

FORMAT OF INSPECTION REPORT

(To be conducted by an officer not below the rank of Deputy Director of the Department concerned and to be forwarded by the Secretary of the Department dealing with welfare of Persons with Disabilities of the State Government/UT Administration).

- (1)
 - (i) Complete name of the Organization as given in the registration certificate.
 - (ii) Complete address of registered office/head office/corporate office.
 - (iii) Telephone No. (Land line).
 - (iv) Fax No.
 - (v) E-mail address.
 - (vi) Website address.

Note : Enclose photograph of the façade of the institute.

- (2)
 - (i) Complete address of coaching centre where coaching classes for students with disabilities will be conducted/have been conducted (for ongoing cases).
 - (ii) Name of the Incharge of the Centre.
 - (iii) Designation.
 - (iv) Telephone No. (Land line).
 - (v) Fax No.

Note : Enclose photograph of the façade of the centre if available.

- (3)
 - (i) Name of Chairperson/President/Secretary/Head of the organization.
 - (ii) Telephone No. (Land line).
 - (iii) Mobile Nos.
 - (iv) Any other information
- (4) Success rate for the proposed coaching courses/training programmes (if any) for new cases and for one or more years' data for ongoing cases be given as under:

Year	Name of coaching course	Number of students coached	Number of students who were successful in the exam/secured employment	% of success

- (5) Enclose a list of students coached by the institute in prescribed performa (attached) duly verified and signed by the Inspecting Officer along with the application form.

(6) Details of faculty members of the institute for the proposed coaching courses.

Name	Qualification	Experience	Subject taught	Name of the coaching course for which the faculty member has been engaged	Whether regular or part-time

(7) Details of **Special** faculty members of the institute for the proposed coaching courses for **Persons with Disabilities**.

Name	Qualification	Experience	Subject taught	Name of the coaching course for which the faculty member has been engaged	Whether regular or part-time

(8) Details of Infrastructure of the coaching institute.

- (i) No. of classrooms with seating capacity.
- (ii) Total floor area of the coaching institute.
- (iii) Whether the premises is owned or rented.
- (iv) Whether the premises is accessible for Persons with Disabilities.
- (v) Types of teaching aids available.
 - (a) No. of computers.
 - (b) No. of projectors.
 - (c) Availability of library/books and reading material relevant to coaching courses.
 - (d) Aids for coaching Persons with Disabilities.
 - (e) Other equipments relevant for coaching courses.
- (vi) List of material/hand-outs etc provided/to be provided to the students.
- (vi) Any other information related to infrastructure.

- (9) Comparative details of coaching programmes being conducted/to be conducted by the coaching institute.

Coaching to Persons with Disabilities			Coaching to normal candidates			Coaching given by other institutes in the locality			
Name of coaching course	Duration		Fee charged per candidate	Duration		Fee charged per candidate	Duration		Fee charged per candidate
	Days	Hours		Days	Hours		Days	Hours	

- (10) For ongoing cases (*not relevant for new proposals*) i.e (for release of 2nd installment).
- (a) Details of faculty members in the prescribed performa (as in S.No. 7 above).
 - (b) Infrastructure of the institute etc. (as in S.No. 8 above).
 - (c) Details of coaching provided to Persons with Disabilities.
- (11) Recommendation of the Inspecting Officer (a) for new proposals and (b) for ongoing cases for release of 2nd instalment/ 1st instalment of subsequent year of grant-in –aid.

(Assessment of the institute is to be given in not less than 100 words, keeping in view the credibility of the institute and taking into consideration success/placement rate, faculty member, infrastructure, fee and course duration and implementation of the coaching programme sanctioned by the Department of Empowerment of Persons with Disabilities)

Date :
Place :

Signature of the inspecting authority

Name.....
Designation.....
Seal/Stamp.....

Format of State/UT Government Recommendation to be forward to the Secretary, Department of Empowerment of Persons with Disabilities, 5th floor, Pandit Deendayal Antyodaya Bhavan, CGO Complex, Lodhi Road, New Delhi – 110003.

Application of
(Full name and address of the organization) under the scheme of Free Coaching to Students with Disabilities) is forwarded duly recommended, to the Department of Empowerment of Persons with Disabilities, Government of India, New Delhi.

It is certified that a senior officer/team of officers of the rank of
(Designation and name of State/UT Government Department) had visited the organization and a copy of the Inspection Report is enclosed.

2. (Specific recommendation of the State Government).

Date :

Place :

Signature.....

Name.....

Designation.....

Seal/Stamp.....