

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”.*
- (ii) *Scheme of “Strengthening Education among ST Girls in Low Literacy Districts”.*
- (iii) *Scheme of “Vocational Training in tribal areas”.*
- (iv) *Scheme of “Development of Primitive Tribal Groups (NGO sector)”*

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) only (indicated as A, B, C, D, and E), 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)

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.	In case of educational projects, please indicate information as per latest census data (also indicate census year) of that area Population of school going ST boys: Population of school going ST girls: Literacy rate of ST males: Literacy rate of ST females:
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 b) Available means of transport (Bus/train etc.) c) Whether electricity is available d) Whether safe drinking water facility available
12.	Specific comments of the Inspecting Team about: 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)</p> <p>(b)</p>	<p>Steps taken by the organization to generate awareness among the STs in nearby villages about the project and facilities being provided therein</p> <p>In case of educational projects, steps taken by the organization to motivate ST parents for the education of their wards.</p>	
<p>14.</p>	<p>Whether the organization has displayed hoarding indicating the name of the project and clearly mentioning <i>“Project run with the support of Ministry of Tribal Affairs, Government of India”</i></p>	<p>Yes/No</p>

SECTION-II (SPECIFIC REPORT)

Category-1: Health

(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	
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B. Details of facilities:

1. Name (s) of Doctor (s) attached with hospital/mobile dispensary with degree of qualification (eg. 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 (eg. Leprosy, T.B. etc.)	
4. Facilities available in Hospital: a) Number of beds b) Pathology lab c) X-ray facility d) Ultrasound facility e) Operation theatre f) Any other specific facility g) Whether hospital runs both for OPD and Indoor patients h) Whether free medicines are being distributed to STs i) No. of Ambulance (s) j) No. of Generator (s) k) Whether facility of food to patients is available	 Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No
5. In case of Mobile Dispensary: a) Frequency of visit of mobile dispensary to tribal villages (also give names of tribal villages being served) b) Whether facility for Blood Pressure check up available c) Whether facility for Pathology Tests available d) Any other specific facility in ambulance e) Whether free medicines are being distributed to STs on site	 Yes/No Yes/No Yes/No

6. In case of ambulance (in both cases of hospital / mobile dispensary): a) Model (year) b) Make c) Whether in running condition	Yes/No				
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 total, number of patients below 18 years	
10. Whether hospital/mobile dispensary is charging any fees from STs, if yes details please (<i>Note: No fees can be charged from STs as per terms & conditions of the schemes of this Ministry</i>)					
11. General impression of the inspecting team about the project: (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 and Rent (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	If not, whether the building is on rent	Yes/No
4 (a)	If on rent, name and address of the owner	
(b)	Monthly rent amount as per valid rent agreement (rent agreement certificate mandatory) /rent assessment certificate (copy to be enclosed)	
(c)	Whether rent assessment certificate has been certified by PWD	Yes/No
(d)	In case of on-going projects, since when project is running in rented premises and year since when rent received from the Ministry	
5	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	

Category-2 : Education

(Schools, educational complexes, hostels, library, baby crèche, etc.)

A. General

1 (a)	Specify the category of educational project (residential school/non-residential school/hostel / educational complex/rural night school/library / baby creche) – <i>if there is any specific name of the institution, that may also be mentioned</i>	
(b)	Whether project is for ST boys/girls or Co-education, please specify	
2	Building Infrastructure: Whether project is running in a single compact complex. If no, please give details of location of various premises and distances among them.	Yes/No
	a) Measurement of whole complex (in sq. ft.)	
	b) Number of class rooms with measurement in sq. ft.	
	Number of laboratories with measurement in sq. ft. (if applicable)	
	c) Number of dormitories with measurement in sq. ft.	
	d) Number of toilets (separately for boys & girls in case of co-educational institutions)	
	e) Number of bathrooms (separately for boys & girls in case of co-educational institutions)	
	f) Whether number of toilets and bathrooms commensurate with the strength of students (keeping in view cleanliness/hygiene)	Yes/No
	g) Measurement of kitchen and dining hall	
	h) Size of play ground	
	i) Number of staff room/office	
	j) Whether all rooms are properly maintained, white-washed and ventilated	
	k) Whether all rooms have electricity and electrical equipments like electric bulb, tubelight, fans, etc.	
	l) Maximum number of students per class	

	room being accommodated	
m)	Maximum number of students per room/dormitory in hostel being accommodated	
n)	Provision for clean and safe drinking water	

B. For Schools/Educational Complex/Hostels only:

3	Facilities in schools/educational complexes:	
a)	Whether school authorities ensure that one class is run in one room	Yes/No
b)	Whether all class rooms have black board and writing material etc.	Yes/No
c)	Whether laboratories are well equipped	Yes/No
c)	Whether toilets in school were clean and hygienic	Yes/No
4	Details about uniform and books:	
a)	Whether all students have been provided uniforms	Yes/No
b)	Exact number of uniforms given in a year	
c)	Colour(s) of uniform	
d)	Whether all students have been provided one pair of canvas shoes	Yes/No
e)	Whether all students have been provided one school bag	Yes/No
f)	Whether all students have been provided books, note-books and stationery items	Yes/No
g)	Name of agency from where the uniforms/ shoes etc. have been purchased	
h)	Total amount paid towards stitching charges (indicating stitching charge per set) and shoes (with unit pair cost)	
i)	Whether quality of clothes used for uniform, is comfortable in prevailing climatic conditions in that area	Yes/No
j)	Whether uniform of students were clean as observed by the inspecting team	Yes/No

5	Facilities in hostel:	
a)	Whether all students have separate beds with bedding material	Yes/No
b)	Whether they have utensils	Yes/No
c)	Whether they have been provided a box	Yes/No

	to keep their belongings	
d)	Whether they have been provided soap, washing powder etc.	Yes/No
e)	Whether the toilets and bathrooms were clean and hygienic	Yes/No

6	Diet in case of residential school/hostels/educational complexes etc.:	
a)	Items provided in breakfast	
b)	Items provided in lunch	
c)	Items provided in dinner	
d)	Frequency of inspection of quality of food being served by State Food Department in an year	
e)	Whether students like the items being served in food and their quality (random interview of few students may be taken)	Yes/No
7	Mid-day meal in case of Non-residential school	
a)	Items being provided in mid-day meal	
b)	Whether quality of food being served by the organization is being inspected by State Food Department from time to time	Yes/No
c)	Whether students like the quality of food (on the basis of random interview of few students)	Yes/No

8	Cleanliness/Hygiene in Kitchen/Dining Hall (in case of ongoing/already running projects)	
a)	Whether kitchen and dining hall were clean and hygienic conditions are being maintained	Yes/No

9	Health status of students in schools, hostels,etc.	
a)	Frequency of visit of doctor in a month	
b)	Whether students are getting medicines free of cost	Yes/No
c)	Whether any student undergone any specific treatment in a hospital during the year, if yes please give detail	Yes/No
d)	General impression of inspecting team about the health condition of students	

10. Details of class-wise students in school and educational complex/hostel inmates:

S. No.	Class	Enrolled as per admission register	Found at the time of inspection

11. If the total absence is more than 20% on the day of inspection, the specific reasons may be indicated:

12. Details of drop outs in case of schools/educational complexes:

Previous year.....		Year of inspection.....		Number of new admissions	Number of drop outs	% age of drop outs
Class	Number of students enrolled	Class	Number of previous year's students who continued study during current year			
I	II	III	IV	V	VI =II-IV	$\frac{VI \times 100}{II}$

Note: While calculating dropouts, the number of outgoing students (studied in the last standard available in that school) should not be taken into account. Further, dropout more than 20% may be treated as higher dropout.

13. If the drop out is more than 20%, specific reasons may be found out and indicated by the inspecting team.

14. In case of higher dropouts (more than 20%), indicate the efforts made by the school authorities to control it.

15. Academics:

S. No.	Items	Particulars
(i)	Mother tongue of students	
(ii)	Medium of instruction up to class III	
(iii)	Medium of instruction from class III onwards	
(iv)	Mention whether it is run under State Board/CBSE/any other	
(v)	Number of excursions and details of places visited during the year	
(vi)	Sports during the year: a) Does school have a sports teacher? b) Name of sports/game's facilities available in school c) Any facility to encourage tribal sports (eg. Archery etc.) d) Any sport event held during the year	Yes/No
(vii)	Details of vocational trainings being imparted, if any, during the year	
(viii)	Any education towards preventive health, hygiene, moral values, etc. – details may be given	
(ix)	Whether students are encouraged to join Scouts, National Service Scheme (NSS), National Cadet Corps (NCC), etc., as applicable. If yes, please specify.	Yes/No
(x)	Any other extra curricular activity (e.g. cultural events, debates, science exhibitions, van mahotsav, etc.) organized by the institution or participation of students in such events in other institutions during the year	

C. For Baby Creche/Balwadi Centre only:

15	Facilities in Baby Creche:	
	a) No. of rooms	
	b) No. of staff found available at centre (supervisor, balsevika and helper)	
	c) Whether educational toys are available	Yes/No
	d) Frequency of visit of doctor in a month to	

	check health status of babies	
	e) General impression of inspecting team about cleanliness and hygiene in the creche	
16	Nutrition in case of Baby Creche	
	a) Items being provided for nutrition	
	b) Whether quality of nutrition being served is checked by State Health Department from time to time	Yes/No
	c) General impression of inspecting team about the status of health of babies	
17	Attendance	
	a) No. of babies enrolled in Creche	
	b) No. of babies found present at the time of inspection	

D. For Library only:

18	Facilities in Library:	
	a) No. of rooms	
	b) Whether trained librarian is available	Yes/No
	c) Whether books were properly arranged in shelves/racks	Yes/no
	d) Available reading material: (i) Books (ii) Newspapers (iii) Journals	Yes/No Yes/No Yes/No
	e) Whether seating/reading space is available	Yes/No
	f) Whether electric facility is available	Yes/No
	g) Whether books are numbered and catalogue is available	Yes/No
	h) Whether library is computerized	Yes/No
19	Number of ST visitors to library during last financial year	

E. For Computer Training Centre only:

20	Facilities in computer training centre	
	a) Number of rooms	
	b) Number of work stations	
	c) Number of complete computer sets available (monitor, CPU, printer and UPS with peripherals)	
	d) Number of ACs installed in each room	

	e) Whether all computers are Pentium 4 with latest softwares	Yes/No
	f) Whether internet facility is available	Yes/No
	g) Whether power backups (UPS) are available	Yes/No
	h) Whether systems manager and junior programmer are available	Yes/No
	i) Whether trainees are being provided library facility, floppies/CDs and stationery, etc.	Yes/No
	j) Please specify syllabus of computer course adopted by the organization and prescribed by whom	
	k) Whether accredited by DOEACC.	Yes/No
	l) Whether certificate/diploma course, please mention	
	m) Name of certificate/diploma giving authority	
21	Attendance: (a) No. of students enrolled (b) No. of students found at the time of inspection	

F. Details of Building Rent for Schools/Hostels/Educational complex/Baby crèche/Library/Computer Training Centre (if applicable):

S. No.	Particulars	Details to be given by inspecting team
1	Location of the 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	If not, whether building is on rent	Yes/No
4 (a)	If on rent, name and address of the owner	
(b)	Monthly rent amount as per valid rent agreement (rent agreement certificate mandatory) /rent assessment certificate (copy to be enclosed)	
(c)	Whether rent assessment certificate has been certified by PWD	Yes/No
(d)	In case of on-going projects, since when project is running in rented premises and year since when rent received from the Ministry	

Category-3 : Employment Oriented Projects
(Skill upgradation training, Vocational Training etc.)

(i) Trade-wise details:

Sl. No.	Name of Trades	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 trades being offered are Certificate or Diploma courses? Please specify trade-wise.

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

Yes/No

(iv) Whether trades being offered have potential to provide employment opportunities to ST trainees in the region? If not, what efforts are being made by the organization to ensure employment after training?

Yes/No

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

Yes/No

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

Yes/No

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

Yes/No

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

Yes/No

(ix) 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 equipments like electric bulb, tube light, fans, etc.	Yes/No

(x) 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	

(xi) Number of trainers found present during inspection:

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

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

Yes/No

(xiii) Any other comment of inspecting team on visible impact particularly with regard to economic level of families of ST trainees:

Category-4: Other Projects

1. Number of ST beneficiaries:

Male	Female	Total

2. Facilities available at the project:

3. Nature of benefit to ST beneficiaries from the project:

4. Any visible impact on STs due to this project:

5. Details of Building and Rent (if applicable):

S. No.	Particulars	Details to be given by inspecting team
1	Location of the 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	If not, whether the building is on rent	Yes/No
4 (a)	If on rent, name and address of the owner	
(b)	Monthly rent amount as per valid rent agreement (rent agreement certificate mandatory) /rent assessment certificate (copy to be enclosed)	
(c)	Whether rent assessment certificate has been certified by PWD	Yes/No
(d)	In case of on-going projects, since when project is running in rented premises and year since when rent received from the Ministry	
5	Details of building: (v) Number of rooms (vi) Number of toilets/Bathrooms (for male/female separately) (vii) Details of water/electricity facility	

SECTION-III

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

1. Recommendation of Inspection Team:

Date:

Signatures of members of inspection team
with names, date and designation

- 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 non-performing projects:

Date:

Signatures of members of inspection team
with names, date and designation

- 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
