

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." (**Livelihood Projects**)

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)
- 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)

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.	Name of Bank in which the organization holds an account for the purpose of receiving grants from this Ministry	
8.	(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	
9.	In case organization receives any foreign funding, whether organization is registered under FCRA. If yes, registration number and date.	Yes/No

10. Composition of Managing Committee and its period of validity		
11. Activities being undertaken by the voluntary organization for the welfare of STs with the support of Ministry of Tribal Affairs	Name of Activities	Year of First Sanction
	a)	
	b) c)	
12. Activities being undertaken by the organization for the development of Scheduled Tribes from their own resources	a) b) c)	
13. Activities being undertaken by the organization with support from other Ministries/Departments	Name of Activities	Name of Ministries / Departments
	a) b)	
14. 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. Total ST population of the tribal block where the project is located	
10. Distance of a similar project(s) (run by Government or NGO) in the vicinity of proposed area, and name and complete address of the agency running the project	
11. Services available in the area where project is proposed to be located:	
a) Whether connected by metalled road with Block and District	Yes/No
b) Available means of transport (Bus/train etc.)	
c) Whether electricity is available	Yes/No
d) Whether safe drinking water facility available	Yes/No

<p>12. Specific comments of the Inspecting Team about:</p> <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 	
<p>13 (a) Steps taken by the organization to generate awareness among the STs in nearby villages about the project and facilities being provided therein</p> <p>(b) In case of livelihood projects, steps taken by the organization to motivate ST beneficiary for the education of their wards.</p>	
<p>14. Whether the organization has displayed hoarding indicating the name of the project and clearly mentioning “Project run with the support of Ministry of Tribal Affairs, Government of India”</p>	<p>Yes/No</p>
<p>15. Please specify the details trainings NGO will provide for which grant is sought.</p>	

SECTION-II (SPECIFIC REPORT)

Category: Livelihood Projects

(i) Training-wise details:

Sl. No.	Name of Training	No. of trainees enrolled in each trade	Out of enrolled trainees, number of trainees on the basis of social background		Trainees found present at the time of inspection	Reasons for absence, if any
			Rural	Urban		

(ii) Whether all the training being offered are Certificate or Diploma courses? Please specify training wise.

(iii) Whether Certificate/Diploma being offered is recognized? If yes, specify Recognizing Authority.

Yes/No

(iv) Whether workshop (s) for practical training were fully equipped? If not, the reasons may be indicated.

Yes/No

(v) Whether training equipment/machines are available, and all trainees are being provided tools and raw materials for practical training?

Yes/No

(vi) Whether trainees received stipend in time? If not, reasons may be indicated.

Yes/No

- (vii) Whether organization has made efforts to established linkages with placement agencies or potential employers? If so, details may be given.

Yes/No

- (viii) Building:

a)	Whether project is running in a single compact complex. If not, please give details of location of various premises and distances among them.	Yes/No
b)	Number of class rooms with measurement in sq. ft.	
c)	Number of workshops with measurement in sq. ft.	
d)	Number of dormitories with measurement in sq. ft.	
e)	Number of toilets/bathrooms (separately for boys & girls)	
f)	Whether all rooms are properly maintained, white-washed and ventilated	Yes/No
g)	Whether all rooms have electricity and electrical equipment like electric bulb, tube light, fans, etc.	Yes/No

- (ix) Details of Building Rent (if applicable):

S. No.	Particulars	Details to be given by inspecting team
1 (i)	Whether the building belongs to organization	Yes/No
(ii)	If yes, from which year the project is running in this building	
2	If not, whether the building is on rent	Yes/No
3	If on rent, name, and address of the owner	
4(a)	Monthly rent amount as per valid rent agreement (rent agreement certificate mandatory) /rent assessment certificate (copy to be enclosed)	
(b)	Whether rent assessment certificate has been certified by PWD	Yes/No

(c)	In case of on-going projects, since when project is running in rented premises and year since when rent received from the Ministry	
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(x) Number of trainers found present during inspection:

No. of enrolled trainees			Found present at the time of inspection		
Male	Female	Total	Male	Female	Total

(xi) Did the inspecting team perceive positive development in the skills of trainees?

Yes/No

(xii) Any other comment of inspecting team on visible impact particularly regarding economic level of families of ST trainees:

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
