

**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	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 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. :

 Yes No

7. (a) Is the V.O. running any other project :

Yes

No

(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

Yes

No

(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

- |  | M                    | F                    |
|--|----------------------|----------------------|
| i) Number of beneficiaries as per Project sanction : | <input type="text"/> | <input type="text"/> |
| ii) Number found present at the time of Inspection : | <input type="text"/> | <input type="text"/> |

(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:**

	<b>Number</b>	<b>Percentage</b>
<b>i) For nutritional support</b>	<input type="text"/>	<input type="text"/>
<b>ii) For recreation</b>	<input type="text"/>	<input type="text"/>
<b>iii) For health reason</b>	<input type="text"/>	<input type="text"/>
<b>iv) For vocational training</b>	<input type="text"/>	<input type="text"/>
<b>v) To provide social service through the centre</b>	<input type="text"/>	<input type="text"/>
<b>vi) Any other factor (please specify)</b>	<input type="text"/>	<input type="text"/>

**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 organisation 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:  Yes  No

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

26. Detail of employees enclosed as per prescribed proforma :  Yes  No

27. Maintenance of record:

	<u>Whether maintained in prescribed form</u>		<u>Whether the records are Upto-date</u>	
(a) Cash Book :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Ledger :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Register of Assets :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Register for consumable items :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Attendance register reg. members/ inmates :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Year wise record of minutes of General Body Meeting :	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

28. Whether the inspecting team has interviewed the beneficiaries:  Yes  No  
(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.**

