

**PROFORMA FOR INSPECTION OF VOLUNTARY ORGANISATION FOR  
REGISTRATION / RENEWAL UNDER PWD ACT 1995 FOR THE YEAR \_\_\_\_\_**

1. Purpose of the Application: Registration! Renewal
2. Date(s) of inspection:
3. Inspected by:
4. Office bearers and employees present at the time of Inspection:
- 5a. Name & complete address of the organisation:  
(FAX, Tel, e-mail, year of establishment etc)
- 5b. Registration Details; a)  
(mention type, date, b)  
issuing authority, validity) c)  
d)
6. Nature of service provided (mention whether organisation is providing services like *special school, day care centre, residential care, respite care* etc):
7. Addresses from which services are being provided: (If the regd. Office address and project office or Service-centre address is different)
8. Location of nearest Govt Institution /NGO providing similar services
- 9a. Whether the building is owned or on lease or rented:
- 9b. Whether the building is disabled friendly, If so mention arrangement.
10. Is the building space adequate enough to run the service:
11. Whether adequate Teaching-Learning Materials/ Equipments are available:
- 12a. Whether principle of joint operation of bank account is followed;
- 12b. a) What are the principal source of funds of the organisation;  
b) Comment on the organisational capacity for additional resource mobilization;
13. a) No. of beneficiaries/trainees/inmates enrolled:

MALE				FEMALE			
GEN	SC	ST	OBC	GEN	SC	ST	OBC

- a) No. of beneficiaries found present at the time of inspection
  - c) No. of beneficiaries having disability certificate
  - d) No. of beneficiaries having Identity Card
  - e) Details of disability (Category wise & degree wise)
- 14). Information on process and procedure of selection of beneficiaries during the year;
- a) No. of beneficiaries selected during the relevant year;
  - b) No. of beneficiaries from who have disability certificate;
  - c) Whether caste certificates are obtained;
  - d) No. of beneficiaries from BPL family
  - e) Mode of selection and broad criterion adopted;



- f) No. of training batches conducted annually
- g) Date of commencement of the batches of trainees;  
 1<sup>st</sup> batch;  
 2<sup>nd</sup> batch  
 3<sup>rd</sup> batch
15. Total no. of beneficiaries out of above;-  
 i) Passed out from the institution successfully;  
 ii) Promoted to next grade in the same organisation.;  
 iii) Pursuing further studies/care in other organisation.;  
 iv) Drop outs;  
 v) Not sufficiently trained from the program;
16. Whether the skill imparted have the potential for gainful self employment or placement;
17. Total no. of beneficiaries successfully trained and left the centre during last three years; out of above;-  
 a) got employment/ placement;  
 b) self employed;
18. Whether trainees have been interviewed;
19. Whether parents of the beneficiaries interviewed;
20. If yes whether they have made any complaints/suggestions for improvement;
21. Whether composition of Managing Committee is enclosed;
22. Detail of employees

Name	Designation	Qualification		RCI Registration	Remarks
		Academic	Professional No		

23. Whether the following records are maintained; a) Cash book;

- b) Ledger;  
 c) Register of asset  
 d) Register of consumable goods;  
 e) Honorarium payments register;  
 f) Attendance register of trainees/ inmates  
 g) Year wise record of AGM (last two years):



24. Whether following checks were made;
  - a) entries made on the grants received from State Government/Central Government/ Other source
  - b) whether the same has been deposited in their bank account;
  - c) bank pass book;
  - d) pay bill register;
  - e) pay roll on disbursement of pay and received amount;
  - t) whether subsidiary account of the govt. grants maintained as required by GFR 150 (5);
25. Whether the organisation charges user fee;
26. If yes the details indicating amount & purpose
  - a) Monthly charges;
  - b) Annual charges;
  - c) Charges structured on income grade basis;
27. Details of net working arrangements made with other organisations;
28. Comments on functioning
29. Specific suggestions for improvement;
30. Recommendation regarding registration/renewal of registration

Date

Place

Signature.

FULL NAME & DESIGNATION:

Official seal: