Stakeholder Groups We Have Promoted, Facilitated and Supported

We bring together clinicians, researchers, governments, civil society and global partners to strengthen childhood cancer care in India. Through these stakeholder platforms, we enable collaboration, raise funding, build evidence and advocate for systemic change.

Fight Retinoblastoma India

A DECADE OF COLLECTIVE ACTION

A national movement led by CanKids with clinicians, patients, survivors and partners to ensure every child with retinoblastoma gets timely, quality care.

Built a national network
64 Fight RB India treatment centres across India.

Created awareness
Early detection campaigns, helpline and community outreach.

Strengthened referral pathways
Coordinated care and faster access to treatment.

Provided patient support
Treatment support, travel, nutrition, counselling and custom ocular prostheses.

Built evidence and collaboration
Landmark 2026 Indian Journal of Ophthalmology publication documenting a decade of collective action.

100% ACCESS TO CARE for children with retinoblastoma in India





With clinical and programmatic leadership from **Dr Santosh G. Honavar**, **Dr Amita Mahajan**, **Dr Sima Das** and partners across the Fight RB India network; with support from **Kanaka** and **Siddhant Sirpal** of the Sajiv CanKids RB Fund and **Jyotirgamaya**, our patient advocacy group.

Indian Childhood Cancer Initiative (ICCI)

A NATIONAL PLATFORM FOR SYSTEMS CHANGE

A multi-partner national initiative to improve access, quality and survival for children with cancer in India. CanKids forged the strategic partnership with St. Jude Global and ALSAC to raise funding for ICCI, exercises fiduciary responsibility and provides the entire back-end support – administration, HR, finance, IT and programme management.

St. Jude Global
Strategic partner for clinical expertise, training and leadership programmes.

American Lebanese Syrian Associated Charities
Funding partner for ICCI, enabling long-term capacity building and institutional strengthening.

स्वास्थ्य एवं परिवार कल्याण मंत्रालय
MINISTRY OF HEALTH AND FAMILY WELFARE
We are actively involved in the Technical Expert Group (TEG) on Childhood Cancer and contribute to evidence, policy inputs and advocacy at the central government level.

Our role in ICCI

- Fundraising and donor stewardship
- Fiduciary responsibility
- Administration, HR, IT and programme support
- Member of the technology group
- Advocacy with central government
- Convening clinicians, patient groups and civil society
- Annual national workshops and knowledge exchange (e.g. ICCI National Workshop).

250+ members across hospitals, civil society, government and academia

80+ hospitals

30+ civil society organisations

10 national taskforces working on key gaps in paediatric oncology care

KEY AREAS OF FOCUS THROUGH ICCI TASKFORCES

- Access to care
- Quality of care & protocols
- Data, research and registries
- Essential drugs
- Psychosocial care & survivor support
- Training and capacity building
- Policy and advocacy
- Technology enablement
- Partnerships and resource mobilisation
- Innovation and scale

THE POWER OF PARTNERSHIP

Who Powers the Work

Our donors, funders, champions and implementation partners make our work possible. Their support funds projects across hospitals, State Projects, national initiatives, disease-focused programmes, research, capacity building, services and organisational systems.

₹60.13 crore
Total funds raised in FY 2025–26 (inclusive of corpus)

3,966
donors

Our Donor Ecosystem

A diverse and committed community of partners enable our work across India.

CSR and Corporate Giving

₹40.74 Cr
67.8%

Fund specific projects across hospitals, State Projects, national initiatives, disease-focused projects, research, capacity building and services.

Institutional Philanthropy and Foundations

₹5.62 Cr
9.3%

Provide philanthropic support for a specific project or for broader programme implementation.

Individual and Family Philanthropy

₹9.46 Cr
15.7%

Provide annual, recurring giving - largely unrestricted, with some project-restricted gifts enabling us to respond where the need is greatest.

Retail Events & Campaigns

₹3.33 Cr
5.5%

Mobilise support through our flagship events and campaigns.

Other Income

₹0.92 Cr
1.5%

Other Income comprises interest income, amortisation of capital grants.

Corpus

₹0.05 Cr
0.1%

Corpus represents funds received for the long - term sustainability and growth of the Society/Trust.

THE POWER OF PARTNERSHIP

Partnerships Across India

Our partners power change in every region, helping us strengthen access, services and systems for children with cancer. Together, we are building a more equitable childhood cancer ecosystem.

North

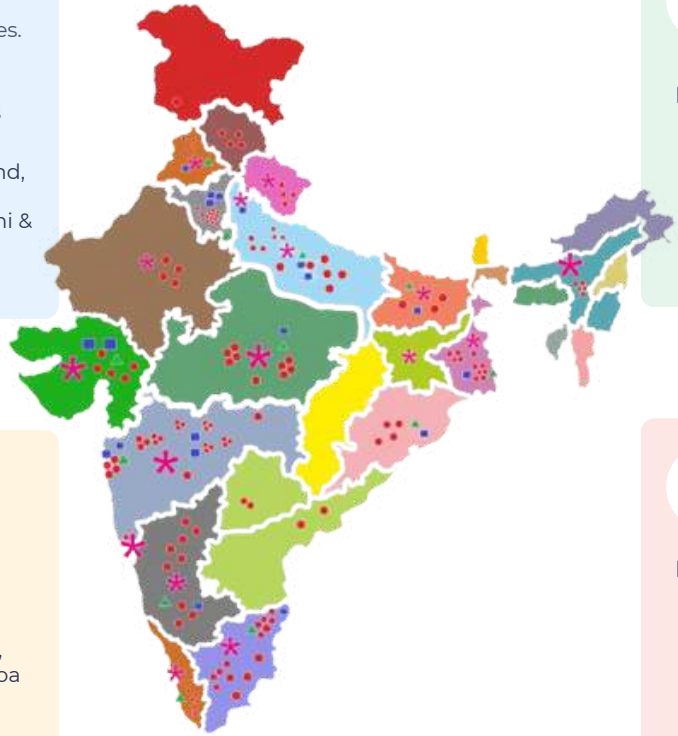
Strengthening access and care across key states.

Key partners

- Aditya Birla Capital Foundation
- Cipla Foundation
- SBI Card
- Kotak Group
- Hamdard Foundation
- EXL Services

Key states/UTs

Uttar Pradesh, Bihar, Uttarakhand, Punjab, Haryana, Ladakh, J&K, Delhi & Rajasthan



East

Building services and systems in the eastern region.

Key partners

- Kotak Group
- Century
- J B Chemical
- Indorama

Key states

West Bengal , Odisha, Assam, Tripura, Arunachal Pradesh, Meghalaya, Manipur, Mizoram, Nagaland & Sikkim

West

Expanding access through strong hospital and state partnerships.

Key partners

- Deutsche Bank India Pvt Ltd
- Kotak Group
- Veha Foundation
- Azim Premji Foundation

Key states

Maharashtra, Gujarat, Madhya Pradesh & Goa

South

Advancing comprehensive care and innovation in the south.

Key partners

- Morgan Stanley
- Optum
- Vara Future LLP
- HDFC
- Capitaland

Key states

Karnataka, Tamil Nadu, Puducherry, Kerala, Andhra Pradesh & Telangana

22 States/UTs | 142 CHSUs | **61** cities | 9 State Government MoUs

THE POWER OF PARTNERSHIP

Giving Beyond Grants

Our community gives in many ways — through annual giving, flagship events, digital campaigns, retail partnerships, employee engagement and youth leadership. Together, they create a powerful movement for children with cancer.



Champions Circle & HNIs

Annual, recurring giving — largely unrestricted — that enables us to support unfunded and part-funded care centres, expand Access to Care initiatives, strengthen Centres of Excellence and meet shared operating needs.

Ban Jayenge Gold · Cancer Ko Dhishoom

Our national fundraising and awareness campaign inspiring communities across India to stand with children with cancer.

Bansuri
Music for a Brighter Tomorrow

A special concert in partnership with the Bansuri group, bringing music and community together in support of children with cancer.

Cycle for Gold

A CanKids-owned national fundraising movement uniting cyclists, communities and corporates to support children with cancer.

Tata Mumbai Marathon
with United Way Mumbai

Our long-standing partnership with UWM, mobilising thousands of runners to support children with cancer.

Digital, Retail & Young Fundraisers

From online campaigns and retail giving to employee engagement, interns and youth-led initiatives, our community makes giving a daily, lived experience.



THE POWER OF PARTNERSHIP

From Giving to Impact

Donor partnerships do more than fund programmes. They help build a stronger, more equitable system so that every child with cancer can reach care, stay in treatment, complete treatment and survive and thrive.

Resources
Funding, expertise and in-kind support

→

Services
Screening, diagnosis, treatment, family support, psychosocial care and survivorship services

→

Systems
Stronger hospitals, trained teams, policies, research and innovation

→

Impact
More children reach care, complete treatment and survive and thrive

Donor Partnerships Make Six Critical Things Possible

Access
More children reach the right treatment at the right time.

Financial Protection
Families can afford treatment and do not have to choose between care and livelihood.

Quality Care
Children receive evidence-based, compassionate and comprehensive care.

Innovation
New models, research and solutions improve outcomes and expand what is possible.

Scale
We can reach more children, in more States and strengthen the ecosystem.

Sustainability
Flexible and unrestricted giving helps sustain our organisational backbone and build for the future.



SECTION 05

THE STRENGTH BEHIND THE PROMISE

The Promise Ahead is both ambition and accountability.

To govern well, use resources responsibly, strengthen quality, close access gaps, and keep moving toward 100% access, 100% financial protection and at least 60% survival by 2030.

Governance & Accountability · Financial Stewardship · Income & Expenditure · Audited Financial Statements · Road to 100–100–60



Governance & Accountability

From Commitment to Accountability

Good governance is how CanKids grows responsibly while protecting the trust placed in us by children and families.

DIRECTION

The Society anchors our purpose. The Board sets direction, holds fiduciary responsibility and reviews long-term risks.

SCRUTINY

The Executive Governing Council reviews priorities and performance. Board committees examine specialist matters in greater depth before decisions move forward.

ACTION

Leaders turn decisions into plans, assign responsibility and report back on progress across functions and programmes.

ASSURANCE

Financial, legal, operational and impact risks are monitored. Medical and technical advisors strengthen clinical and technical review, evidence and quality of care.

CREDIBILITY & TRUST

Ambassadors lend credibility to our mission and help carry its message to partners and communities.



Child & family at the Centre

- MEMBERS OF THE SOCIETY
- BOARD OF GOVERNORS
- EXECUTIVE GOVERNING COUNCIL
- BOARD COMMITTEES
- BOARD MEDICAL & OTHER ADVISORS
- AMBASSADORS
- BOARD OFFICE



The Strength Behind the Promise

Note from the Treasurer & Business Development Committee Chair

Our 2030 Promise can only be delivered if ambition is matched by financial strength. For us, that means doing two things well: mobilising the resources needed to grow our work, and ensuring that every rupee entrusted to CanKids is deployed responsibly for children and families.

In FY 2025–26, CanKids' income grew to approximately ₹60 crore, while expenditure was approximately ₹59 crore, closing the year with a surplus of ₹1.03 crore. This was our second consecutive year of surplus. Importantly, the smaller surplus compared with the previous year was deliberate: as income grew, we invested more back into programme delivery, people, reach and capacity. Charitable expenditure increased by nearly 12%, ahead of income growth of just under 10%.

That is the balance we seek: not accumulating surplus for its own sake, but converting growing inflows into greater reach and stronger services while remaining financially disciplined.

This year also strengthened the organisation beneath the programmes. CanKids cleared its short-term borrowings, reduced outstanding receivables and increased cash reserves — improving our ability to plan and commit to longer-term programmes with confidence.

Behind these numbers is the confidence of a growing community of CSR partners, foundations, individual donors, institutional supporters and champions who choose to invest in CanKids' mission. Resource mobilisation is therefore not simply fundraising; it is the building of long-term partnerships around a shared outcome — that more children with cancer reach care, are financially protected and have a real chance to survive and thrive.

As we grow, stewardship must grow with us. Regulatory requirements, stronger audits, impact assessments and rising expectations of transparency reinforce the need for rigorous compliance, monitoring and evaluation, cash management and financial sustainability across the organisation.

Our responsibility is therefore twofold: to bring more resources to the cause, and to use those resources with discipline, transparency and purpose.

That is the financial strength behind our promise.

Tarun Ohri
Treasurer

Mukul Marwah
Vice Chairman, Chair- Board Development Committee

₹60 Cr
INCOME

₹59 Cr
EXPENDITURE

₹1.03 Cr
SURPLUS

THE STRENGTH BEHIND THE PROMISE

Where the Funds Came From

₹6,013 lakhs

mobilised in FY2025–26

Across 3,966 donors

≈ USD 6.44 million mobilised

Funding mix



Funding source	Amount (₹ lakhs)	Share	Donors
CSR and Corporate Giving	4,074	68%	73
Individual and Family Philanthropy	946	16%	93
Institutional Philanthropy and Foundations	562	9%	11
Retail Events & Campaigns	333	6%	3,788
Other Income	92	2%	—
Corpus	5	<1%	1
Total mobilised	**6,013**	**100%**	**3,966**

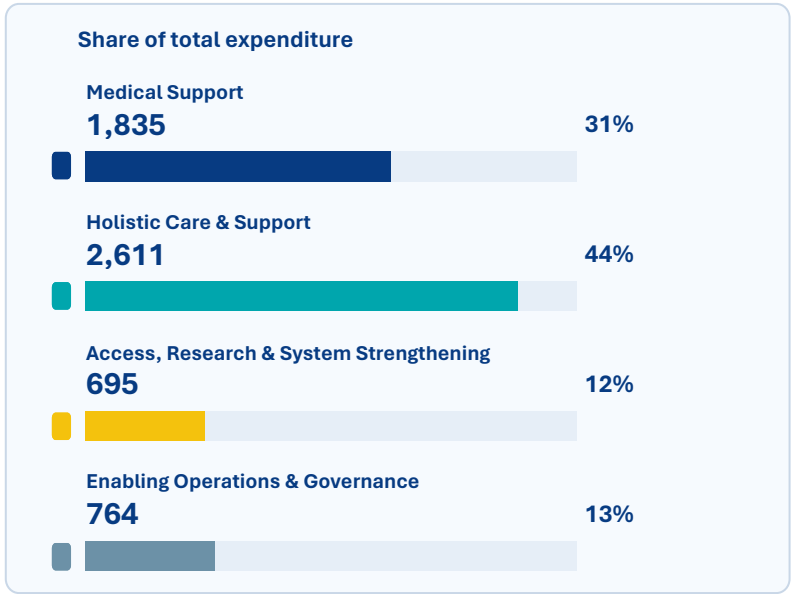
Where the Funds Went

₹5,905 lakhs

spent in FY2025–26

Investing in care, access and systems for children with cancer

≈ USD 6.32 million spent



Programme	Amount (₹ lakhs)	Share
Medical Support drugs, diagnostics, treatment, BMT and medical devices	1,835	31%
Holistic Care & Support Programmes treatment support, psycho-oncology, palliative care, education and outreach	2,611	44%
Access, Research & System Strengthening CEPAA, capacity building, research & impact, MASSI	695	12%
Enabling Operations & Governance HQ and state coordination, HR, finance, planning, relationship management and governance	764	13%
Total expenditure	5,905	100%

TOTAL EXPENDITURE **₹5,905 lakhs**

AUDITOR'S REPORT

Walker Chandiok & Co LLP
21st Floor, DLF Square
Jacaranda Marg, DLF Phase II
Gurugram - 122 002
Haryana, India

T +91 124 462 8099
F +91 124 462 8001

Independent Auditor's Report

To the Members of Cankids...Kidscan

Qualified Opinion

1. We have audited the accompanying financial statements of **Cankids...Kidscan** ('the Society'), which comprise the Balance Sheet as at 31 March 2026, the Income and Expenditure Account, and Receipts and Payments Account for the year then ended, and notes to the financial statements, including a summary of the significant accounting policies and other explanatory information.

2. In our opinion and to the best of our information and according to the explanations given to us, except for the effects of the matter described in the Basis for Qualified Opinion section of our report, the aforesaid financial statements give a true and fair view in conformity with the Accounting Standards issued by the Institute of Chartered Accountants of India ('ICAI') and other accounting principles generally accepted in India, including of the financial position of the Society as at 31 March 2026, its financial performance and its receipts and payments for the year ended on that date.

Basis for Qualified Opinion

3. As at 31 March 2026 the liability for Gratuity as determined by actuary amounts to ₹200.58 lakhs (Previous year ₹155.43 lakhs). However, as stated in Note 21(iv) of the accompanying financial statements, the Society has partly recognised the gratuity liability of ₹ 20 lakhs in the current year (Previous year ₹20 lakhs); the total gratuity liability till 31 March 2026 has been provided to the extent of ₹ 40 lakhs. Had the full liability been recognised on accrual basis of accounting, total liabilities would have been higher by ₹160.58 lakhs (Previous year ₹135.43 lakhs) and corresponding deficit under General fund would have been higher by ₹160.58 lakhs (Previous year ₹135.43 lakhs).

4. We conducted our audit in accordance with the Standards on Auditing issued by the ICAI. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Society in accordance with the Code of Ethics issued by ICAI and we have fulfilled our ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

5. The Management is responsible for preparation and presentation of these financial statements that give a true and fair view of the state of affairs, results of operations, and receipts and payments of the Society in accordance with the Accounting Standards issued by the ICAI and other accounting principles generally accepted in India. This responsibility also includes design, implementation and maintenance of adequate internal controls relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

AUDITOR'S REPORT

Walker Chandiok & Co LLP

Independent Auditor's Report of even date to the members of Cankids...Kidscan on the financial statements for the year ended 31 March 2026 (cont'd)

6. In preparing the financial statements, the management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the management either intends to liquidate the Society or to cease operations, or has no realistic alternative but to do so.

7. Those Charged with Governance are also responsible for overseeing the Society's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

8. Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Standards on Auditing will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

9. As part of an audit in accordance with Standards on Auditing issued by the ICAI, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

   - Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;

   - Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on whether the Society has in place an adequate internal financial controls system with reference to financial statements and the operating effectiveness of such control;

   - Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the management;

   - Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern: and

   - Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Chartered Accountants

AUDITOR'S REPORT

Walker Chandiok & Co LLP

Independent Auditor's Report of even date to the members of Cankids...Kidscan on the financial statements for the year ended 31 March 2026 (cont'd)

10. We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

For **Walker Chandiok & Co LLP**
Chartered Accountants
Firm's Registration No.: 001076N/N500013

Jagdish Kumar Gadi
Partner
Membership No.: 015651
UDIN: **26015651RNJCBB2753**

Place: New Delhi
Date: 24 September 2026

BALANCE SHEET

Cankids...Kidscan
Balance Sheet as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

	Notes	As at 31 March 2026	As at 31 March 2025
Sources of funds			
Funds			
Unrestricted funds	3	194.99	86.70
Restricted funds	4	439.77	496.84
		634.76	**583.54**
Current liabilities			
Short-term borrowings	5	-	6.78
Accounts payable (refer note 21(iii))	6	639.79	692.13
Other current liabilities	7	302.26	164.81
Short term provisions	8	40.00	20.00
		982.05	**883.72**
		1,616.81	**1,467.26**
Applications of funds			
Non-current assets			
Property, plant and equipment	9	497.60	489.65
Other non-current assets	10	57.40	52.78
		555.00	**542.43**
Current assets			
Accounts receivable	11	19.75	48.81
Cash and bank balances	12	952.82	751.40
Short-term loans and advances	13	87.06	123.76
Other current assets	14	2.18	0.86
		1,061.81	**924.83**
		1,616.81	**1,467.26**
Brief about the entity	1		
Notes including summary of significant accounting policies and other explanatory information	2-21		

This is the Balance Sheet referred to in our report of even date.

For Walker Chandiok & Co LLP
Chartered Accountants
Firm's Registration No.: 001076N/N500013

Jagdish Kumar Gadi
Partner
Membership No.: 015651

Place: New Delhi
Date: 24 September 2026

For and on behalf of **Cankids...Kidscan**

Poonam Bagai
Chairman

Tarun Ohri
Treasurer

Pankaj Garg
Chief Finance Officer

Place: New Delhi
Date: 24 September 2026

INCOME & EXPENDITURE STATEMENT

Cankids...Kidscan
Income and Expenditure Account for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

	Notes	Year ended 31 March 2026	Year ended 31 March 2025
Income			
Grants and donations	15	5,918.22	5,449.45
Other income	16	89.86	39.57
		6,008.08	**5,489.02**
Expenditure			
Charitable (Programme) expenses	17	5,140.59	4,598.71
Fund raising expenses	18	103.12	86.08
Finance cost	19	8.09	18.37
Other expenses	20	565.12	488.63
Depreciation	9	87.87	84.90
		5,904.79	**5,276.69**
Surplus for the year transferred to General fund		**103.29**	**212.33**
Brief about the entity	1		
Notes including summary of significant accounting policies and other explanatory information	2-21		

This is the Income and Expenditure Account referred to in our report of even date.

For Walker Chandiok & Co LLP
Chartered Accountants
Firm's Registration No.: 001076N/N500013

Jagdish Kumar Gadi
Partner
Membership No.: 015651

Place: New Delhi
Date: 24 September 2026

For and on behalf of **Cankids...Kidscan**

Poonam Bagai
Chairman

Tarun Ohri
Treasurer

Pankaj Garg
Chief Finance Officer

Place: New Delhi
Date: 24 September 2026

RECEIPTS & PAYMENTS ACCOUNTS

Cankids...Kidscan
Receipts and Payments Account for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

	Year ended 31 March 2026	Year ended 31 March 2025
Opening balance		
Cash in hand	0.05	0.29
Cash at bank	357.52	537.29
Fixed deposits	393.83	334.11
Bank Overdraft	(6.78)	(318.78)
	744.62	**552.91**
Receipts		
Grants and donations received		
- Grant and donations	5,806.49	5,428.41
- Corpus	5.00	-
Other receipts		
- Interest received from bank	27.11	35.63
- Miscellaneous receipts	87.00	72.39
	5,925.60	**5,536.43**
Payments		
Charitable (Program) expenses	4,965.57	4,659.71
Fund raising expenses	126.35	88.46
Other expenses	553.70	514.58
Finance cost	8.09	18.37
Tangible assets purchased during the year	87.44	63.60
	5,741.15	**5,344.72**
Closing balance		
Cash in hand	0.03	0.05
Cash at bank	589.03	357.52
Fixed deposits	363.76	393.83
Bank Overdraft	-	(6.78)
	952.82	**744.62**

This is the Receipts and Payments Account referred to in our report of even date.

For **Walker Chandiok & Co LLP**
Chartered Accountants
Firm's Registration No.: 001076N/N500013

Jagdish Kumar Gadi
Partner
Membership No.: 015651

Place: New Delhi
Date: 24 September 2026

For and on behalf of **Cankids...Kidscan**

Poonam Bagai
Chairman

Tarun Ohri
Treasurer

Pankaj Garg
Chief Finance Officer

Place: New Delhi
Date: 24 September 2026

CANKIDS KIDSCAN

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and notes to the financial statements for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

1. **Brief about the entity**

Cankids...Kidscan is a Society registered under the Societies Registration Act, XXI of 1860 on 13 June 2012, bearing registration number 0736, having its registered office at D-7/7, Vasant Vihar, New Delhi-110057. The object of the Society is primarily to work with children with cancer, families of children with cancer and children of parents with cancer.

The Society has registration under the Foreign Contribution (Regulation) Act, 2010/ Foreign Contribution (Regulation) Rules, 2011, for carrying out educational and social activities with registration number which has been renewed vide registration number 231661613 dated 22nd July 2025 for the period from 24 September 2025 to 23 September 2030.

The Society has been granted exemption under section 12A of the Income-tax Act, 1961, vide Document Identification Number ITBA/EXM/F/EXM44/2025-26/1086322374(1) dated 21 February 2026 and valid till AY 2031-32. Society has also obtained exemption u/s 80G(5)(vi) of the Income-tax Act, 1961, vide Document Identification Number ITBA/EXM/F/EXM44/2025-26/1086322379(1) dated 21 February 2026 and valid till AY 2031-32.

2. **Summary of significant accounting policies**

a) **Basis of preparation**

The financial statements have been prepared and presented under the historical cost convention on the accrual basis in accordance with the generally accepted accounting principles and the applicable Accounting Standards issued by the Institute of Chartered Accountants of India to the extent considered relevant by management of the Society. The accounting policies have been consistently applied by the Society and are consistent with those used in the previous year.

b) **Use of estimates**

The preparation of financial statements in conformity with generally accepted accounting principles requires the Society to make estimates and assumptions that affect the reported amounts of assets and liabilities and the disclosures of liabilities at the date of financial statements and the reported amount of revenues and expenses during the period reported. Actual results may differ from those estimates. Any revision to accounting estimates is recognized prospectively in current and future periods.

c) The financial statements are prepared in Indian Rupees, which is also the Society's functional and presentation currency. All amounts have been rounded to the nearest lakhs up to two decimal places, unless otherwise stated. Consequent to rounding off, the number ₹ presented throughout the document may not add up precisely to the totals and percentages may not precisely reflect the absolute amounts.



NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and notes to the financial statements for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

d) Income recognition

(i) Grants and donations

Income from Grants and donation are recognized as income on accrual basis to match the revenue and capital expenditure incurred during the year. Grants and donations are recognized to the extent that it is probable that the economic benefits will accrue and these can be reliably measured.

Grants and donations received to be utilized within a short period, where the program component relates to capital assets (such as computers, laptops) not returnable to the donors, are treated as owned assets and accordingly not treated as expenditure in the Income and Expenditure Account.

Donations which are not subject to donor stipulations as to use is utilised as per the management's discretion and is recognized as income on receipt basis.

(ii) Interest income

Interest income is recognized using time proportion method, based on the rate implicit in the transaction.

e) Property, plant and equipment and depreciation

Tangible assets

Tangible assets are stated at cost less accumulated depreciation. Cost comprises the purchase price and any attributable cost of bringing the asset to its working condition for its intended use.

Depreciation

Depreciation on tangible assets is provided on the written down value method at the rates prescribed under Income -tax Rules,1962.

f) Impairment of assets

The Society on an annual basis makes an assessment of any indicator that may lead to impairment of assets. If any such indication exists, the Society estimates the recoverable amount of the assets. If such recoverable amount is less than the carrying amount, then the carrying amount is reduced to its recoverable amount by treating the difference between them as impairment loss and is charged to the Income and Expenditure Account. If at the balance sheet date there is an indication that if a previously assessed impairment loss no longer exists, the recoverable amount is reassessed and the asset is reflected at the recoverable amount subject to a maximum of depreciated historical cost.

NOTES TO FINANCIAL STATEMENTS

g) Funds

(i) Restricted funds

Earmarked funds
Earmarked funds represent funds received for specific purposes such as Scholarship Fund for acknowledging the cancer affected scholar children and granting them scholarship; Home Away Fund for cancer affected children residing in Cankids; Retinoblastoma Fund for treatment of retinoblastoma cancer; Kumar Children Fund for children under cancer treatment and After Cancer Treatment Fund for treatment and other support services to cancer survivor children for follow up in hospitals to ensure it does not lapses.

Interest earned is allocated on the respective earmarked fund on actual basis for utilization on the specified purposes.

Capital grant fund
Capital grant fund represents property, plant and equipment received from ICS (Indian Cancer Society) on incorporation of the Society which are being recognized at a value certified by an independent valuer. However, the tangible assets which are received as donation in kind from individuals/trusts/societies are shown at nominal value at ₹1/- in the books of account.

Project specific funds
Project specific funds represents grants received from various funding agencies to carry out specific activities. In case the Society incurs expenditure, which is more than the amount received for specific projects, the differential amount is shown as 'Grant receivables'. At the end of the agreement, the unutilized amount is either returned to the respective donor, or the surplus/deficit is transferred to Income and Expenditure Account in the relevant year in which the project is completed depending upon the terms of the grant.

(ii) Unrestricted funds

Corpus fund
Corpus fund represents amounts received from the donors as corpus. It also includes Life membership fees paid by members of the Society.

General fund
The fund represents the accumulated surplus or deficit.

h) Employee benefits

Defined contribution plan

The Society makes contribution to statutory provident fund in accordance with Employees Provident Fund and Miscellaneous Provisions Act, 1952. This is a post-employment defined contribution plan and the contribution paid or payable is recognized as an expense in the period in which services are rendered by the employee.

Defined benefit plan

Gratuity is a post-employment benefit and is in the nature of a defined benefit plan. Gratuity is calculated in the manner prescribed under Payment of Gratuity Act, 1972 and is recognized as expense on actual payment basis. In addition provision is based on adhoc basis as per the decision of the management.

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and notes to the financial statements for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

i) Appropriation of program expenditure

The Society receives contributions for its various projects/activities for specified time period and are subject to donor-imposed stipulations regarding the utilisation of these funds. The terms and conditions along with a detailed budget is laid down in the Memorandum of Understanding/agreement with each donor. A separate cost center is created in the accounting software for each project enabling the Society to identify and track income and expenditure project-wise. Administrative/common costs are appropriated to the respective projects within the approved budget as decided by the management.

j) Provisions and contingent liabilities

Society makes a provision when there is a present obligation as a result of a past event where the outflow of economic resources is probable and a reliable estimate of the amount of the obligation can be made.

A disclosure is made for a liability when there is a:

a) possible obligation, the existence of which will be confirmed by the occurrence/ non-occurrence of one or more uncertain events, not fully with-in the control of the Society; or
b) present obligation, where it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation; or
c) present obligation, where a reliable estimate cannot be made.

Where there is a present obligation in respect of which the likelihood of outflow of resources is remote, no provision or disclosure is made.

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and other explanatory information as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

	As at 31 March 2026	As at 31 March 2025
3 Unrestricted funds		
a) Corpus fund		
Balance at the beginning of the year	234.65	234.65
Add : Amounts received during the year	5.00	-
Balance at the end of the year	**239.65**	**234.65**
b) General fund		
Balance at the beginning of the year	(147.95)	(360.28)
Add: Surplus for the year as per Income & Expenditure Account	103.29	212.33
Balance at the end of the year	**(44.66)**	**(147.95)**
Total (a)+(b)	**194.99**	**86.70**
4 Restricted funds		
a) Earmarked funds		
(i) Cankids Scholarship fund		
Balance at the beginning of the year	25.80	25.80
Add : Interest credited during the year	1.76	1.77
Less : Expenditure incurred during the year	(1.76)	(1.77)
Balance at the end of the year	**25.80**	**25.80**
(ii) Cankids HAH corpus fund		
Balance at the beginning of the year	5.00	5.00
Add : Interest credited during the year	0.34	0.35
Less : Expenditure incurred during the year	(0.34)	(0.35)
Balance at the end of the year	**5.00**	**5.00**
(iii) Sanjeev Cankids Retinoblastoma fund		
Balance at the beginning of the year	41.00	41.00
Add : Interest credited during the year	2.81	2.90
Less : Expenditure incurred during the year	(2.81)	(2.90)
Balance at the end of the year	**41.00**	**41.00**
(iv) Kumar Children fund		
Balance at the beginning of the year	10.00	10.00
Add : Interest credited during the year	0.68	0.71
Less : Expenditure incurred during the year	(0.68)	(0.71)
Balance at the end of the year	**10.00**	**10.00**
(v) After Cancer treatment		
Balance at the beginning of the year	5.00	5.00
Add : Interest credited during the year	0.36	0.35
Less : Expenditure incurred during the year	(0.36)	(0.35)
Balance at the end of the year	**5.00**	**5.00**
Total (i) to (v)	**86.80**	**86.80**
b) Capital grant fund		
Balance at the beginning of the year	28.82	32.53
Less : Depreciation during the year	(3.26)	(3.71)
Balance at the end of the year	**25.56**	**28.82**
c) Project specific fund		
Balance at the beginning of the year	381.22	400.91
Add : Amounts received during the year	5,459.27	4,860.45
Less : Expenditure incurred during the year	(5,513.08)	(4,880.14)
Balance at the end of the year	**327.41**	**381.22**
Total (a)+(b)+(c)	**439.77**	**496.84**

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and other explanatory information as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

	As at 31 March 2026	As at 31 March 2025
5 Short-term borrowings		
Bank overdraft (in books)	-	6.78
	-	6.78

Note (a) Bank overdraft

Aforementioned Bank overdraft (against term deposits) has been taken at rates specified below :

Name of bank	Rate of interest
Kotak Mahindra Bank Ltd	8.00%

6 Accounts payable		
Accounts payable	639.79	692.13
	639.79	692.13
7 Other current liabilities		
Expense payable	171.57	128.78
Statutory dues	36.40	36.01
Grants refundable	94.29	-
	302.26	164.79
8 Short-term provisions		
Provision for Gratuity	40.00	20.00
	40.00	20.00

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan

Notes including summary of significant accounting policies and other explanatory information as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

	As at 31 March 2026	As at 31 March 2025
10 Other non-current assets		
Security deposits	57.40	52.78
	57.40	**52.78**
11 Account receivable		
(Unsecured, considered good)		
Grant and donation receivable	19.75	48.81
	19.75	**48.81**
12 Cash and bank balances		
Cash and cash equivalents		
Cash on hand	0.03	0.05
Balances with banks in		
- Savings accounts	384.38	134.83
- Current accounts	204.65	222.69
- Fixed deposits	363.76	393.83
	952.82	**751.40**
13 Short-term loans and advances		
(Unsecured, considered good)		
Advances recoverable in cash or in kind or for value to be received	59.80	102.17
Prepaid expenses	21.79	15.53
Tax deducted at source	5.47	6.06
	87.06	**123.76**
14 Other current assets		
Interest accrued on deposits	2.18	0.86
	2.18	**0.86**

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan

Notes including summary of significant accounting policies and other explanatory information as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

	Year ended 31 March 2026	Year ended 31 March 2025
15 Grants and donations		
Grants	5,509.83	4,700.27
Donations	321.39	676.93
Anonymous donations	87.00	72.25
	5,918.22	5,449.45
16 Other income		
Interest income		
- on savings bank accounts	5.17	9.52
- on fixed deposits	22.96	26.16
-on income tax refund	0.30	0.08
Amortisation of capital grant	3.27	3.72
Unclaimed balances written back	58.16	0.09
	89.86	39.57
17 Charitable (Programme) expenses		
a) Cankids hospital support unit		
Personnel cost	897.87	683.47
Patient support expenses	1,843.22	1,971.94
Patient food expenses	107.28	95.19
Subscriptions	20.91	26.09
Office maintenance	15.25	11.23
Repair and maintenance	279.06	257.98
Printing and stationery	19.76	25.31
Travel and conveyance	14.65	13.81
Communication	7.92	3.39
	3,205.92	3,088.41
b) Cankids Care Centers		
Personnel cost	399.60	324.81
Patient food expenses	130.72	114.09
Patient support expenses	65.19	61.94
Rent	190.88	176.22
Electricity and Other Utilities	41.57	38.17
Subscriptions	12.94	17.44
Office maintenance	18.33	25.43
Repair and maintenance	38.01	40.49
Printing and stationery	6.69	8.62
Travel and conveyance	29.66	23.39
Communication	7.41	4.75
	940.99	835.35
c) Access to care centers at national, regional and state level		
Personnel cost	596.93	406.45
Patient support expenses	77.41	33.27
Patient food expenses	30.92	48.39
Subscriptions	13.36	5.81
Rent	101.22	49.82
Electricity and Other Utilities	0.36	0.21
Office maintenance	6.66	18.73
Repair and maintenance	5.91	1.27
Travel and conveyance	105.00	83.35
Printing and stationery	45.86	24.36
Communication	10.05	3.29
	993.68	674.95
Total(a+b+c)	5,140.59	4,598.71

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NOTES TO FINANCIAL STATEMENTS

	Year ended 31 March 2026	Year ended 31 March 2025
Further the Charitable expenditure has also been disclosed project wise as given below -		
a) Cankids hospital support unit		
Medical projects and support program		
Treatment support program	1,654.43	1,765.61
Pediatric palliative care	191.34	173.98
Pediatric psycho-oncology program	5.55	3.98
Education program	84.07	64.59
Parent and survivor groups and patient navigation	200.87	160.09
Medical and social support informatics (MASSI)	192.56	159.29
National outreach program	9.30	10.59
Awareness and advocacy program (CEPAA)	684.85	592.35
Capacity and skill building	7.85	7.43
Quality care research and impact (QCRI)	159.37	134.39
	15.72	16.12
	3,205.91	**3,088.42**
b) Cankids cares centers*		
Pediatric palliative care center		
Home away from homes	154.28	117.92
Canshala special schools	630.47	579.81
	156.25	137.63
	941.00	**835.36**
* Excludes common expenses allocation (refer note 21(i))		
c) Access to care centers at national, regional and state level		
Medical projects and support program		
Treatment support program	154.37	87.91
Pediatric palliative care	35.85	47.53
Pediatric psycho-oncology program	2.75	9.13
Education program	23.16	13.15
Parent and survivor groups and patient navigation	31.09	28.07
Medical and social support informatics (MASSI)	67.18	56.66
National outreach program	24.12	19.73
Awareness and advocacy program (CEPAA)	185.90	135.17
Capacity and skill building	79.04	53.91
Quality care research and impact (QCRI)	90.58	65.41
	299.64	158.26
	993.68	**674.93**
Total(a+b+c)	**5,140.59**	**4,598.71**

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	Year ended 31 March 2026	Year ended 31 March 2025
18 Fund raising expenses		
Resource mobilisation team		
Personnel cost		
Staff welfare	65.46	57.12
Event expenses	0.20	0.21
Travel and conveyance	30.19	22.80
Printing and stationery	2.97	2.04
Communication	2.66	0.96
Subscriptions	1.41	0.83
Miscellaneous expenses	0.06	1.64
	0.17	0.48
	103.12	**86.09**
19 Finance cost		
Interest on overdraft		
	8.09	18.37
	8.09	**18.37**
20 Other expenses		
Personnel cost		
Staff welfare	403.42	349.51
Professional fees	7.73	8.48
Rent	46.27	45.89
Electricity and water	23.65	17.41
Payment to auditors*	7.96	8.75
Insurance	2.77	2.83
Repair and maintenance	0.99	1.20
-Building		
-Others	1.86	4.78
Travel and conveyance	7.34	5.58
Communication	10.02	9.07
Subscriptions	4.59	3.65
Housekeeping supplies	7.50	2.95
Miscellaneous expenses	28.93	13.11
	10.09	15.61
	565.12	**488.63**
*Payment to auditors		
As audit fees	2.20	2.20
For reimbursement of expenses	0.17	0.23
Goods and service tax	0.40	0.40
	2.77	**2.83**

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Schedules forming part of the financial statements as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

9 - Property, plant and equipment

a) Property, plant and equipment purchased out of own funds

Current year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2025	Additions	Disposals	As at 31 March 2026	As at 1 April 2025	For the year	Disposals	As at 31 March 2026	As at 31 March 2026
Tangible assets									
Furniture and fixture	206.66	14.84	-	221.50	57.90	15.77	-	73.67	147.83
Office equipment	128.79	23.09	-	151.88	48.73	15.04	-	63.77	88.11
Plant and machinery	3.86	-	-	3.86	3.29	0.09	-	3.38	0.48
Software	7.40	3.19	-	10.59	3.18	2.96	-	6.14	4.45
Computers	182.39	32.58	0.15	214.82	141.77	25.79	0.02	167.54	47.28
Vehicle	141.95	-	-	141.95	38.07	15.58	-	53.65	88.30
Leasehold Improvement	100.84	22.25	-	123.09	18.12	9.38		27.50	95.59
Total	**771.89**	**95.95**	**0.15**	**867.69**	**311.06**	**84.61**	**0.02**	**395.65**	**472.04**

Previous year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2024	Additions	Sale/disposals	As at 31 March 2025	As at 1 April 2024	For the year	On disposals	As at 31 March 2025	As at 31 March 2025
Tangible assets									
Furniture and fixture	202.32	4.34	-	206.66	41.56	16.34	-	57.90	148.76
Office equipment	113.82	14.97	-	128.79	35.72	13.01	-	48.73	80.06
Plant and machinery	3.86		-	3.86	3.19	0.10	-	3.29	0.57
Software	2.62	4.78		7.40	1.97	1.21	-	3.18	4.22
Computers	164.32	18.07		182.39	118.17	23.60	-	141.77	40.62
Vehicle	135.05	6.90		141.95	20.35	17.72	-	38.07	103.88
Leasehold Improvement	100.84		-	100.84	8.93	9.19		18.12	82.72
Total	**722.83**	**49.06**	**-**	**771.89**	**229.89**	**81.17**	**-**	**311.06**	**460.83**

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NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Schedules forming part of the financial statements as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

Schedule 9 - Property, plant and equipment

b) Property, plant and equipment received from Indian Cancer Society

Current year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2025	Additions	Sale/disposals	As at 31 March 2026	As at 1 April 2025	For the year	On disposals	As at 31 March 2026	As at 31 March 2026
Tangible assets									
Furniture and fixture	12.20	-	-	12.20	8.92	0.33	-	9.25	2.95
Office equipment	1.72	-	-	1.72	1.49	0.03	-	1.52	0.20
Electrical installation	0.34	-	-	0.34	0.25	0.01	-	0.26	0.08
Plant and machinery	4.20	-	-	4.20	3.65	0.08	-	3.73	0.47
Vehicles	0.05	-	-	0.05	0.04	0.00	-	0.04	0.01
Software	1.00	-	-	1.00	1.00	0.00	-	1.00	0.00
Computers	0.98	-	-	0.98	0.98	0.00	-	0.98	0.00
Total	**20.49**	**-**	**-**	**20.49**	**16.33**	**0.45**	**-**	**16.78**	**3.71**

Previous year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2024	Additions	Sale/disposals	As at 31 March 2025	As at 1 April 2024	For the year	On disposals	As at 31 March 2025	As at 31 March 2025
Tangible assets									
Furniture and fixture	12.20	-	-	12.20	8.56	0.36	-	8.92	3.28
Office equipment	1.72	-	-	1.72	1.45	0.04	-	1.49	0.23
Electrical installation	0.34	-	-	0.34	0.24	0.01	-	0.25	0.09
Plant and machinery	4.20	-	-	4.20	3.55	0.10	-	3.65	0.55
Vehicles	0.05	-	-	0.05	0.04	0.00	-	0.04	0.01
Software	1.00	-	-	1.00	1.00	0.00	-	1.00	0.00
Computers	0.98	-	-	0.98	0.98	0.00	-	0.98	0.00
Total	**20.49**	**-**	**-**	**20.49**	**15.82**	**0.51**	**-**	**16.33**	**4.16**

c) Property, plant and equipment received as donation

Current year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2025	Additions	Sale/disposals	As at 31 March 2026	As at 1 April 2025	For the year	On disposals	As at 31 March 2026	As at 31 March 2026
Tangible assets	0.01	-	-	0.01	-	-	-	-	0.01
Total	**0.01**	**-**	**-**	**0.01**	**-**	**-**	**-**	**-**	**0.01**

NOTES TO FINANCIAL STATEMENTS

Cankids. Kidscan
Schedules forming part of the financial statements as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

Previous year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2024	Additions	Sale/disposals	As at 31 March 2025	As at 1 April 2024	For the year	On disposals	As at 31 March 2025	As at 31 March 2025
Tangible assets	0.01	-	-	0.01	-	-	-	-	0.01
Total	0.01	-	-	0.01	-	-	-	-	0.01

Schedule 9 - Property, plant and equipment

d) Property, plant and equipment purchased out of capital grant funds
Current year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2025	Additions	Sale/disposals	As at 31 March 2026	As at 1 April 2025	For the year	On disposals	As at 31 March 2026	As at 31 March 2026
Leasehold improvement	24.00	-	-	24.00	13.10	1.09	-	14.19	9.81
Furniture and fixture	18.29	-	-	18.29	11.33	0.69	-	12.02	6.27
Office equipment	11.06	-	-	11.06	8.60	0.37	-	8.97	2.09
Computers	3.39	-	-	3.39	3.32	0.02	-	3.34	0.05
Vehicle	15.85	-	-	15.85	11.58	0.64	-	12.22	3.63
	72.59	-	-	72.59	47.93	2.81	-	50.74	21.85

Previous year

Particulars	Gross block				Accumulated depreciation				Net block
	As at 1 April 2024	Additions	Sale/disposals	As at 31 March 2025	As at 1 April 2024	For the year	On disposals	As at 31 March 2025	As at 31 March 2025
Leasehold improvement	24.00	-	-	24.00	11.89	1.21	-	13.10	10.90
Furniture and fixture	18.29	-	-	18.29	10.56	0.77	-	11.33	6.96
Office equipment	11.06	-	-	11.06	8.17	0.43	-	8.60	2.46
Computers	3.39	-	-	3.39	3.28	0.04	-	3.32	0.07
Vehicle	15.85	-	-	15.85	10.83	0.75	-	11.58	4.27
	72.59	-	-	72.59	44.73	3.20	-	47.93	24.66

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NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and notes to the financial statements for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

21. Notes to the Financial Statements

(i) Appropriation of program expenditure

The Society receives contributions for its various projects/activities for specified time period and are subject to donor-imposed stipulations regarding the utilization of these funds. The terms and conditions along with a detailed budget is laid down in the Memorandum of Understanding/agreement with each donor. Costs include medical program, treatment support program, pediatric palliative care program, pediatric psycho-oncology program, education program, patient navigation and family engagement program, medical and social support informatics program, national outreach program, communication education patient awareness and advocacy, capacity and skill building, quality care and research impact program and salaries and allowances of the staff.

(ii) During the year, the Society has received donations amounting to ₹87.00 Lakhs (Previous year: ₹72.25 Lakhs) as anonymous donation. However, the aggregate amount is within the permissible limit under Income Tax Act, 1961 (i.e. less than 5% of the total donation received during the year), hence it is not treated as taxable donation.

(iii) **Disclosures required under Micro, Small and Medium Enterprises Development Act, 2006:**

Information as required to be furnished as per section 22 of the Micro, and small Enterprises Development (MSMED) Act, 2006 for the year ended 31 March 2026 is given below. This information has been determined to the extent such parties have been identified based on information available with the Society.

The principal amount and interest due thereon remaining unpaid to suppliers covered under the MSMED Act, 2006 amounts to ₹443.14 lakhs (Previous Year: ₹550.02 lakhs) as at 31 March 2026. The amounts required to be disclosed under the other clauses of Section 22 of the MSMED Act, 2006 are Nil; accordingly, no separate disclosures have been made.

(iv) The Society is covered under the Payment of Gratuity Act, 1972. Gratuity is a defined benefit plan payable to employees on separation after completion of five years of continuous service, or earlier in case of death or disablement. Actuarial valuation of the gratuity liability has been carried out and the present value of obligation amounts to ₹200.58 lakhs (Previous year ₹155.43 lakhs) as at 31 March 2026. However, during the year, the Society has recognized a partial provision amounting to ₹20 lakhs (Previous year ₹20 lakhs) in the Income and Expenditure Account. The remaining liability amounting to Rs 160.58 lakhs will be recorded in subsequent periods based on a comprehensive management exercise currently under review. Management is examining funding options, and will present a detailed plan to the Board for approval in the next financial year. It may be noted that, while the full liability has not been provided for on an accrual basis in the books of account in accordance with the Accounting Standards, the Society invariably settles gratuity payments to all eligible employees on actual payment basis as and when they fall due. Accordingly, the gratuity liability is partly provided for and partly disclosed by way of this note.

CANKIDS KIDSCAN

NOTES TO FINANCIAL STATEMENTS

Cankids...Kidscan
Notes including summary of significant accounting policies and notes to the financial statements for the year ended 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

(v) Previous year figures have been regrouped/ reclassified wherever necessary to confirm to the current year's presentation/classification.

For Walker Chandiok & Co LLP
Chartered Accountants
Firm's Registration No.: 001076N/N500013

Jagdish Kumar Gadi
Partner
Membership No.: 015651

Place: New Delhi
Date: 24 September 2026

For and on behalf of **Cankids...Kidscan**

Poonam Bagai
Chairman

Tarun Ohri
Treasurer

Pankaj Garg
Chief Finance Officer

Place: New Delhi
Date: 24 September 2026

CANKIDS KIDSCAN

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan
Project specific fund (INR)
Annexure -'A' to Schedule '4(c)' not forming part of the financial statements as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

S.No.	Particulars	Name of donor	Opening balance As at 1 April 2025	Receipts during the year	Receivable during the year	Utilisation during the year	Closing balance As at 31 March 2026
(A)	**Change for Childhood Cancer in States / CHSUs**						
	Delhi NCR	As per Annexure : I(i)	-	674.14	5.00	679.14	-
	Punjab, Haryana, Himachal Pradesh, and Jammu & Kashmir	As per Annexure : II(i)	-	29.16	-	29.16	-
	Uttar Pradesh and Uttrakhand	As per Annexure : III (i)	-	667.61	-	667.61	-
	Bihar	As per Annexure : IV (i)	-	51.63	-	51.63	-
	Rajasthan	As per Annexure :V(i)	45.70	83.25	-	45.70	83.25
	West Bengal	As per Annexure :VI(i)	-	330.76	-	329.80	0.96
	Odisha	As per Annexure :VII(i)	-	115.31	-	115.31	-
	Maharashtra	As per Annexure : VIII(i)	-	483.10	-	483.10	-
	Gujarat	As per Annexure : IX(i)	-	220.25	-	220.25	-
	Goa	Solas Marine Services Pvt Ltd	-	10.00	-	7.90	2.10
	Madhya Pradesh	As per Annexure : XI(i)	87.97	414.62	-	362.84	139.76
	Tamilnadu and UT Puducherry	As per Annexure : XII(i)	-	445.80	-	445.80	-
	Telangana	As per Annexure : XIII(i)	-	25.00	-	25.00	-
	Kerala	As per Annexure : XIV(i)	-	10.17	-	10.17	-
	Karnataka	As per Annexure : XV(i)	-	177.99	-	177.99	-
	Change for Childhood Cancer through States	As per Annexure : XVI(i)	14.32	511.39	-	524.57	1.14
	Change for Childhood Cancer India	Kalpataru Trust	-	125.00	-	125.00	-
(B)	**Access to Holistic Care Projects and Funds**						
	Holistic care project	As per Annexure : XVI(i)	-	72.68	-	72.68	-
	Treatment Suppport Program	Donatekart Foundation	-	9.24	-	-	9.24
	Education & Passport 2 Life Project	IGT Solution Pvt Ltd	-	30.10	-	30.10	-
	Parent Helping Parent Fund	Contribution from Parent families	25.82	7.76	-	0.50	33.08
	Survivor Helping Survivor Fund	Contribution from various Donors & KCK Survivors	2.53	-	-	-	2.53
(C)	**Medical Support Projects and Funds**						
	Medical Assistance Fund	As per Annexure : XVII(i)	-	250.64	-	250.64	-
	AAPS&R for APML	As per Annexure : XXI(i)	-	10.00	-	10.00	-
(D)	**Other Access to Care Projects and Funds**						
	Capacity and Skill Building- Nurses Workshop	Hope Child Cancer Care Foundation	-	1.00	-	1.00	-
	Capacity and Skill Building- Nurses Workshop	Indian Cancer Society	-	0.50	-	0.50	-
	Capacity and Skill Building- Nurses Workshop	Digiswasthya Foundation	-	0.25	-	0.25	-
	Capacity and Skill Building- Nurses Workshop	Bansi Memorial Vidya Trust	-	1.50	-	1.50	-
	Capacity and Skill Building- Nurses Workshop	Umeedein	-	0.75	-	0.75	-
	Capacity and Skill Building- Nurses Workshop	Swami Vivekanand Vidya Prathsthan	-	0.30	-	0.30	-
	CS ICMR Human Resource	CS ICMR Human Resource	-	7.74	-	-	7.74
(E)	**Change for Childhood Cancer in India Projects and**						
	Change for Childhood Cancer (Scale up and Sustainability) Funds	As per Annexure : XXIV(i)	-	121.06	1.68	122.74	-
		Sub Total (a)	176.35	4,888.69	6.68	4,791.93	279.79

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Cankids...Kidscan
Project specific fund (FCRA)

ANNEXURES OF FINANCIAL STATEMENT

Annexure - 'B' to Schedule '4(c)' not forming part of the financial statements as at 31 March 2026
(All amounts in ₹ lakhs, unless otherwise stated)

S.No.	Particulars	Name of donor	Opening balance As at 1 April 2025	Receipts during the year	Receivable during the year	Utilisation during the year	Closing balance As at 31 March 2026
(A)	**Change for Childhood Cancer in States / CHSUs**						
	Delhi NCR	As per Annexure : I(ii)	-	-	-	-	-
	Punjab and UT Chandigarh	As per Annexure : II(ii)	-	-	-	-	-
	Uttar Pradesh and Uttrakhand	As per Annexure : III(ii)	0.75	64.84	-	65.59	-
	Bihar	As per Annexure : IV(ii)	-	31.50	-	29.04	2.46
	Gujarat	As per Annexure : IX(ii)	-	51.36	-	43.56	7.82
(B)	**Access to Holistic Care Projects and Funds**						
	Holistic care project	As per Annexure : XVI(ii)	-	1.01	-	1.01	-
(C)	**Medical Support Projects Funds**						
	Medical Assistance Fund	As per Annexure : XVII(ii)	-	12.66	-	12.66	-
	AAPSandR for Retinoblastoma	As per Annexure : IX(ii)	8.78	52.62	-	58.23	3.17
(D)	**Other Access to Care Projects and Funds**						
	Capacity and Skilll Building	Society Pediatric Oncology	-	-	-	-	-
	Indian Childhood Caner Initiative	ST Jude Global	141.77	134.97	4.28	281.02	-
	Patient Advocated for Clinical Research - India	Pfizer Limited	31.93	-	-	31.93	-
	Capacity and Skilll Building -Global Scholarship Program	Alsac ST Jude Children Research	-	15.37	-	0.55	14.82
	Capacity and Skilll Building -Senior Leadership Executive Program	Alsac ST Jude Children Research	9.15	-	-	-	9.15
	Capacity and Skilll Building- Nurses Workshop	Jiv Daya Foundation	-	3.41	-	3.41	-
	Capacity and Skilll Building- Nurses Workshop	Global Project Hope Inc	-	-	-	-	-
	Capacity and Skilll Building- Nurses Workshop	Relief From Cancer	-	1.50	-	0.56	0.95
	Capacity and Skilll Building- Nurses Workshop	ST Jude Children Research Hosital	3.89	-	-	2.65	1.24
(E)	**Change for Childhood Cancer in India Projects and**						
	Change for Childhood Cancer (Scale up and Sustainability) Fund	As per Annexure : XXIV (ii)	8.59	190.35	-	190.94	8.00
		Sub Total (b)	204.85	559.62	4.28	721.14	47.62
		Grand total	381.20	5,448.31	10.96	5,513.08	327.41

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CANKIDS KIDSCAN

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: I - Change for Childhood Cancer (CCC) in Delhi NCR

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
I(i) : INR Change for Childhood Cancer (CCC) in Delhi NCR							
a	CHSU@AIIMS-POD, Delhi	Kotak Securities Ltd	-	156.53	-	156.53	-
b	CHSU@Safdurjung, Delhi	Hamdard National Foundation (India)	-	50.00	-	50.00	-
c	CHSU@KSCH Delhi	Indorama India Pvt Ltd	-	28.09	-	28.09	-
d	HAH Kotla, Delhi-Snehogarh , HAH Kalawati	Kotak Mahindra Bank Limited	-	67.01	-	67.01	-
e	CHSU@APOLLO_DEL, SCCC- Delhi NCR	Optum Global Solution (India) Pvt Ltd	-	101.58	-	101.58	-
f	CHSU@RML, MAMC Delhi	Kotak Mahindra Trusteeship Services Limited	-	12.20	-	12.20	-
g	CHSU@GTB ,SGRH, SAFD Delhi	Northern Aromatics Limited	-	78.00	-	78.00	-
h	CHSU@AIIMS-IRCH, Delhi	Markit India Services Private Limited	-	109.84	-	109.84	-
i	CHSU@Safdurjung, Delhi	Johnson Matthey India Pvt Ltd	-	28.39	-	28.39	-
j	Change for Childhood Cancer in Delhi NCR	VRB Consumer Product Pvt Ltd	-	19.50	-	19.50	-
k	Change for Childhood Cancer in Delhi NCR	Star Worldwide Group Pvt Ltd	-	5.00	-	5.00	-
l	Change for Childhood Cancer in Delhi NCR	Kusum Healthcare Pvt Ltd	-	3.00	-	3.00	-
m	Change for Childhood Cancer in Delhi NCR	Narendra Logisitc	-	5.00	-	5.00	-
n	CHSU@AIIMS Delhi	Manju Jain	-	10.00	-	10.00	-
o	Change for Childhood Cancer in Delhi NCR	Aerol Formulation Private Limited	-	-	5.00	5.00	-
		Sub-Total of I(i)	**-**	**674.14**	**5.00**	**679.14**	**-**
I(ii) : FCRA Change for Childhood Cancer (CCC) in Delhi NCR							
		Sub-Total of I(ii)	**-**	**-**	**-**	**-**	**-**
		Grand Total(I)	**-**	**674.14**	**5.00**	**679.14**	**-**

Annexure: II - Change for Childhood Cancer (CCC) in Punjab, Haryana, Himachal Pradesh, and Jammu & Kashmir

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
II(i) : INR Change for Childhood Cancer (CCC) in Punjab, Haryana, Himachal Pradesh, and Jammu & Kashmir							
a	Home Away From Home - Chandigarh	Kotak Mahindra Bank Limited	-	29.16	-	29.16	-
		Sub-Total of II(i)	**-**	**29.16**	**-**	**29.16**	**-**
II(ii) : FCRA Change for Childhood Cancer (CCC) in Punjab, Haryana, Himachal Pradesh, and Jammu & Kashmir							
		Sub-Total of II(ii)	**-**	**-**	**-**	**-**	**-**
		Grand Total (II)	**-**	**29.16**	**-**	**29.16**	**-**



ANNEXURES OF FINANCIAL STATEMENT

Cankids..Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: III - Change for Childhood Cancer (CCC) in Uttar Pradesh and Uttrakhand Fund

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
III(i)	INR Change for Childhood Cancer (CCC) in Uttar Pradesh and Uttrakhand Fund						
a	CCC in Uttar Pradesh	Gokul & Lakshmi Laroia	-	10.00	-	10.00	-
b	CCC in Uttar Pradesh	Aditya Birla Capital Foundation	-	150.21	-	150.21	-
c	CHSU@SSPGHTI Noida	EXL Services.com India Private Limited	-	64.09	-	64.09	-
d	CHSU@SSPGHTI Noida	Clairvoyant India Pvt Ltd	-	14.75	-	14.75	-
e	CHSU@SSPGHTI Noida	Inductis India Pvt Ltd		4.72	-	4.72	-
f	CHSU@SSPGHTI Noida	IQR ANALYTICS PRIVATE LTD		9.73	-	9.73	-
g	CHSU@SSPGHTI Noida	Scioinspire Consulting		9.52	-	9.52	-
h	CHSU@SSPGHTI Noida	Outsource Partners International		13.42	-	13.42	-
i	CHSU@SSPGHTI Noida	Incandescent Tech Pvt Ltd		0.05	-	0.05	-
j	HAH Varanasi	Kotak Mahindra Bank Limited	-	62.37	-	62.37	-
k	CHSU@KNMH, Allahabad	Sud Chemie India Private Limited	-	10.00	-	10.00	-
l	CHSU@BRDMC_Gorakhpur	JB Chemicals & Pharmaseuticals Ltd	-	15.28	-	15.28	-
m	CHSU@KGMU- BMT Project	Aditya Birla Capital Foundation	-	300.72	-	300.72	-
n	CCC in Uttrakhand	Mohit and Kanika Satyanand	-	2.75	-	2.75	-
		Sub Total III(i)	-	**667.61**	-	**667.61**	-
III(ii)	FCRA Change for Childhood Cancer (CCC) in Uttar Pradesh and Uttrakhand Fund						
a	CCC in Uttarakhand	Swiss Himalayan Amity	-	63.51	-	63.51	-
b	CHSU@SSPGHTI Noida	Resonance Inc.	0.75	1.34	-	2.08	-
		Sub Total III(ii)	**0.75**	**64.84**	-	**65.59**	-
		Grand Total (III)	**0.75**	**732.45**	-	**733.20**	-

Annexure: IV - Change for Childhood Cancer (CCC) in Bihar

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
IV(i)	INR Change for Childhood Cancer (CCC) in Bihar						
a	HAH-Patna	Kotak Mahindra Bank Limited	-	51.63	-	51.63	-
		Sub-Total of IV(i)	-	**51.63**	-	**51.63**	-
IV(ii)	FCRA Change for Childhood Cancer (CCC) in Bihar						
a	CCC In States In Bihar & Other Support	Corob India Private Limited	-	31.50	-	29.04	2.46
		Sub-Total of IV(ii)	-	**31.50**	-	**29.04**	**2.46**
		Grand Total (IV)	-	**83.13**	-	**80.66**	**2.46**

Annexure: V - Change for Childhood Cancer (CCC) in Rajasthan

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
V(i)	INR Change for Childhood Cancer (CCC) in Rajasthan						
a	Change for Childhood Cancer (CCC) in Rajasthan	Servier India Pvt Ltd	45.70	83.25	-	45.70	83.25
		Sub-Total of V(i)	**45.70**	**83.25**		**45.70**	**83.25**
V(ii)	FCRA Change for Childhood Cancer (CCC) in Rajasthan						
		Sub-Total of V(ii)	-	-	-	-	-
		Grand Total (V)	**45.70**	**83.25**	-	**45.70**	**83.25**

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: VI - Change for Childhood Cancer (CCC) in West Bengal

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
VI(i)	INR Change for Childhood Cancer (CCC) in West Bengal						
a	CHSU@SGCCRI, CNCI, NSH-H	Century Plyboards India Limited	-	51.42	-	50.46	0.96
b	HAH - Kolkata-Snehoneer	Kotak Mahindra Bank Limited	-	85.25	-	85.25	-
c	CHSU@KMC Kolkata	Indorama India Pvt Ltd	-	51.91	-	51.91	-
d	CHSU@ICH_Kolkata & TMC Kolkata	Kotak Securities Ltd	-	77.47	-	77.47	-
e	CHSU@SSKM & NRS Surgery	Kotak Mahindra Capital Company Ltd.	-	30.00	-	30.00	-
f	CHSU@ NRS Hematology	JB Chemicals & Pharmaseuticals Ltd.	-	34.72		34.72	-
		Sub-Total of VI(i)	-	**330.76**	-	**329.80**	**0.96**
VI(ii)	FCRA Change for Childhood Cancer (CCC) in West Bengal		-	-	-	-	-
		Sub-Total of VI(ii)	-	-	-	-	-
		Grand Total (VI)	-	**330.76**	-	**329.80**	**0.96**

Annexure: VII - Change for Childhood Cancer (CCC) in Odisha

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
VII(i)	INR Change for Childhood Cancer (CCC) in Odisha						
a	HAH- Bhuwaneswar	Kotak Mahindra Bank Limited	-	51.65	-	51.65	-
b	HAH-Cuttak	Kotak Mahindra Bank Limited	-	63.66	-	63.66	-
		Sub-Total of VII(i)	-	**115.31**	-	**115.31**	-
VII(ii)	FCRA Change for Childhood Cancer (CCC) in Odisha		-	-	-	-	-
		Sub-Total of VII(ii)	-	-	-	-	-
		Grand Total (VII)	-	**115.31**	-	**115.31**	-

Annexure: VIII- Change for Childhood Cancer (CCC) in Maharashtra

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
VIII(i)	INR Change for Childhood Cancer (CCC) in Maharashtra						
a	CHSU@TMH Mumbai & GCH Aurganbad	Infinia Finance Pvt Ltd	-	26.40	-	26.40	-
b	CHSU@GCH Aurangabad	Prime Securities Limited	-	10.00	-	10.00	-
c	Canshala Mumbai	Deutsche India Private Ltd	-	150.62	-	150.62	-
d	HAH Aurangabad	Kotak Mahindra Bank Limited	-	66.65	-	66.65	-
e	HAH Nagpur	Kotak Mahindra Bank Limited	-	64.64	-	64.64	-
f	CHSU@CTC Borivali, KEM Mumbai	Morgan Stanley India Company Private Limited	-	87.29	-	87.29	-
g	Change for Childhood Cancer (CCC) - Maharashtra	Agiliad Technologies Pvt Ltd	-	15.00	-	15.00	-
h	CHSU@SSGH, Sangli	United Way Of Bengaluru	-	10.00	-	10.00	-
i	Change for Childhood Cancer (CCC) - Maharashtra	Clever Tap Pvt Ltd	-	47.00	-	47.00	-
j	Change for Childhood Cancer (CCC) - Maharashtra	Deif India Pvt Ltd	-	5.00	-	5.00	-
k	Change for Childhood Cancer (CCC) - Maharashtra	Eros Elevators & Escalators Pvt. Ltd.	-	0.50	-	0.50	-
		Sub-Total of VIII(i)	-	**483.10**	-	**483.10**	-
VIII(ii)	FCRA Change for Childhood Cancer (CCC) in Maharashtra		-	-	-	-	-
		Sub-Total of VIII(ii)	-	-	-	-	-
		Grand Total (VIII)	-	**483.10**	-	**483.10**	-

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure : IX - Change for Childhood (CCC) in Gurjarat

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
IX(i)	INR Change for Childhood Cancer (CCC) in Gujarat						
a	CCC In Gujarat	Kotak Mahindra Life Insurance Limited	-	162.27	-	162.27	-
b	HAH- Ahmedabad	Kotak Mahindra Bank Limited	-	57.98	-	57.98	-
		Sub-Total of IX(i)	**-**	**220.25**	**-**	**220.25**	**-**
IX(ii)	FCRA Change for Childhood Cancer (CCC) in Gujarat						
a	CHSU@ TCI and Saachi, Surat	Relief From Cancer	-	51.38	-	43.56	7.82
		Sub-Total of IX(ii)	**-**	**51.38**	**-**	**43.56**	**7.82**
		Grand Total (IX)	**-**	**271.63**	**-**	**263.80**	**7.82**

Annexure: XI - Change for Childhood Cancer (CCC) in Madhya Pradesh

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XI(i)	INR Change for Childhood Cancer (CCC) in Madhya Pradesh						
a	CCC in States - MP	Ajim Premzi Philanthropic Initiatives	87.97	414.62	-	362.84	139.76
		Sub-Total of XI(i)	**87.97**	**414.62**	**-**	**362.84**	**139.76**
XI(ii)	FCRA Change for Childhood Cancer (CCC) in Madhya Pradesh						
		Sub-Total of XI(i)	**-**	**-**	**-**	**-**	**-**
		Grand Total (XI)	**87.97**	**414.62**	**-**	**362.84**	**139.76**

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CANKIDS KIDSCAN

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: XII - Change for Childhood Cancer (CCC) in Tamilnadu & UT Pondicherry Fund

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XII(i) : INR Change for Childhood Cancer (CCC) in Tamilnadu & UT Pondicherry Fund							
a	Change for Childhood Cancer (CCC) in Tamilnadu & UT Pondicherry Fund	HDFC Life Insurance Company Limited	-	40.00	-	40.00	-
b	CHSU@MMC_Chennai,SCCC- Tamil Nadu & UT Puducherry	Optum Global Solution (India) Pvt Ltd	-	89.41	-	89.41	-
c	CHSU@GRH_Madurai, CHSU@MMHRC, CHSU@KMC TRICHY	Optum Global Solution (India) Pvt Ltd	-	51.61	-	51.61	-
d	Change for Childhood Cancer (CCC) in Tamilnadu & UT Pondicherry Fund	Vara Future LLP	-	204.50	-	204.50	-
a	Change for Childhood Cancer (CCC) in Tamilnadu & UT Pondicherry Fund	NCR Corporation India Pvt Ltd	-	21.90	-	21.90	-
e	CHSU@Apollo Chennai, Jipmer	ELGI Equipment Ltd	-	30.00	-	30.00	-
f	CHSU@KMC, Trichy	Amphenol Omniconnect Pvt Ltd	-	8.38	-	8.38	-
		Sub Total XII(i)	-	445.80	-	445.80	-
XII(ii) : FCRA Change for Childhood Cancer (CCC) in Tamilnadu & UT Pondicherry Fund							
		Sub Total XII(ii)	-	-	-	-	-
		Grand Total (XII)	-	445.80	-	445.80	-

Annexure: XIII - Change for Childhood Cancer (CCC) in Telangana Fund

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XII(i) : INR Change for Childhood Cancer (CCC) in Telanaga Fund							
a	CHSU@CFS Hyderabad	Akzo Nobel India Limited	-	25.00	-	25.00	-
		Sub Total XII(i)	-	25.00	-	25.00	-
XII(ii) : FCRA Change for Childhood Cancer (CCC) in Telangana							
		Sub Total XII(ii)	-	-	-	-	-
		Grand Total (XII)	-	25.00	-	25.00	-

Annexure: XIII - Change for Childhood Cancer (CCC) in Kerala

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XIII(i) : INR Change for Childhood Cancer (CCC) in Kerala							
a	CHSU@MVR Cancer, BMHK, MCC Kannur	GTN Enterprises Limited	-	10.17	-	10.17	-
		Sub-Total of XIII(i)	-	10.17	-	10.17	-
XIII(ii) : FCRA Change for Childhood Cancer (CCC) in Kerala							
		Sub-Total of XIII(ii)	-	-	-	-	-
		Grand Total(XIII)	-	10.17	-	10.17	-

Annexure: XIV - Change for Childhood Cancer (CCC) in Karnataka

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XIV(i) : INR Change for Childhood Cancer (CCC) in Karnataka							
a	CHSU@NH, SSCH Bangalore, St John, Ramaiah, Kidwai and Rainbow	Morgan Stanley India Company Private Limited	-	177.99	-	177.99	-
		Sub-Total of XIV(i)	-	177.99	-	177.99	-
XIV(ii) : FCRA Change for Childhood Cancer (CCC) in Karnataka							
		Sub-Total of XIV(ii)	-	-	-	-	-
		Grand Total(XIV)	-	177.99	-	177.99	-

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: XV - Change for Childhood Cancer (CCC) through States

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XV(i)	INR Change for Childhood Cancer (CCC) through States						
a	Change for Childhood Cancer (CCC) through States	Cipla Foundation	0.27	113.93	-	113.06	1.14
b	Change for Childhood Cancer (CCC) through States	Veha Foundation	-	87.89	-	87.89	-
c	Change for Childhood Cancer (CCC) through States	Axis Bank Foundation	-	90.65	-	90.65	-
d	Change for Childhood Cancer (CCC) through States	Flipkart Foundation	14.05	-	-	14.05	-
e	Change for Childhood Cancer (CCC) through States	SBI Card And Payment Services Limited	-	218.92	-	218.92	-
f	Change for Childhood Cancer (CCC) through States	Earlysalary Services Private Limited	-	10.00		10.00	-
g	Change for Childhood Cancer (CCC) through States	Social Worth Technologies Pvt Ltd	-	10.00		10.00	-
		Sub-Total of XV(i)	**14.32**	**511.39**	**-**	**524.57**	**1.14**
XV(ii)	FCRA Change for Childhood Cancer (CCC) through States						
		Sub-Total of XV(ii)	**-**	**-**	**-**	**-**	**-**
		Grand Total(XV)	**14.32**	**511.39**	**-**	**524.57**	**1.14**

Annexure - XVI - Holistic Care Project

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XVI(i)	INR Holistic Care Projects						
b	Holistic Care Project	Grand Royale Enterprises Ltd	-	5.00	-	5.00	-
c	Holistic Care Project	Jehan Numa Palace Hotel Pvt Ltd	-	4.00	-	4.00	-
d	Holistic Care Project	Ashbee System Limited	-	1.32	-	1.32	-
f	Holistic Care Project	AVIAPRO Logistic Services Pvt Ltd	-	3.00	-	3.00	-
g	Holistic Care Project	Apex Meadows Pvt Ltd	-	5.00	-	5.00	-
i	Holistic Care Project	Galaxy Magnum Project	-	2.00	-	2.00	-
j	Holistic Care Project	Diamond Metal Screens Pvt Ltd	-	8.00	-	8.00	-
j	Holistic Care Project	Dmson's Metal Pvt Ltd	-	2.01	-	2.01	-
k	Holistic Care Project	Agiliad Technologies Pvt Ltd	-	15.00	-	15.00	-
l	Holistic Care Project	Sarovar Hotels Pvt Ltd	-	10.00	-	10.00	-
m	Holistic Care Project	Signpost India Limited	-	2.00	-	2.00	-
	Holistic Care Project	Advant IT Park Pvt Ltd	-	5.00	-	5.00	-
m	Holistic Care Project	Rai Industrial Power Private Limited	-	10.35	-	10.35	-
		Sub-Total XVI(i)	**-**	**72.68**	**-**	**72.68**	**-**
XVI(ii)	FCRA Holistic Care Project						
	Holistic Care Project	The Charities AID Foundation	-	1.01		1.01	-
			-	**1.01**		**1.01**	-
		Grand Total (XVI)	**-**	**73.69**		**73.69**	-

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: XVII - Medical Assistance Fund

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XVII(i) : INR Medical Assistance Fund							
a	Medical Assistance Fund	Angira Harisraj Gupta Charitable Trust	-	8.00	-	8.00	-
b	Medical Assistance Fund	Labcorp Laboratories India Pvt Ltd	-	2.00	-	2.00	-
c	Medical Assistance Fund	Labcorp Early Development India Pvt Ltd	-	2.00	-	2.00	-
d	Medical Assistance Fund	Venkataramanan Anantharaman	-	5.00	-	5.00	-
e	Medical Assistance Fund	Neolite ZKW Lighting Ltd	-	10.00	-	10.00	-
g	Medical Assistance Fund	Balt India Pvt Ltd	-	7.88	-	7.88	-
h	Medical Assistance Fund	Aadishakti Metal Recycling Private Limited	-	5.00	-	5.00	-
h	Medical Assistance Fund	Nutanix Technologies India Pvt. Ltd	-	5.34	-	5.34	-
h	Medical Assistance Fund	Rabani and Rajul Garg	-	5.00	-	5.00	-
i	Medical Assistance Fund	Experion Developers Private Limited	-	200.42	-	200.42	-
		Sub - Total XVII(i)	-	**250.64**	-	**250.64**	-
XVII(ii) : FCRA Medical Assistance Fund							
a	Medical Assistance Fund	Dr Sadhna Shankar	-	12.66	-	12.66	-
		Sub-Total XVII(ii)	-	**12.66**	-	**12.66**	-
		Grand Total (XVII)	-	**263.30**	-	**263.30**	-

Annexure: XIX - AAPS&R for Retinoblastoma Fund

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XIX(i) : INR AAPS&R for Retinoblastoma Fund							
		Sub-Total of XIX(i)	-	-	-	-	-
XIX(ii) : FCRA AAPS&R for Retinoblastoma Fund							
a	AAPS&R for Retinoblastoma Fund	Kanaka Sirpal	0.17	43.51	-	40.50	3.17
b	AAPS&R for Retinoblastoma Fund	Siddhant Sirpal- Relief From Cancer	8.61	9.12	-	17.73	-
		Sub-Total of XIX(ii)	**8.78**	**52.62**	-	**58.23**	**3.17**
		Grand Total (XIX)	**8.78**	**52.62**	-	**58.23**	**3.17**

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure: XXI - AAPS&R for APML

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XXI(i) : INR AAPS&R for APML							
a	APML Fund	Veha Foundation	-	24.22	-	24.22	-
b	APML Fund	S Radhakrishnan	-	10.00	-	10.00	-
		Sub-Total of XXI(i)	-	**10.00**	-	**10.00**	-
XXI(ii) : FCRA AAPS&R for APML							
		Sub-Total of XXI(ii)	-	-	-	-	-
		Grand Total (XXI)	-	**10.00**	-	**10.00**	-

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure - XXIV - Change for Childhood Cancer (Scale up & Sustainability) Fund

S. No.	Particulars	Donor	As at 1 April 2025	Received during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XXIV(i)	INR Scale up & Sustainability Funds						
a	Change for Childhood Cancer (Scale up & Sustainability) Fund	Arvind Narainaswami and Family	-	5.00	-	5.00	-
b	Change for Childhood Cancer (Scale up & Sustainability) Fund	Ajay and Punita Lal	-	2.50	-	2.50	-
c	Change for Childhood Cancer (Scale up & Sustainability) Fund	Vikram Sud	-	10.00	-	10.00	-
d	Change for Childhood Cancer (Scale up & Sustainability) Fund	Archana Malhotra	-	2.00	-	2.00	-
e	Change for Childhood Cancer (Scale up & Sustainability) Fund	Poonam Bagai	-	16.96	1.68	18.64	-
f	Change for Childhood Cancer (Scale up & Sustainability) Fund	Blossom Kocchar	-	2.00	-	2.00	-
g	Change for Childhood Cancer (Scale up & Sustainability) Fund	Angad Bagai	-	2.00	-	2.00	-
h	Change for Childhood Cancer (Scale up & Sustainability) Fund	Ravi Mehrotra	-	5.00	-	5.00	-
i	Change for Childhood Cancer (Scale up & Sustainability) Fund	Roshanlal Public Charitable Trust	-	11.00	-	11.00	-
j	Change for Childhood Cancer (Scale up & Sustainability) Fund	Rahul Mookerjee	-	5.00	-	5.00	-
k	Change for Childhood Cancer (Scale up & Sustainability) Fund	Akram Bagai	-	2.00	-	2.00	-
l	Change for Childhood Cancer (Scale up & Sustainability) Fund	R.S. Gupta & Minnie Swarup Gupta	-	4.02	-	4.02	-
m	Change for Childhood Cancer (Scale up & Sustainability) Fund	Sunil Duggal	-	10.00	-	10.00	-
n	Change for Childhood Cancer (Scale up & Sustainability) Fund	S N Dhawan & Co. LLP	-	1.00	-	1.00	-
o	Change for Childhood Cancer (Scale up & Sustainability) Fund	Satish Dhawan	-	10.00	-	10.00	-
p	Change for Childhood Cancer (Scale up & Sustainability) Fund	Vinati Kastiya	-	3.00	-	3.00	-
q	Change for Childhood Cancer (Scale up & Sustainability) Fund	Pavan Bagai	-	3.42	-	3.42	-
r	Change for Childhood Cancer (Scale up & Sustainability) Fund	Arijit Ranjan Sarker	-	5.00	-	5.00	-
s	Change for Childhood Cancer (Scale up & Sustainability) Fund	Michael Jude Fernandes	-	2.50	-	2.50	-
t	Change for Childhood Cancer (Scale up & Sustainability) Fund	Kritika & Yuvendra Hora	-	2.50	-	2.50	-
u	Change for Childhood Cancer (Scale up & Sustainability) Fund	Tarun & Kavita Ohri	-	2.01	-	2.01	-
v	Change for Childhood Cancer (Scale up & Sustainability) Fund	Kapish Jain	-	2.00	-	2.00	-
w	Change for Childhood Cancer (Scale up & Sustainability) Fund	Karan Avtar Singh	-	2.00	-	2.00	-
x	Change for Childhood Cancer (Scale up & Sustainability) Fund	Swarn Vohra Memorial Foundation	-	2.00	-	2.00	-
y	Change for Childhood Cancer (Scale up & Sustainability) Fund	Mukul Marwaha	-	2.00	-	2.00	-
z	Change for Childhood Cancer (Scale up & Sustainability) Fund	Seema & Deenar Toraskar	-	2.00	-	2.00	-
aa	Change for Childhood Cancer (Scale up & Sustainability) Fund	Sujata & Gautam Mukkavilli	-	2.00	-	2.00	-
ab	Change for Childhood Cancer (Scale up & Sustainability) Fund	Bano Rashid	-	0.90	-	0.90	-
ac	Change for Childhood Cancer (Scale up & Sustainability) Fund	Kalpartu Trust	-	1.25	-	1.25	-
		Sub-Total XXIV(i)	-	**121.06**	**1.68**	**122.74**	-

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'I - XXIV' to Annexure 'A&B' not not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Annexure - XXIV - Change for Childhood Cancer (Scale up & Sustainability) Fund

S. No.	Particulars	Donor	As at 1 April 2026	Received / Receivable during the year	Receivable during the year	Utilised during the year	As at 31 March 2026
XXVI(ii)	FCRA Change for Childhood Cancer (Scale up & Sustainability) Fund						
a	Change for Childhood Cancer (Scale up & Sustainability) Fund	Aabir Gupta	-	2.18	-	2.18	-
b	Change for Childhood Cancer (Scale up & Sustainability) Fund	Akila Vijay Iyenagar	-	2.13	-	2.13	-
c	Change for Childhood Cancer (Scale up & Sustainability) Fund	Devika Mishra	3.54	4.38	-	7.92	-
d	Change for Childhood Cancer (Scale up & Sustainability) Fund	Anitha & Joydeep Sengupta	-	8.48	-	8.48	-
e	Change for Childhood Cancer (Scale up & Sustainability) Fund	Caesar Sengupta - Relief From Cancer	-	4.34	-	4.34	-
f	Change for Childhood Cancer (Scale up & Sustainability) Fund	Tara Jotwani & Ankit Sud - Relief From Cancer	-	5.31	-	5.31	-
g	Change for Childhood Cancer (Scale up & Sustainability) Fund	Rohet Tolani	-	42.21	-	42.21	-
h	Change for Childhood Cancer (Scale up & Sustainability) Fund	Anjali & Samir Soota	-	4.20	-	4.20	-
i	Change for Childhood Cancer (Scale up & Sustainability) Fund	TSS Digital FZCO	-	47.04	-	47.04	-
j	Change for Childhood Cancer (Scale up & Sustainability) Fund	Godbole Family-Relief From Cancer	5.05	6.41	-	11.47	-
k	Change for Childhood Cancer (Scale up & Sustainability) Fund	Laxmi Vithaldas Kamath	-	2.12	-	2.12	-
l	Change for Childhood Cancer (Scale up & Sustainability) Fund	Piyush & Ruchira Gupta	-	20.00	-	12.00	8.00
m	Change for Childhood Cancer (Scale up & Sustainability) Fund	UK Fund For Charities	-	6.00	-	6.00	-
n	Change for Childhood Cancer (Scale up & Sustainability) Fund	Rohit Sipahimalini	-	2.00	-	2.00	-
o	Change for Childhood Cancer (Scale up & Sustainability) Fund	Roopak Taneja	-	8.32	-	8.32	-
p	Change for Childhood Cancer (Scale up & Sustainability) Fund	Seema Tulshyan	-	5.06	-	5.06	-
q	Change for Childhood Cancer (Scale up & Sustainability) Fund	Shalini & Naveen Mohan	-	4.43	-	4.43	-
r	Change for Childhood Cancer (Scale up & Sustainability) Fund	Sunil Kumar Talwar	-	4.30	-	4.30	-
s	Change for Childhood Cancer (Scale up & Sustainability) Fund	Winarto Putra Kurniawan/Nuryanti	-	8.45	-	8.45	-
t	Change for Childhood Cancer (Scale up & Sustainability) Fund	Vikram And Urvashi Talwar	-	3.00	-	3.00	-
		Sub-Total XXIV(ii)	8.59	190.35	-	190.94	8.00
		Grand Total (XXI)	8.59	311.41	1.68	313.68	8.00

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CANKIDS KIDSCAN

ANNEXURES OF FINANCIAL STATEMENT

Cankids...Kidscan

Annexure -'C' to Note '17' not forming part of the financial statements as at 31 March 2026

(All amounts in ₹ lakhs, unless otherwise stated)

Direct Support to beneficiary

Particulars	For the year ended 31 March 2026			For the year ended 31 March 2025		
	INR	FCRA	Total	INR	FCRA	Total
Medical Projects & Support Program	1,598.65	142.99	1,741.64	1,670.42	125.65	1,796.07
Treatment Support Program	243.79	2.02	245.81	241.35	2.09	243.44
Pediatric Palliative Care	8.38	0.07	8.45	6.18	-	6.18
Pediatric Psycho-Oncology Program	24.85	0.42	25.27	10.40	0.29	10.68
Education Program	151.02	4.87	155.89	95.52	1.10	96.62
Total	**2,026.69**	**150.37**	**2,177.06**	**2,023.86**	**129.13**	**2,152.99**

CANKIDS KIDSCAN

ROAD TO 2030

FROM PROGRESS TO PROMISE

More children are reaching care.
Now we must ensure every child does.



62% of children with cancer in India are reaching treatment centres

Access

62% reaching centres

→ **100% by 2030**

Every child reaches the right centre, at the right time.

Financial Protection

Building protection through direct support, government schemes and holistic care.

→ **100% by 2030**

No family is pushed into financial hardship because their child has cancer.

Survival

60%+ survival is achievable when children reach appropriate care.

→ **60%+ for all by 2030**

Every child, wherever they are treated, has a fair chance to survive and thrive.

The challenge now is equity — ensuring that where a child lives or what a family can afford does not determine whether that child survives.

OUR 2030 PROMISE

100% Access

Every child reaches the right centre, at the right time.

100% Financial Protection

No family is pushed into financial hardship because their child has cancer.

60%+ Survival

Every child, wherever they are treated, has a fair chance to survive and thrive.

The Pathway to a Brighter Tomorrow

KNOW THE SIGNS
Awareness saves lives.

DIAGNOSE EARLY
Early diagnosis gives hope.

REFER
Reach the right centre.

TREAT
Quality treatment for every child.

SURVIVE
More children beat cancer.

THRIVE
Support for a brighter tomorrow.

What Will Take Us There

- Shared Care and Partnerships
- State Engagement
- Quality Improvement
- Financial Protection
- Data and Research
- Patient and Survivor Voice



Every child with cancer in India deserves access to care, financial protection and the chance to survive and thrive.

OUR PROMISE. OUR ACCOUNTABILITY. OUR ROAD TO 2030.

CANKIDS OFFICES & CARE CENTRES

OUR OFFICES

Head Office
J-161/A, Gautam Nagar, New Delhi -110049
Phone: 011-40512467, 011-45512466

Registered Office
D-7/7, Vasant Vihar, New Delhi-110057
Phone: 011-41663670

REGIONAL CARE COORDINATION CENTRE, STATE CARE CORDINATION CENTER & CARE CENTRES

North Region:

Regional Care Coordination Centre, State Care Coordination Centre, Delhi
CanKids KidsCan 161- J, Gautam Nagar, New Delhi - 110049 | Phone: +91-11 40512467, 45512466, 45792888, 41006617/18

Subhita CanKids Paediatric Palliative Centre, Delhi
CanKids KidsCan 161- J, Gautam Nagar, New Delhi - 110049 | Phone: +91-11 40512467, 45512466, 45792888, 41006617/18

Snehograh HAH Kotla Delhi
1463/A, Street No 5, Wazimagar, Kotla Mubarakpur, New Delhi - 110003 Phone: 011-23340004, 7654137597

Snehsharan HAH Kalawati Delhi
Quarter No 18, Telegraph, P.K.Road, New Delhi -110001 Phone: +91 9958560881

State Care Coordination Centre - Uttar Pradesh and Sapno ka Ghar HAH Lucknow
201, sector-6B Vrindavan Yojna, Telibagh, Lucknow 226029

Snehashish HAH Varanasi
AN 287, Susuwahi, Varanasi, Uttar Pradesh – 221011

State Care Coordination Centre and Sneh Niwas HAH Patna
B-200, Police Colony, Anisabad, Patna – 800002 | Helpline number - 8860177017

State Care Coordination Centre - Punjab & UT & Sadda Veda HAH Chandigarh
Near Mehra Dhaba Village-Majra, Sub-Tehsil-Majri, Tehsil-Kharar, District- SAS Nagar (Mohali), Punjab 140110 Phone: +917888729707, 9953590210, 8264874723, 9682565132

East Region

Regional Care Coordination Centre, State Care Coordination Centre West Bengal & Snehoneer HAH Kolkata
East & Snehoneer HAH Kolkata, 460/1-4th Road Ajay Nagar Opposite Good Mission Education Church PS. Purba Jadavpur, Kolkata – 700075
Phone: +91-8860316404

State Care Coordination Centre Odisha and Snehara Ghara HAH Bhubaneshwar
GA-805, K/8, Ghatika, Kalinga Nagar, Bhubaneshwar – 751003

Sundra Awas HAH Cuttack
Alekhanand Nayak Plot no 635 unit 38 near nishamananu restaurant & conveyance arundaya nagar surya vihar - 753012 DIST- cuttack, odisha

West Region:

Regional Care Coordination Centre – West, State Care Cordination Centre Maharastra & Canshala Mumbai :
CanKids KidsCan, Jagannath Bhatanakar Municipal School, (Near Elphinstone Bridge) Parel, Mumbai - 400012 Phone: (022)24712923 | Maharashtra Helpline : 9152735010

State Care Coordination Centre – Gujarat & Subhag Awas HAH Ahmedabad:
NO 2, Civil Hospital Rd, Ganpat Colony, Bardolpura, Girdhar Nagar, Ahmedabad, Gujarat 380016 | Phone: +91 9953591571, 9712613087

State Care Coordination Centre, Madhya Pradesh and Sukh Anand HAH Bhopal:
157, sector- 2 A saket nagar, Huzur, Bhopal, H.e. Hospital, Madhya Pradesh 462026

Sneh kunj HAH Chhatrapati Sambhajinagar:
G No. 13, Plot No. 09, Zakir Husain Housing Society, Padegaon, Chhatrapati Sambhajinagar 431001

Sneh Sansaar HAH Nagpur:
Plot No.201 Parfect Cooping Housing Society Pannase Layout Krashna Classic Indraprastha Nagar Bhamti Nagpur 440022

South Region:

Regional Care Coordination Centre, State Care Coordination Center Tamil Nadu, Snehalaya HAH Chennai & Canshala Chennai:
South - Snehalaya HAH Chennai & Canshala Chennai GRN Sarvesh, New No 98 Old No 5, South West Boag Road, T Nagar, Chennai 600017 | Phone: +91 - 9444096660, 044 24413531

State Care Coordination Centre and Salil Niwas HAH Bangalore:
No: 52, Reliable lifestyle Layours 1/1, Haralur Village, Varthur Hobli, Bengaluru East Taluk, Bengaluru — 560 102 | Phone : 080 41627749, 9444096660

क्योंकि हम सक्षम हैं,
क्योंकि हम कुछ भी कर सकते हैं,
जो अपने मन में साध लें।

हमें चाहिए बड़े बड़े सपने देखें,

सितारों की तरफ अपना हाथ बढ़ाएँ
और गगन को छू लें।

फिर अपना दूसरा हाथ किसी और की ओर बढ़ाएँ,
और उसके पंखों में उड़ान भारकर
उसके तूफानों का सामना करें।
तूफान के बाद निकले इंद्रधनुष को देखकर
खुश हो जाएँ, और सूरज की किरणों से लें शक्ति।

हमेशा अपना सिर उठाएँ,
और हीरो के बीच एक हीरो की जिंदगी जिएँ।

क्योंकि हम सक्षम हैं,
क्योंकि हम कुछ भी कर सकते हैं।



Because I am able
Because I can do anything
I set my mind to,

DREAM BIG.....

Reach for the stars.....
Touch the sky.....

hold out a helping hand
And be the wind
beneath another's wings

Soaring upwards,
fly in the face of her storm.
Share the joy of the rainbow
and soak up the energy of the sun

Forever hold your head high
and be a hero among heroes

Because I am able ....
Because I can

CanKids Pledge

National Society for Change for Childhood Cancer in India

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Photo Consent:
The organisation has obtained the required consent for all photographs used in the Annual Report.