

PROFORMA FOR INSPECTION OF VOLUNTARY ORGANIZATION RECEIVING GRANT IN AID FROM THE MINISTRY OF SOCIAL JUSTICE & EMPOWERMENT, DEPARTMENT OF DISABILITY AFFAIRS (for State Government authorities)

For the Year.....

(New Case/On going Case)

1 Name of Scheme:

2 Date of Inspection: Time :.....

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Name of Inspecting Officer (s) *	Designation	Agency represented with address & Telephone No.	Signature with stamp
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(* size of inspecting team may be decided by the State Govt.)

4 (i) Name and Complete Postal Address of the Organization with Pin-code (Registered Office), Telephone No.(with STD code), Mobile No, Fax & email and website address.

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(ii) Project Location: Complete Address of location where programme/project/Scheme is being implemented with Telephone and Fax No.

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(iii) Name with designation of authorized person of the organization along with mobile/Tel. No.

(iv) Indicate whether the project is implemented in Rural or in Urban area.

(v) In case of residential project. Whether HOSTEL is in separate premises if so whether rented or in owned building.

(vi) If rented details thereof

(vii) The distance of hostel from the project

(viii) Whether proper cleanliness/Hygiene is maintained.

(ix) Whether the project is located in barrier free/disabled friendly premises.

5 (i) Date and period of validity of Registration of the organization under Societies Registration Act/Trust/Section/Company Act

(ii) Date and period of validity of Registration under Persons with Disability Act 1995.

6 Nature of the project:

a) Date of commencement of the project:

b) Year of commencement of the Grant in aid for the Project:

c) Whether the Project is recognized by the State Government: Yes/No.

7 (i) whether building is on Rent or owned by the organisation:

(ii) If on rent, indicate the name of Owner or Lessor :

(iii) whether the owner is member of Managing Committee of the organization or related to any member of the Managing Committee.

8 Is the building space adequate enough to run the project? Yes/No. (Total Area Sq.Ft/Mtr.)

9 (i) Whether principle of joint operation of banks Accounts is being followed: Yes/No

(ii) Detail of Bank Account- the name of the organization in the Bank authorized letter (duly attested by the Bank authorities should be same mentioned in the sanctioned letter issued by this Department and in case of new cases, name mentioned in the registration certificate of the organization.

10 What are the principle source of funds of the organizations

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11 The following checks have been made:-

- 1 Entries of Grants received from the Ministry
- 2 Deposition of Grants in bank accounts
- 3 Recording of salary payable and actual payment of salary
- 4 Corroboration of payment of salary with the recipients
- 5 Direct payment to beneficiaries Viz. Stipend, transport allowance

12 (i) The number of beneficiaries enrolled:

(ii) Number of Beneficiaries found present at the time of Inspection:

Residential	Non Residential

SC	ST	GEN	OBC	Total

(iii) No. of Beneficiaries found eligible (as per scheme):

Residential	Non Residential

SC	ST	GEN	OBC	Total

(iv) No. of beneficiaries for which grant was sanctioned in the previous year

(v) If the number of beneficiaries found present is less than the no. of beneficiaries given grant for the previous year, their the average no. of beneficiaries attended as per records upto the date of inspection from the commencement of section i.e April onwards may be indicated

(vi) Website address of the organization:- whether details of beneficiaries (year wise) are available in it.

13 Information on Process and Procedure of selection of beneficiaries during the year

(a) Number selected during the relevant year

(b) No. of beneficiaries for whom Disability Certificate have been found obtained.

(c) Mode of Selection and broad criteria adopted

- (d) The number of training batches conducted annually
(Applicable only in case of skill development projects)
- (e) Date of commencement of the Session
(Applicable only in case of skill development projects)
- (f) Those not gained sufficiently from the programme
- 14 Total No. of beneficiaries successfully trained and have left the center during the last three years
(Applicable only in case of skill development projects)
Out of the above:-
(i) Those who got employment placements
(ii) Those who are self employed
(iii) Whether beneficiaries have been interviewed
- 15 Whether Parents of beneficiaries interviewed
- 16 If yes, whether they have made any complaints:(Suggestion for improvement: add a note if necessary)
- 17 (i) Whether the teachers/trainers are qualified Yes/No
If not the details thereof
(ii) No.of staff appointed by the organization and found present during the inspection

(iii) Payment made to Staff- Cheque/ECS/Cash

(iv) If payment is made by cash, the reason thereof.
- 18 Assessment of Community Based Rehabilitation Programme
(i) Name of Sample Village selected for inspection
(ii) Core area of activity carried under the programme
(iii) No. of beneficiaries covered
(iv) Details of extent of community participation
(a) in terms of financial resources
(b) In terms of participation as resource reasons
(c) In other ways
(v) Whether the time frame for Built-Operate & Transfer (BOT) is achievable on the basis of current assessment of the progress in implementation of the project
- 19 Maintenance of records : Whether the following records are maintained
- | | | |
|-------|--|--------|
| i) | Cash Book | Yes/No |
| ii) | Ledger | Yes/No |
| iii) | Register of Assets | Yes/No |
| iv) | Register for consumable items | Yes/No |
| v) | Honorarium Payment Register | Yes/No |
| vi) | Attendance Register for trainees | Yes/No |
| vii) | Year wise record of minutes of GBM | Yes/No |
| viii) | Payment Register of Stipend to trainees
(Applicable only in case of skill development projects) | Yes/No |
- 20 Whether the organization is charging user fee/Fees Yes /No.

If yes, then the details indicating
(i) the monthly charges
(ii) Annual charges
(iii)Charges structured on income basis (if any)

21 Sign and stamp of the authorized signatory of the organization to certify that the information given at points 1-20 above are true.

Date:
Place:

Signature (with rubber stamp)
Full Name (In capital letters)
Designation:
Official Stamp

22 Recommendation of the Inspecting Team/Inspection officer on the continued support of the project with specific reference/comments.

Date:
Place:

Signature (with rubber stamp)
Full Name (In capital letters)
Designation:
Official Stamp

Counter signature of District Collector/ District Magistrate/Deputy Commissioner

Date:
Place:

Signature (with rubber stamp)
Full Name (In capital letters)
Designation:
Official Stamp

Note:-

- (i) Each and every page of the Inspection Report should be signed and stamped by the inspection officer.
- (ii) It may be checked that the application form for grant-in-aid, is filled completely in all respect.