

1. Name of Scheme: Scheme Of Assistance To The Voluntary Organizations For Scheduled Castes (Training Programme)

2. Date of Inspection:	____/____/____
	(i) Time of commencement of inspection: _____
	(ii) Time of completion of Inspection: _____

3. Composition of the Inspection team:

Team Composition	Name	Designation	Agency represented with Address	Signature
1. Team Leader				
2. Member				
3. Member				
4. Member				

4. Name and Complete Address of the organisation: _____

5. Date of Registration of the organization: ____/____/____

6. Brief Description of the Project

(Mention the nature of the Course being run with duration of each course and hours of daily training)

(a) Title of the Project : _____

(b) Date of commencement of the Project: ____/____/____

(c) Year of Commencement of Grant-in-aid from G.O.I for the Project:	_____
(d) Whether the Project is recognised by the state government	Yes / No

7. Project Location: