

VERIFICATION OF NSAP BENEFICIARIES IN ULBS-2014

REPORT- I [PREPARATORY PHASE]

(To be submitted by the Nodal Officer through email-id to SUDA ie. cp.suda@yahoo.co.in by 29/09/2014)

Name of the Urban Local Body :

1. The ULB has identified the Nodal Officer for the entire verification process : <write Yes or No>

1a) <If yes, write the name and designation of the Nodal Officer with his/her office phone no, mobile no, e-mail and fax>

- a) Name of Nodal officer :
- b) Designation :
- c) Office Phone No :
- d) Mobile No :
- e) Email-id:
- f) Fax No :

2. Other Officers/staffs nominated: <write Yes or No>

2a). If Yes, then how many : (give number)

2b) Please provide details of such Officers/Staffs as below:

Sl	Name	Designation	Mobile No.

(Add more lines if, required)

3. Officials from ULB including the Nodal Officer have attended the training programme at SUDA

<write Yes or No>

4. The ULB has received the Soft copy containing beneficiary list of NSAP beneficiaries as on 1.1.2013

<write Yes or No>

5. Ward wise List of Beneficiaries as on 1.1.2013 have been printed for verification as per Format A :

<write Yes or No>

6. Any kind of training /orientation programme organised for Nodal Officers/Staffs :

<write Yes or No>.

6a) < If Yes, write down the date of such training/orientation, venue, necessary kits and documents >

- a) Date of such training/orientation :
- b) Venue of such training :
- c) Verification Officers/Staffs have been provided with necessary Kits/documents for the entire verification process :

7. All the Councillors and relevant officers/staffs of the ULB have been oriented about the verification process: **<write Yes or No>.**

7a) < If Yes, write down the date of such orientation >

8. During such Training/Orientation and in Councillors Meeting whether it has been clearly spelt out that special care to be taken to identify widow/ disability status of IGNOAPS beneficiaries within the age group 60-79 years. **Lack of this particular information is likely to deprive a genuine beneficiary of their benefit because the amount of widow and disability pension has been increased.**

<write Yes or No>.

9. During such Training/Orientation and in Councillors Meeting whether it has been clearly spelt out that Verification Officers/Staffs shall have to verify the documents like EPIC Card/ AADHAAR Number/ Ration Card Number/Bank & Post Office Account Details/Mobile No. at the time of such verification.

<write Yes or No>.

10. During such Training/Orientation and in Councillors Meeting whether it has been clearly spelt out that Verification Officers/Staffs shall have to note the date of dead & migrated beneficiaries or beneficiaries receiving pension from any other government scheme in **Format A**, after verifying supporting documents , as available

<write Yes or No>.

11. During such Training/Orientation and in Councillors Meeting whether it has been clearly spelt out that Verification Officers/Staffs shall have to verify duplicate beneficiaries in **Format B**, after verifying supporting documents , as available **<write Yes or No>.**

12. Whether any Photo was captured for such training/orientation and Councillors Meeting :

<write Yes or No>.

[If Yes, then ULB has to submit the image in Soft Copy to SUDA during Final Submission of Urban Legacy Data]

13. The ULB has issued any formal order(s) to the Officers /Staffs for this verification process: **<write Yes or No>**

14. Whether any sort of publicity made for the same? **<write Yes or No>**

14a) < If Yes, write down the medium of publicity and frequency of usage of such tool >

Signature of the Nodal officer

Seal & Date :

The Nodal Officer shall send completely filled in Report for "Preparatory Phase" of entire verification process of NSAP Beneficiaries to SUDA without fail, on 29/09/2014 by Fax -(033-2358-5800) or through email (scanned copy) ie. cp.suda@yahoo.co.in

VERIFICATION OF NSAP BENEFICIARIES IN ULBS-2014

REPORT – II [VERIFICATION PHASE]

(To be submitted by the Nodal Officer through email-id to SUDA ie. cp.suda@yahoo.co.in by 22/10/2014)

Name of the Urban Local Body :

1. The Verification Officer(s)/Staff has / have received one set of Hard Copy Print-out of existing eligible beneficiaries as on 1.1.2013 in Format A & B for their respective ward/wards, for verification:
<write Yes or No>.

2. The Verification Officer(s)/Staff has / have visited the house(s) of all existing eligible beneficiaries as on 1.1.2013 with designed Format A & B , applications of newly identified beneficiaries as on 1.1.2014 for data verification
<write Yes or No>.

3. The Verification Officer(s)/Staff has / have incorporated discrepancy(ies)/change(s) in the printed format ie, Format A & B during the visit and made the necessary correction **<write Yes or No>.**

4. Field Level verification of Existing as well as newly identified beneficiaries have been done :
<write Yes or No>.

If Yes, then :

4a) Start Date of Verification:

4b) End Date of Verification:

4c) If No, then entire verification likely to be completed by :

5. **5. If 4 is Yes** then fill up the table below :

Scheme	(Before Verification)	(After Verification)			
		The Verification Officer(s)/Staffs forwarded their recommendation to the Nodal Officer after Verification			
	Existing Beneficiaries (In Numbers)	Newly Identified Beneficiaries as on 1.1.2014 (In Numbers)	No. of Cases Found OK (In Numbers)	No of Cases forwarded for Correction against name/address/ age/ bank or post office A/c Details/BPL ID/any other (In Numbers)	No of Cases forwarded for Deletion against Death/Migration/ Duplicate/ Receiving Pension from any other Govt Scheme/Change of Status (In Numbers)
5a	5b	5c	5d	5e	5f
IGNOAPS (Age >=80 Years)					
IGNOAPS (Within the Age Group 60-79 Years)					
IGNWPS (Within the Age Group 40-79 Years)					
IGNDPS (Within the Age Group 18-79 Years)					

6. From the Table 5 above, Whether hearing was organised for beneficiaries under Col. 5f of Table 5 <write Yes or No>.

6a) If Yes, then Date of Hearing : / /

7. After Hearing, if the beneficiaries were deleted , please fill up the outcome in the following table:

DELETION LIST

Scheme	Death (in Nos)	Migration (in Nos)	Duplicate (in Nos)	Receiving Pension from any other Govt. Scheme (in Nos)	Others (in Nos) Pls. specify	Total
6a	6b	6c	6d	6e	6f	6g
IGNOAPS (Age >=80 Years)						
IGNOAPS (Within the Age Group 60-79 Years)						
IGNWPS (Within the Age Group 40-79 Years)						
IGNDPS (Within the Age Group 18-79 Years)						

8. Nodal Officer has overseen the incorporation of necessary corrections from filled in Formats to the software :

<write Yes or No>

9. Whether the collected data has been entered using the software in MS-EXCEL as provided by SUDA. While doing the Data Entry, Checklist of Data Entry was also consulted

<write Yes or No>

10. Whether Ward wise final list has been printed to place in the BOC Meeting : <write Yes or No>

11. Whether final list has been approved in the BOC Meeting : <write Yes or No>

11a) If Yes, then please mention the Date of BOC : / /

12. The findings at a glance of NSAP beneficiaries as on 1.1.2014 given in the table below :

Sl	Category	No. of Existing eligible beneficiaries within the Age Group		Eligible beneficiaries identified under revised norm as on 1.1.2014		Total
		60 to 79	80 or above	60 to 79	80 or above	
[1]	[2]	[3]	[4]	[5]	[6]	[7]=[3]+[4]+[5]+[6]
1	(IGNOAPS)					

Sl	Category	No. of existing eligible Widow beneficiaries	Beneficiaries identified under revised norm as on 1.1.2014	Total
[1]	[2]	[3]	[4]	[5]=[3]+[4]
2	(IGNWPS)			
3	(IGNDPS)			

13. Whether the final list of beneficiaries as on 1.1.2014 (ie. Urban Legacy Data) in the Soft Copy along with the Copy of supporting BOC Resolution, Universal Coverage Certificate sent to SUDA within 27/10/2014 : <write Yes or No>

13a) If Yes , then Date : / /

13b) If No, then it will be sent by : / /

Signature of the Nodal officer

Seal & Date :

The Nodal Officer shall send completely filled in Report for "Verification Phase" of NSAP Beneficiaries to SUDA without fail, on 27/10/2014 by Fax -(033-2358-5800) or through email (scanned copy) ie. cp.suda@yahoo.co.in

FORMAT - B

Verification Report on Probable Duplicate Beneficiaries: IGNOAPS/IGNWPS/IGNDPS

District:

ULB Name:

Sl	Ward No	Address	Name of the Beneficiaries	Father/ Husband's Name	BPL ID	Age (in the Year)	Sex (M/F)	Bank/Post Office Name with Brach & Account Number	Remarks (write "D" if Duplicate and "S" if Separate)	Date of Verification
								Bank/P.O Name Bank Br: Account No:		
								Bank/P.O Name Bank Br: Account No:		
								Bank/P.O Name Bank Br: Account No:		
								Bank/P.O Name Bank Br: Account No:		
								Bank/P.O Name Bank Br: Account No:		

Certified that all particulars furnished in respect of the beneficiaries covered under (IGNOAPS/IGNWPS/IGNDPS) are correct and I have personally verified all related document.

Full Signature of the Verifier: Designation ULB Name Date
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