

1. Name of Scheme: Grant in aid to Voluntary Organizations working for Scheduled Castes (Residential / Non residential School / Hostel)

2. Date of Inspection: ____ / ____ / ____

(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. Members				

4. Name and Complete Address of the Organisation: _____

5. Date of Registration of the Organisation: ____ / ____ / ____

6. Nature / Brief Description of the Project: Residential / Non-Residential School / Hostel

(a) Date of commencement of the School / Hostel: ____ / ____ / ____

(b) Year of commencement of grant-in-aid from G.O.I. for the School / Hostel: _____

(c) Whether the school is recognized by the State Government: **Yes / No**

7. Location of the School / Hostel

(a) Complete Address / Location where the School is being run:	_____
(b) Distance from the similar project being run by other Organisation:	_____
(c) Availability of State Government run similar school / Hostel within 2 km of this school.	_____

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. (a) Is the building space adequate enough to run the school / hostel.: **Yes / No**

(b) No of rooms their size, and usage of each: _____

11. (a) Availability / functioning of:

1. Lighting
2. Fans
3. Toilet facilities

(b) Comment on the level of hygiene & maintenance of facilities: _____

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

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

14. (a) What are the principal sources of funds of the Organisation

Name of the Source	Amount
(i) Govt. - Name of the Ministry / Department	
(ii) Non-Govt.	
(iii) Foreign	
(iv) Mobilized from community	

(b) Comment on the Organization's capacity for additional resource mobilization:

15. Whether the Organization is charging user fee/fees contribution from students: **Yes / No**

16. If YES indicate following details:

(i) the monthly charges:	_____
(ii) annual charges:	_____
(iii) charges structured on income gradation basis (if any):	_____

(iv) Whether the user charges collected are reflected in the accounts of the NGO:	Yes / No
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17. The following checks may be made:

- i. check the entries made on the grants received from the Ministry.
- ii. check whether the same has been deposited in their Bank accounts
- iii. check the Bank passbook entries to corroborate on entries made as at Sl.No.(i)
- iv. check on the pay bill register
- v. enquire with those on payroll on disbursement of pay and amount received.
- vi. Whether subsidiary accounts of the government grant is maintained as required by GFR. 150(5)

18. The number of students:

	SC		OTHER	
	M	F	M	F
(i) Number of beneficiaries as per Project sanction				
(ii) Number found present at the time of Inspection.				
If less than sanctioned, reasons for absence (please cross check with other students name / number of absentees)				

19. Information on Process and Procedure of selection of students during the year:

(i) Number of student selected during the relevant year, class-wise:

Class	Primary school					Middle school	Hostel				
	I	II	III	IV	V	VII	VIII	IX	X	XI	XII

Whether Caste certificates are obtained: **Yes / No**

(ii) Mode of selection and broad criterion adopted: _____

(iv) Medium of instruction: _____

20. (a) Total No. of Students enrolled in previous year:

(b) Out of the above:

(i) Those passed out of the Institution successfully: _____

(ii) Promoted to next grade in the same school: _____

(iii) Pursuing further studies in other schools: _____

(iv) No. of drop outs: _____

21. Arrangements made by school for admission of children in higher classes after completion of studies in this school: _____

22. Whether students have been interviewed:

If , yes please indicate summary of comments / suggestions: **Yes / No**

23. Whether parents of students interviewed:

If , yes please indicate summary of comments / suggestions: **Yes / No**

24. Reasons for children seeking admission in this school / Hostel (this may be elaborated in detail)

25. Composition of Managing Committee to be enclosed as per Form - A:

26. Detail of students to be enclosed as per Form - B:

27. Whether the employees have the requisite qualification: **Yes / No**

If not , the details thereof: _____

28. Maintenance of records:

WHETHER THE FOLLOWING RECORDS ARE MAINTAINED:

(a) Cash Book:	Y e s / N o	Yes / No
(b) Ledger:	Y e s	Yes / No

	/	
	N	
	o	
(c) Students admission register:	Y	Yes
	e	/ No
	s	
	/	
	N	
	o	
(d) Attendance register of students and staff:	Y	Yes /
	e	No
	s	
	/	
	N	
	o	
(e) Stock registers(non-consumable and consumable items):	Y	Yes
	e	/ No
	s	
	/	
	N	
	o	
(f) Records showing details of daily Consumption of food articles (for Hostel and school separately, if the letter provides mid-day-meal)	Y	Yes
	e	/ No
	s	
	/	
	N	
	o	
(g) Register showing issue of medicine to students and dates of visits of Doctors:	Y	Yes
	e	/ No
	s	
	/	
	N	
	o	
(h) Register showing issue of uniforms and books and stationery to students	Y	Yes
	e	/ No
	s	
	/	
	N	
	o	
(i) Salary payment register:	Yes / No	Y
		e
		s
		/
		N
		o

(j) Bio-data / personal files of teaching and non-teaching staff:	Yes / No	Y e s / N o
(k) Year-wise record of Minutes of General Body Meeting:	Yes / No	Y e s / N o

29. (i) Whether adequate bedding material / furniture / Utensils available: _____

(ii) Whether play-ground / sports equipment are available: _____

Frequency of physical training / games held: _____

(iii) Whether any supervision available for doing home work / evening / morning study:

(iv) Whether adequate cooking facility is available: _____

(vi) Whether quality of food / nutrition support provided is satisfactory: _____

(vii) What are items served normally: _____

(viii) Whether adequate medical facility available for children who fall sick.: _____

30. Comments of the Inspection Team on the functioning of the school / Hostel:

31. Specific suggestions by the Inspection Team for the improvement in functioning of the school / Hostel

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

Date:

Place:

Signature:

Full Name of Inspecting Officer (In Capital Letters):

