

**PART-B**

19. Details related to beneficiaries to be given for each of the programmes /activities for which assistance has been applied for, preferably in separate annexures

**A Abstract of Beneficiaries**

No. of Beneficiaries	Category of Disability															
	OH		MR		VH		HH		LCP		Multiple Disabled		Others (Specify)		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
i. At the start of the previous year																
ii. Additions during the previous year																
iii. Dropouts /Left outs																
iv. Successfully completed (those who have left the institution after completion)																
v. At the end of the previous year [(i+ii)-(iii+iv)]																
vi. Out of (v) above																
a. Residential:																
b. Non – Residential																
vii. No of Beneficiaries as on the date of application for the current year																
viii. Out of (vii) above:-																
a. Residential																
b. Non - Residential																

Note: The list of beneficiaries will be given as per format contained in Form –I . The total number in the list should normally be equal to totals of row (i) plus row (ii). In respect of previous years and row (vii) in respect of the current year. In the case of Vocational Training Centres /Sheltered Workshops the information as required above and associated list in Form I may be provided tradewise /vocationwise. Previous year means the immediately preceding financial year to the year for which the grant is applied for.

**B. Classification of period of stay with the organisation (With reference to the information given in row A (v) above)**

[i] *Skill Development component( For VTCs)*

No. of years stay	Category of Disability							Total
	OH	MR	VH	HH	LCP	Multiple Handicapped	Others (to be Specified)	
Upto 1 year								
1-2 years								
2-3 years								
More than 3years								

[ii] *Schools/ training components other than (i) above*

No. of years stay	Category of Disability							Total
	OH	MR	VH	HH	LCP	Multiple Handicapped	Others (to be Specified)	
Upto 5 years								
From 5- 10years								
More than 10 years								

[iii] *For Teachers Training/ Man Power Development Programs*

Name of the course, duration, batch size and no of batches	Category of Disability							Total
	OH	MR	VH	HH	LCP	Multiple Handicapped	Others (to be Specified)	
1.								
2.								
3.								

Note: B (i) to B(iii) to be given where applicable

**C. Information on Process and Procedure of selection of beneficiaries**

	Prev. Year	Current year
a. Number of Applications Received	<input type="text"/>	<input type="text"/>
b. Number selected during the relevant year	<input type="text"/>	<input type="text"/>
c. No of beneficiaries for whom Disability Certificate Obtained (out of (b) above)	<input type="text"/>	<input type="text"/>

d. If VTC whether an undertaking has been obtained from all beneficiaries that they have not availed of similar vocational training earlier

e. Mode of Selection and broad criterion adopted : \_\_\_\_\_

**D. Community Based Rehabilitation Programme (Only if there is a component in the project)**

a) Inputs on Coverage of the Programme

i. In terms of number of villages

ii. In terms of area in Sq Kms.

iii. In terms of number of Beneficiaries

b) Core area of rehabilitative services:

i. Awareness Creation 

Yes	No
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ii. Education 

Yes	No
-----	----

iii. Training 

Yes	No
-----	----

iv. Rehabilitation 

Yes	No
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(Details of activities undertaken, phasing of components in the area of awareness creation, education, training and rehabilitation may be added as separate annexure clearly indicating the financial year, no. of beneficiaries covered in that year etc.).

c) Details of strategies and time frame for BOT<sup>1</sup> of the Programme to the community

**E. Whether the NGO is networking with other institutions to obtain the benefits of services which it cannot provide Internally ? If so details, thereof :**

**20. ANNUAL IMPACT ASSESSMENT AT THE END OF THE PREVIOUS YEAR**

**During      Upto**  
**Prev. Year    End of**  
**Prev. Year**

**A. Total No of Beneficiaries** :

*Out of the above:-*

(i) Those passed out of the Institution successfully :

<sup>1</sup> Build Operate and Transfer

- (ii) Promoted to next grade in the same organization :
- (iii) Pursuing further studies/care in other organizations :
- (iv) No. of dropouts :
- (B) Total No. of Beneficiaries successfully trained and have left the Center during the last three years** :    
*(For Vocational /Skill Development Projects only)*

*Out of the above:-*

- (i) Those who got employed/ placements :
- (ii) Those who are self-employed :

**Details on remuneration from placements: (Ref (B(i)) above)**

	<i>Indicate the No. of Employed under each range of earnings from gainful employment /placements in Govt. or Private Sector</i>			
Preceding Three Years (e.g. entered)	below Rs.1000 p.m.	Rs.1000 to Rs 4000	Above Rs 4000	Total beneficiaries
97-98				
98-99				
99-00				

**Details on remuneration from Self-Employment: (Ref (B (ii)) above)**

	<i>Indicate the No. of Self-employed under each range of earnings accruing from Self-employment</i>			
Preceding Three Years (e.g. entered)	below Rs.1000 p.m.	Rs.1000 to Rs 4000 p.m.	Above Rs. 4000 p.m.	Total beneficiaries
97-98				
98-99				
99-00				

**Community Based Rehabilitation Programme:  
 (Add separate Sheets if necessary)**

- i. Details of extent of involvement of community Groups:
- Through financial support:
  - Participation in the project as resource Persons:
  - Through other means

- ii. Details of achievements in terms of making the local community take over and operate the project:

Name of the Activity	% of activity taken over by community	Details of Activities taken over by the community.
i.		
ii.		
iii.		

### **VERIFICATION**

Certified that above information is in accordance with the records and accounts audited/ to be audited and is correct to the best of knowledge and belief of the office-bearers of the organization, and after its perusal and satisfaction, they have authorized the undersigned by a resolution dated \_\_\_\_\_ (copy enclosed) to verify and submit the statement of information for purposes of monitoring the scheme for which grants-in-aid was received from the Ministry of Social Justice & empowerment, Govt. of India.

2. I also hereby certify that I have read the rules and regulations of the scheme and I undertake to abide by them. On behalf of the Management. I further agree to the following condition:-

- (a) All moneys given as Grant in Aid and all assets acquired wholly or substantially out of the central grant shall not be encumbered or disposed of or utilised for purposes other than those for which the grant is given. Should the organisation cease to exist or violate the above condition at any time, such properties shall revert to the Government of India.
- (b) The accounts of the project shall be properly and separately maintained. They shall always be open to check by an officer deputed by the Government of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
- (c) If the State or the Central Government have reasons to believe that the grant is not being utilised for approved purposes; the Government of India may stop payment of further installments and recover earlier grant in such manner as they may decide.
- (d) The institution shall exercise reasonable economy in its working in general and particularly in respect of expenditure on building.
- (e) In the case of grant for buildings, the construction will be completed within a period of two years from the date of receipt of the first instalment of grant unless further extension is granted by the Government of India.
- (f) No change in the Plan of buildings, the construction or of the project location will be made without the prior approval of the Government of India.
- (g) Progress reports on the project will be furnished at regular intervals as may be specified by the Government.
- (h) The organisation will bear 10% of the estimated expenditure or the balance of the estimated expenditure on the project as per the guidelines

- (i) The organisation agrees to make reservation for the Scheduled Castes/Schedule Tribe candidate/Disabled persons for appointment against the posts required for the working of the organisation in accordance with instructions issued by the Government of India from time to time.
- (j) It is hereby certified that no grant is being received for the same project from any other (Govt., Private or foreign) source .

*Yours faithfully*

*Signature of the Authorised Signatory*

**Name** :  
**Designation** :  
**Address** :  
**Date** :  
**Office Stamp** :

**List of Documents to be submitted alongwith Application for Ist instalment or new case.**

- a. Accounts in 4 parts for the project for which grant-in-aid is sought and for the organisation as a whole and for the project for which Grant in aid applied for.
- (i) Income & Expenditure Statement  
(ii) Receipt & Payments Statement  
(iii) Balance Sheet  
(iv) Auditors Report
- b. Activity/ Annual Report of the Organisation for the previous year.
- c. Budget Estimates for the project for current year with detailed justifications for various cost items.
- d. Details of Beneficiaries on Form-I
- e. Details Managing Committee on Form-II
- f. Details of Employees on Form -III
- g. Copy of Registration Certificate
- h. Memorandum of Association/bye-laws/Articles.
- i. Utilisation Certificate in respect of grants released in the previous year in form IV
- j. Such other documents to substantiate submissions made in the application.

**NOTE**

- i. In the case of new projects accounts should be audited and the accounts submitted for the last preceding) two years. Utilisation Certificate does not apply.
- ii. The term audited means accounts duly audited by the Chartered Accountant along with audit report and not mere compilation /preparation of reports on the basis of books produced.