

**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:

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. :

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

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:

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