

Government of India
Ministry of Tribal Affairs
(NGO Division)

Proforma for Annual Inspection Report of
District Collector for the projects run by Voluntary Organizations/NGOs

Valid for :

- (i) Scheme of “Grant-in-aid to voluntary organizations working for the Welfare of Scheduled Tribes.” (**Health Project**)

Please Note:

- a) Format of Inspection Report contains four Sections (I, II, III & IV).
- b) Section-I must be filled in compulsorily for all categories of projects.
- c) Section II deals with various categories of projects and seeks specific information on them; hence information will be given under relevant category (s) of project(s), being proposed for funding from this Ministry. In this Section, categories which are not applicable, may be struck off.
- d) Section-III seeks the recommendation of the District Collector.
- e) Section-IV is only for non-performing projects which are recommended for discontinuation.
- f) All columns in relevant portions shall be filled by the inspecting team. The inspection report should be signed by the inspection team and countersigned by the District Collector with date. In the absence of any information or countersignature of District Collector with date, the inspection report shall be treated as incomplete.
- g) For every financial year there should be separate inspection report.
- h) No inspection shall be carried out in educational and training institutions on holidays/vacations. Any inspection carried out on holidays/vacations shall be treated as null and void.

SECTION-I

- A) Financial year :
- B) Date of Inspection :
- C) Name of Project :
- D) Location of Project :
(with full address)
- E) Acknowledgement Number :

I. Names of the Inspecting Officials:

Name	Designation	Official Address	Signature with date
1.			
2.			
3.			

II Details of Organization:

1.	Name of the organization with complete postal address with name of Block and District, Tel. No./Fax No./E-mail	
2.	TIN/TAN No.	
3.	Full name of President and Secretary of the organization	
4.	Name of the Act under which registered	
5.	Date and place of registration	
6.	Period of validity of registration	From To
7.	(a) Whether the bank account is jointly operated by President and Secretary of voluntary organization	Yes/No
	(b) If not, names and designation of operators may be indicated	
8.	In case organization receives any foreign funding, whether organization is registered under FCRA. If yes, registration number and date.	Yes/No
		Name of Activities Year of First Sanction

9. Activities being undertaken by the voluntary organization for the welfare of STs with the support of Ministry of Tribal Affairs	a) b) c)	
10. Activities being undertaken by the organization for the development of Scheduled Tribes from their own resources	a) b) c)	
11. Activities being undertaken by the organization with support from other Ministries/Departments	Name of Activities	Name of Ministries/Departments
	a) b)	
12. Confirmation that the organization is in a position to sustain the project for six months at least if the Govt. grants are delayed	Yes/No	

III General details about proposed project (as different from the organization):

1. Name of the project for which Grant in Aid is requested from Ministry of Tribal Affairs	
2. In case of new project (so far not funded by this Ministry or funding discontinued for more than three years at a stretch): (a) Is the project already running? (b) If yes, how long and how efficiently is the project being run by the organization on its own; (c) Indicate the date / year of commencement of this project.	Yes/No
3. Grants received by this organization from State Govt. / Central Govt. for this project.	Year Amount
4. Name of the Scheduled Tribe (s) which will get benefit / are getting benefits from this project (please indicate names of ST communities as per Govt. notifications only)	

5. Whether the project will also benefit / is also benefiting PTG communities, if so, please indicate names of PTG communities as per Govt. notifications only	
6. Name of the ST villages likely to be benefit from the proposed project	
7. Is it Scheduled Area/ITDP Area/TSP Area/MADA Area, please specify with name.	
8. Whether the project is recognized by the State Govt./UT Admn.	
9. Provide distance of a nearest similar project(s) (run by Government or NGO) and Name and complete address of the agency running that project	
11. Specific comments of the Inspecting Team about: <ul style="list-style-type: none"> a) Necessity/suitability/viability of the project keeping in view the problems and services available in that particular area b) Capability of the organization to run the project, and c) Financial position of the organization 	

12. Whether the NGO has displayed hoarding indicating the Name of the project, NGO Darpan Unique ID, Commencement Year, No fees is being charged from ST Beneficiaries and clearly mentioning " Project run with the support of Ministry of Tribal Affairs, Government of India " (Note: No fees can be charged from STs as per terms and conditions of the schemes of this Ministry)	Yes/No
13. Whether Availability of Organization on Google Map	Yes/No
14. Organisation is receiving grants from MoTA since	

SECTION-II (SPECIFIC REPORT)

Category: **Health**

(10 or more Bedded Hospital / Mobile Dispensary / Mobile multi-service unit etc.)

A. General

a) Geographical location of the proposed tribal area (Hilly/Plain/undulating/Barren/Coastal)	
b) Total ST population of the tribal block where the project is located	
c) Diseases prevalent among STs in that area	
d) Whether the proposed area suffered any epidemic in last ten years, If yes, please specify with years	Yes/No
e) Reasons for diseases being prevalent in the area	

f)	Is area prone to AIDS among STs, if yes, please specify along with reasons	Yes/ No
g)	General Mortality rate in district as per latest data	
h)	Mortality rate amongst STs in district as per latest data	
i)	Maternal mortality rate (MMR) among STs in the district as per latest data	
j)	Infant mortality rate (IMR) among STs in the district as per latest data	
k)	Level of mal-nutrition among ST children in the area (Mention grade)	
l)	Distance of Govt. run hospital or primary health centre from the proposed project	
m)	Distance of private hospitals from the proposed project	
n)	Whether above mentioned Govt./private hospitals have ambulance facility	Yes/No
o)	Are the existing Government hospital/dispensary are not capable for catering to the Scheduled Tribes, if so, please indicate reasons	

B. Details of facilities:

1. Name(s) of Doctor(s) attached with hospital/mobile dispensary with degree of qualification (e.g. MBBS, BHMS, BAMS etc.) held by them	(a) (b) (c)
2. Medicines prescribed by doctors	Allopathic/Homeopathic/Ayurvedic
3. Whether it is a General Hospital or hospital for some specific disease (e.g. Leprosy, T.B. etc.)	

<p>4. Facilities available in Hospital:</p> <p>a) Number of beds</p> <p>b) Pathology lab</p> <p>c) X-ray facility</p> <p>d) Ultrasound facility</p> <p>e) Operation theatre</p> <p>f) Any other specific facility</p> <p>g) Whether hospital runs both for OPD and Indoor patients</p> <p>h) Whether free medicines are being distributed to STs</p> <p>i) No. of Ambulance (s)</p> <p>j) No. of Generator (s)</p> <p>k) Whether facility of food to patients is available</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p></p> <p>Yes/No</p> <p>Yes/No</p> <p></p> <p>Yes/No</p>
<p>5. In case of Mobile Dispensary:</p> <p>a) Frequency of visit of mobile dispensary to tribal villages (also give names of tribal villages being served)</p> <p>b) Whether facility for Blood Pressure check-up available</p> <p>c) Whether facility for Pathology Tests available</p> <p>d) Any other specific facility in ambulance</p> <p>e) Whether free medicines are being distributed to STs on site</p>	<p></p> <p>Yes/No</p> <p>Yes/No</p> <p></p> <p>Yes/No</p>
<p>6. In case of ambulance (in both cases of hospital / mobile dispensary):</p> <p>a) Model (year)</p> <p>b) Make</p> <p>c) Whether in running condition</p>	<p>Yes/No</p>

7. Whether STs of that area are using the facility of hospital/mobile dispensary (if already running)					
8. In case of Hospital: Number of Patients treated during last financial year:	OPD	Indoor	Total	Total Male	Total female
9. In case of Mobile Dispensary: Number of Patients treated during last financial year:	Male	Female	Total	Out of number of patients below 18 years	total, of
10. Whether hospital/mobile dispensary is charging any fees from STs, if yes details please (Note: No fees can be charged from STs as per terms & conditions of the schemes of this Ministry)					
11. General impression of the inspecting team about the project: (Good / Bad / Satisfactory / Excellent) (a) Effectiveness. (b) Cleanliness/hygiene. (c) Encouragement to STs to use facility. (d) Whether STs of that area are satisfied with the services, if not please indicate reasons also.	Yes/No				

C. Details of Hospital Building (if applicable):

S. No.	Particulars	Details to be given by inspecting team
1	Location of the hospital building with complete address	
2 (i)	Whether the building belongs to organization	Yes/No

(ii)	If yes, from which year the project is running in this building	
3	Details of building: (i) Number of wards in the hospital (ii) No. of operation theatres (iii) Number of toilets/Bathrooms (for male/female separately) (iv) Details of water/electricity facility	
4	CCTV installed	Yes/No

SECTION-III

(For continuation of performing projects based on assessment in Section-I & II)

1. Recommendation of Inspection Team:

Date:
with names, date and designation

Signatures of members of inspection team

- 1.
- 2.
- 3.

Recommendation of District Collector

I am satisfied with the findings of the inspection team. I also endorse the view of inspection team regarding need of the project at(location)..... for welfare and development of Scheduled tribes. I, therefore, recommend continuation of the project of (name of project) during financial year..... The grants may be released as per financial norms and admissibility under the scheme.

Date:

Signature of District Collector
with date and official seal

SECTION-IV

(For discontinuation of Non-Performing projects based on assessment in Section-I & II)

1. Specific reasons to be indicated by Inspection team for discontinuation of nonperforming projects:

Date:
with names, date, and designation

Signatures of members of inspection team

- 1.
- 2.
- 3.

Recommendation of District Collector for discontinuation

I am satisfied with the reasons cited by the inspection team to discontinue the project located at(address)..... from financial year..... No grants including arrear grants if any, may be released to the organization.

Date:

Signature of District Collector
with date and official seal
