

PROFORMA IV

INSPECTION NOTE FOR S.E. FIELD WORK

[To be used by Supervising Officers]

NSS 78th Round

A. General

1. Name & Designation of the Supervising Officer: B. Chandrasekhar, Dy.S.O

2. Name & Designation of the other

Officials present during

inspection: A. Laxminarayana, Dy.S.O, D. Anand Kumar, Dy.S.O,

Smt. P. Aruna, Dy.S.O, Smt. Umamaheshwari, Dy.S.O.

3. Date of Supervision: 11.02.2020 & 13.02.2020

B. Identification particulars

(i) Sample FSU No. 46626

(ii) Name of sample

village/town... Annanagar, Tadband,

(iii) No. of sub-unit(s) 1

(iv) Mandal Tirumalgiri.

(v) District Hyderabad

(vi) Sub-round no. 1

C. Utilization of time	Arrival		Hours spent on Supervision of sample		Departure	
	Date	Time	Date	Hours	Date	Time
	11.02.2020	11.00Am	11.02.2020	4.00	11.02.2020	3.00 PM
	13.02.2020	11.00Am	13.02.2020	5.00	13.02.2020	4.00 PM

D. Details of schedules

Item	0.0	1.1	2.1
#Strike off whichever is not applicable.	✓	✓	✓
I. Total No. of schedules filled-in up to end of inspection	1	5	5
II. Out of (I), schedules filled in the presence of inspection officer	1	5	5
III. No. of schedules inspected	1	5	5
IV. No. of schedules scrutinized	1	5	5

*For schedule 0.0, information is to be furnished in respect of households.

E. Inspection details (Yes /No/Not applicable)

1A. Whether sample village/ UFS block correctly identified (Yes /No)

Yes

1B. If no in 1A, give details of mistakes observed and rectified

—

2A. Whether sub- units correctly formed (Yes /No/Not applicable)	NA
2B. If no in 2A, give details of mistakes observed and rectified	—
3A. Whether sub- unit correctly selected (Yes /No/Not applicable)	NA
3B. If no in 3A, give details of mistakes observed and rectified.	—
4A. Whether selection of households correctly done (Yes /No)	yes
4B- If no in 4A, give details of mistakes observed and rectified	—

F. Maintenance of instructions to field staff volume-I, NIC 2008, NCO 2004 Codes Booklets etc. (Please record detailed observation) Yes/No (yes)

G. Detailed observations on schedules inspected/scrutinized.

Sl. No.	Type of Schedule, SU No., Sample household no. etc.	Block	Item/ Column (Description)	Observations on corrected entry along with reason
(1)	(2)	(3)	(4)	(5)
—	—	—	—	—

H . Remarks on the progress of work, quality of fieldwork etc.

Satisfactory


Signature of supervising Officer

Copy submitted to :-

The Chief Planning Officer, Hyderabad District.
The Director, DES, Hyderabad.