PROFORMA FOR INSPECTION OF VOLUNTARY ORGANISATION RECEIVING GRANT IN AID FROM THE MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT FOR OLDER PERSONS

1. Nature of Programme: OAH/ DCC/ MMU/ Outreach Service

2. (a) Date of Inspection: 
   (b) Time of Commencement of Inspection:
   (a) Time of Completion of Inspection:

3. Composition of the Inspection Team:
   Team Composition
   1. Team Leader
   2. Members

4. Name and complete address of the organisation: 

5. Date of registration of the organization : 

6. Brief description of the project : 
   (a) Date of commencement of the project
   (b) Year of commencement of grant-in-aid from G.O.I for the Project :
   (c) Whether the project is recognised by the State Government.
7. (a) Is the V.O. running any other project:
   (b) If Yes, give details along with sources of funds.

8. Project Location:
   (a) Complete address of location where programme/project/scheme is being implemented.
   (b) Name and locational address of nearest Government Institution/NGO providing similar facilities in the area.

9. Whether building is Rented or Owned:
   Rented   Owned

10. If on rent indicate:
    (a) Name and full particulars of owner

    (b) Rent paid per month:

11. Is the building space adequate enough to run the project
    (a) Indicate the number of rooms, size and usage of each

    (b) Whether the fixtures/fitments e.g. lights, fans, taps are in working order

    (c) Whether facilities for toilet and bathing are adequately provided for

    (d) Comment on the level of hygiene and maintenance of facilities

12. (a) What are the principal sources of funds of the organisation

    (b) Comment on the organisations' capacity for additional resource mobilisation.
13. Whether the organisation is charging user fee/fees : [Yes] [No]

14. If charging user fee, indicate the following details:
   i) the monthly charges : ____________________
   ii) annual charges : ____________________
   iii) charges structured on income gradation basis (if any) : ____________________
   iv) whether user charges collected are properly reflected in the NGO accounts : ____________________

15. Whether separate project-wise accounts have been maintained for grants sanctioned earlier? : [Yes] [No]

16. (a) Whether principle of joint operation of banks accounts is being followed? : [Yes] [No]
   (b) Name of bankers with account no. : ____________________

17. The following checks may be made:
   i) Entries of receipt of grant
   ii) Bank Pass Book entry in corroboration of above
   iii) entries of all donation/contribution and their credit to bank
   iv) paybill register (enquire with staff regarding actual disbursement)
   v) whether subsidiary accounts of Govt. grant are maintained as required by GFR 150(5) : [Yes] [No]

18. (a) Number of beneficiaries
   i) Number of beneficiaries as per Project sanction : M          F
                                                   [   ] [   ]
   ii) Number found present at the time of Inspection : ____________________

   (b) If no. of beneficiaries is found to be lesser than as per Project sanction, give reasons thereof
       (Please also cross check other beneficiaries on number and name of absentee beneficiaries) : ____________________
19. Adequacy of the following facilities at the centre may please be described (Not applicable for MMU-please see column 19 for MMU)

i) Nutrition support (Items usually served)

ii) Facilities for medical checkup and treatment of the aged (indicate state of health of beneficiaries and mention illnesses commonly observed)

iii) Entertainment facilities

iv) Vocational training imparted to the beneficiaries, if any

v) Any other service rendered at the Centre for the beneficiaries

20. Adequacy of the following facilities at the centre for an MMU:

i) Supply of medicines

ii) Availability of doctor with the van

iii) Frequency of visit of the van in the area being served

iv) Number of beneficiaries covered in a month

21. Services for which the older persons join the centre:

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>i) For nutritional support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii) For recreation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii) For health reason</td>
<td></td>
<td></td>
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<tr>
<td>iv) For vocational training</td>
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<td></td>
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<tr>
<td>v) To provide social service through the centre</td>
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<td>vi) Any other factor (please specify)</td>
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22. Productive Activity:

(a) Whether there are any facilities for productive activity for the beneficiaries:  

   Yes       No

(b) If the answer to the above is yes give details of nature of such activities:

(c) i) No. of persons involved in such activities

   ii) Income per year from such activities for:

      beneficiaries

      Rs.

   iii) Centre

   Rs.

23. Other activities (other than productive activities):

   (a) Whether any social service is undertaken by the centre

   Yes       No

(b) If yes, indicate numbers involved in

   i) teaching

   ii) vocational training

   v) crèche services

   vi) any other community service (please specify below)

24. Are there any linkages with any other organization/institution for providing the following. If so, please specify the name of the organization for each service:

   i) Nutrition

   ii) Recreation

   iii) Health

   iv) Vocational Training

   v) Any other sector
25. (a) Whether composition of managing committee is indicated as per prescribed proforma:  

(b) Date of last election of the managing committee:  

26. Detail of employees enclosed as per prescribed proforma:  

27. **Maintenance of record:**  

<table>
<thead>
<tr>
<th>Record Type</th>
<th>Whether maintained in prescribed form</th>
<th>Whether the records are up to date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Cash Book</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(b) Ledger</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(c) Register of Assets</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(d) Register for consumable items</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(e) Attendance register reg. members/ inmates</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(f) Year wise record of minutes of General Body Meeting</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>(g) Records regarding inmates in OAH indicating details of next of kins, assets, option reg. disposal of assets in case of demise, last rites etc.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

28. Whether the inspecting team has interviewed the beneficiaries:  
(Please give summary of comments/suggestions)
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: 

Full Name (In Capital Letters) 
Designation: 
Official Stamp.