

**1. Name of Scheme:** Scheme Of Assistance To The Voluntary Organizations For Scheduled Castes (Training Programme)

<b>2. Date of Inspection:</b>	____/____/____
	(i) Time of commencement of inspection: _____
	(ii) Time of completion of Inspection: _____

**3. Composition of the Inspection team:**

Team Composition	Name	Designation	Agency represented with Address	Signature
1. Team Leader				
2. Member				
3. Member				
4. Member				

4. Name and Complete Address of the organisation: \_\_\_\_\_

\_\_\_\_\_

5. Date of Registration of the organization: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Brief Description of the Project**

(Mention the nature of the Course being run with duration of each course and hours of daily training)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(a) Title of the Project : \_\_\_\_\_

(b) Date of commencement of the Project: \_\_\_\_/\_\_\_\_/\_\_\_\_

(c) Year of Commencement of Grant-in-aid from G.O.I for the Project:	_____
(d) Whether the Project is recognised by the state government	<b>Yes / No</b>

**7. Project Location:**

(a) Complete Address of location/location where programme / project / scheme is being implemented.	_____
(b) Distance from the nearest organization running / Operating similar project.	_____
(c) Name and Location of nearest Govt. Institution / NGO providing similar services location of such (nearest) project:	_____

**8. Whether building is on RENT or OWNED: RENTED / OWNED**

**9. If on rent indicate the name and full particulars of owner as well as the rent paid per month.: \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**10. Is the building space adequate enough to run the project:**

(a) Indicate the number of rooms their size and usage of each	<b>Yes / No</b>
(b) Whether the fixtures/fitments e.g. electrical fittings are in working order.	<b>Yes / No</b>

**11. Whether separate project-wise accounts have been maintained for grants sanctioned earlier? Yes / No**

**12. Whether principle of joint operation of banks accounts is being followed? Yes / No**

**13 (a) What are the principal sources of funds of the Organisation**

<b>Name of the Source</b>	<b>Amount</b>
(v) Govt. - Name of the Ministry/Department	
(vi) Non-Govt.	
(vii) Foreign	
(viii) Mobilized from community	

**(b) Comment on the Organisation's capacity for additional resource mobilisation:**

\_\_\_\_\_

**14. Whether the Organization is charging user fee/fees: Yes / No**

**15. If YES then the details indicating:**

(v) the monthly charges:	_____
(vi) annual charges:	_____
(vii) charges structured on income gradation basis (if any):	_____
(viii) Whether the user charges collected are reflected in the accounts of the NGO:	<b>Yes / No</b>

**16. The following checks may be made:**

- ix. check the entries made on the grants received from the ministry.
- x. check whether the same has been deposited in their Bank accounts
- xi. check the Bank passbook entries to corroborate on entries made as at sl.No.(i)
- xii. check on the pay bill register
- xiii. enquire with those on payroll on disbursement of pay and amount received.
- xiv. Whether subsidiary accounts of the government grant is maintained as required by GFR. 150(5)

**17. The Number of Trainees / Beneficiaries**

	SC		OTHER	
	M	F	M	F
(i) Number of beneficiaries as per Project sanction				
(ii) Number found present at the time of Inspection. *				

\* Against serial No. (ii) of table above, if no. of beneficiaries were found to be lesser than that was sanctioned, give reasons thereof:

**(May also cross-check with other trainees on names / number of absentee trainees)**

<b>(i) Working Hours of the center, give shift-wise break-up:</b>		
Shift-I:	Fr:_____	To _____
Shift-II:	Fr:_____	To _____
Shift-III:	Fr:_____	To _____

**18. Information on Process and Procedure of selection of beneficiaries during the year:**

(a) Whether there is a proper application form for admission to the training:	<b>Yes / No</b>
(b) Number admitted during the relevant year:	_____

(c) Whether Scheduled Caste certificate are obtained:	<b>Yes / No</b>
(d) Mode of selection and broad criterion adopted:	_____
(e) The number of training batches conducted annually:	_____
(f) Age group of beneficiaries:	15 yrs - 20 yrs _____
	20 yrs - 30 yrs _____
	30 yrs - above _____
(g) Date of commencement of the Batch of Trainees:	1 <sup>st</sup> Batch _____
	2 <sup>nd</sup> Batch _____
	3 <sup>rd</sup> Batch _____
(h) Medium of Instruction:	_____
19. Total No. of Beneficiaries	_____

**Out of the above:**

(i) Those passed out of the Institution successfully:	_____
(ii) No. of drop outs:	_____

**20. Details of the training equipment given at the center:**

\_\_\_\_\_

( Are these in working condition ?)

<b>21. Whether Practical Note Books / Work Books are maintained by the Trainees:</b>	<b>Yes / No</b>
<b>22. Whether the skills imparted have the potential for gainful self employment or placement?</b>	_____
<b>23. Total No. of Beneficiaries successfully trained and have left the Center during the last three years</b>	_____
<b>Out of the above:</b>	_____
(i) Those who got employed / placements:	_____
(ii) Those who are self-employed:	_____

**24. Whether Trainees have been interviewed: Yes / No**

(If 'Yes' summary of finding be attached as Annexure)

\_\_\_\_\_

<b>25. Whether Composition of Managing Committee</b> enclosed:	<b>Yes / No</b>
Date of last election of the Managing Committee:	____/____/____

**26. The Qualification held by the teachers / instructors to be attached as an Annexure****27. Maintenance of record:**

(h) Cash Book:	<b>Yes / No</b>	<b>Yes / No</b>
(i) Ledger:	<b>Yes / No</b>	<b>Yes / No</b>
(j) Register of Assets:	<b>Yes / No</b>	<b>Yes / No</b>
(k) Register for consumable items:	<b>Yes / No</b>	<b>Yes / No</b>
(i) Honorarium Payment Register:	<b>Yes/ No</b>	<b>Y e s / N o</b>
(m) Attendance register for trainees:	<b>Yes/ No</b>	<b>Y e s / N o</b>
(n) Year wise record of minutes of General Body Meeting:	<b>Yes/ No</b>	<b>Y e s / N o</b>
(h) Whether accounts on the proceeds of the sale of items produced from the raw materials funded by the ministry are maintained ( i.e. product of trainees of Craft ,Carpentary, Tailoring, Dari-making Centers etc.):	<b>Yes/ No</b>	<b>Y e s / N</b>

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28. Details of networking arrangements made with other institutions to obtain the benefits of services which it cannot provide internally.

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29. Comments of the Inspection Team on the functioning / implementation of the project:

\_\_\_\_\_

30. Specific suggestions by the Inspection Team for the improvement in conducting the programme etc:

\_\_\_\_\_

31. Recommendation of the Inspecting Team on the continued support of the project with specific reference to the relevant years:

\_\_\_\_\_

**Date:**

**Place:**

**Signature:**

**Full Name (In Capital Letters)**

**Designation:**

**Official Stamp.**

**Secretary / General Secretary NGO Name**

**Name of the Project(s) with detailed address: Year of first grant from Govt. of India**

**Details of Office bearers / Managing Committee of the Organization**

- i. Name of the Organization indicating NGO Headquarters, detailed address & Telephone / Mobile Nos.
- ii. Details of Bank Accounts and name and personal property details of authorized signatory(s) for operation of such account.
- iii. FCRA license No and date: \_\_\_\_\_ NGO's own financial capability in rupees (indicate sources).
- iv. Registration No. \_\_\_\_\_ Year and place of first registration \_\_\_\_\_ Place \_\_\_\_\_ Place of present registration
- v. Has the NGO changed its name ever after receiving the first grant from GOI or from any other Govt. or international funding agency? If so, give details.
- vi. Has the NGO any of its members / Directors, Persons with crime record or doubtful integrity and persons who have moved out of a blacklisted NGO? if so, details must be provided.

S. No.	Name	Designation	Occupation	Edn.	Source(s) of	Category (SC/ST/OB)	Address	Tel.
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				<b>qualification</b>	<b>earning</b>	<b>C/General)</b>		<b>No.</b>
1								
2								

Last meeting of Managing Committee was held on\_\_\_\_\_. The valid term of present managing committee is up to\_\_\_\_\_

The Managing Committee as per bye laws of the Organization was last elected on \_\_\_\_\_