| of scheme/ Prog | Tram | Centre | Visit Report | | | | 3 |
|------------------------------|--|--|--------------------------|------------------------|---------|----------------|--------------|
| Preomain/PMKVY/I | RTD/RPL/BSCEAN | | | | | | |
| me of the Centre: | (TO/KPOBSCPA) | | | | Centre | | |
| | | | | Code: | | | |
| ock: | | District: | | | Date of | | |
| | | | | Visit: | | | |
| sited by (Name): | | Anthronium un consideration d'angle de | | | Designa | ation: | |
| dress on Portal | | | | | | | |
| ector (other than | | - | Joh Dolo (a | ther then | | | |
| YP and BS-CFA) | | | Job Role (o KYP and B | | | | |
| Hallering | | 190323000 | KII and L | Availabil | lity | | |
| L | CI I DI | | | as per Visit (Y/N)/ | | Remarks if any | |
| 0. | Check Point | | | | | Kei | marks II any |
| | | | | (Numbe | | | |
| | en at the time of visit | | | | | | |
| | ning at the time of visit | | | | | | |
| 3 The centre is ru | The centre is running at the approved address on Portal | | | | | | |
| | Availability of Class Room area as per norm. | | | | | | |
| 5 Availability of | the state of the s | | | | | | |
| 4 Approved Cent | tre coordinator present. | | | | | | |
| 5 Number of App | proved Learning Facilitat | iors/ | | | | | |
| TOT Passed Tr | rainer as per Portal, Prese | ent at Center | | | | | |
| 6 Number of can | prosent at the time of visit. | | | | | | |
| | | | | | | | |
| 8 Availability of | f biometric device as pres | cribed | | | | + | |
| 9 Irregularity or | Irregularity or impersonation report, if any, through physical | | | | | | |
| checking of al | checking of all 10 finger impressions of at least 10 candidates or | | | | | | |
| maximum. 10 Availability of | f functional CCTV/ IP bas | - 1 Company of | 11-17-1 | | | | |
| recording avai | ilable at centre. | sed Callicia ai | nd last / days | | | | |
| | f Equipment's as per cour | rse. | The second | | - | | |
| | .CD/ Projector available. | | | | - | | |
| 13 Availability o | f Power back-up: function | ower back-up: functional On-line UPS. | | | | | |
| 14 Internet Avail | | | | | - | | |
| 15 Visiting Regis | egister available. | | | | | | |
| | f Drinking Water Facility. | | | | | B-11 | 1 |
| | Separate functional Toilets available | | | | | | |
| 18 Reception ava | | | | | | | |
| | ner mandated by Departme | ent RSDM or | | | | | 1.42 |
| regulatory en | tity are in place. | ant, Daday or | any other | | | | |
| 20 Overall satis | fied with the center | | | | | | |

Verification Officer's Name, Designation & Sign

SDC representatives Name, Designation & Sign

*Important Instructions:

1- Please download approved SDC report before verification

2- Verify Tools and Equipment's with Excel file uploaded on Portal for each course is being run at the centre.