

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." **(Education 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.

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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)<br>b)<br>c)     |                                |
| 10. Activities being undertaken by the organization for the development of Scheduled Tribes from their own resources                   | a)<br>b)<br>c)     |                                |
| 11. Activities being undertaken by the organization with support from other Ministries/Departments                                     | Name of Activities | Name of Ministries/Departments |
|  | a)<br>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):<br>(a) Is the project already running?<br>(b) If yes, how long and how efficiently is the project being run by the organization on its own;<br>(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 benefited 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:<br>Population of school going ST girls:<br>Literacy rate of ST males:<br>Literacy rate of ST females: |
| 10. 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:<br><br>a) Necessity/suitability/viability of the project keeping in view the problems and services available in that particular area<br><br>b) Capability of the organization to run the project, and<br><br>c) Financial position of the organization |   |

|  |        |
|--|--------|
| <p>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 "<b>Project run with the support of Ministry of Tribal Affairs, Government of India</b>"</p> <p>(Note: No fees can be charged from STs as per terms and conditions of the schemes of this Ministry)</p> | Yes/No |
| <p>13. Whether Availability of Organization on Google Map</p>  | Yes/No |
| <p>14. Organisation is receiving grants from MoTA since</p>  |        |

## SECTION-II (SPECIFIC REPORT)

### Category: **Education**

(Schools, Residential Schools, Educational complexes, Hostels etc.)

#### A. General

|       |  |        |
|-------|--|--------|
| 1 (a) | Specify the category of educational project (Residential school/Non-Residential school/ Hostel / Educational complex) – if there is any specific name of the institution, that may also be mentioned |        |
| (b)   | Whether project is for ST (boys / girls / Coeducation), please specify   |        |
| 2     | Building Infrastructure:<br>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 equipment like electric bulb, tube light, 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  |        |
|  | o) Availability of Internet/Mobile connectivity   | Yes/No |
|  | p) Availability of Infirmary  | Yes/No |
|  | q) Availability of fire Safety measures   | Yes/No |
|  | r) CCTV installed   | Yes/No |

B. For Schools/Educational Complex/Hostels only:

|   |  |        |
|---|--|--------|
| 1 | Facilities in schools/educational complexes:   |        |
|   | a) Whether school authorities ensure that one class is run in one room   | Yes/No |
|   | b) Whether all classrooms have black board and writing material etc.   | Yes/No |
|   | c) Whether laboratories are well equipped  | Yes/No |
|   | d) Whether toilets in school were clean and hygienic   | Yes/No |
| 2 | Details about uniform and books:   |        |
|   | a) Whether all students have been provided uniforms  | Yes/No |
|   | b) Exact number of uniforms given in a year  |        |
|   | 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 was clean as observed by the inspecting team  | Yes/No |

|   |   |        |
|---|---|--------|
| 3 | 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 to keep their belongings | Yes/No |
|   | d) Whether they have been provided soap, washing powder etc.      | Yes/No |
|   | e) Whether the toilets and bathrooms were clean and hygienic      | Yes/No |

|   |   |        |
|---|---|--------|
| 4 | 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 a year                             |        |
|   | e) Whether students like the items being served in food and their quality (random interview of few students may be taken) | Yes/No |
| 5 | 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 (based on random interview of few students)                                  | Yes/No |

|   |  |        |
|---|--|--------|
| 6 | 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 |
| 7 | Health status of students in schools, hostels, etc.  |        |
|   | a) Whether school has facility of visiting doctor.   |        |
|   | 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                                  |        |

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

| S. No. | Class/Course | All category students enrolled | ST students enrolled as per | All category students found at | ST students found at the |
|--------|--------------|--------------------------------|-----------------------------|--------------------------------|--------------------------|
|--------|--------------|--------------------------------|-----------------------------|--------------------------------|--------------------------|



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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.

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

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

13. 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:<br>a) Does school have a sports teacher?<br>b) Name of sports/game's facilities available in school<br>c) Any facility to encourage tribal sports (e.g. Archery etc.)<br>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 extracurricular 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. Details of Building for Schools/Hostels/Educational complex (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 |  |

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

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