



**Benazir Bhutto Shaheed  
Youth Development Program  
SPOT CHECKING PROFORMA**



Date: \_\_\_\_\_

Inspection Team Members:

- |    |            |    |       |
|----|------------|----|-------|
| 1. | _____      | 3. | _____ |
|    | (Incharge) |    |       |
| 2. | _____      | 4. | _____ |
| 5. | _____      | 7. | _____ |
| 6. | _____      | 8. | _____ |

**Institution Information:**

Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact #: \_\_\_\_\_

Incharge of BBSYDP Trainings: \_\_\_\_\_

Parent Department: \_\_\_\_\_

**Situation Questionnaire:**

1. Class Room/OJT centre existing:      Yes      No

2. If no reason thereof: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Availability of Tutor/Trainee as per periodical reports: \_\_\_\_\_

If full staff not available, reasons: \_\_\_\_\_

\_\_\_\_\_

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If all or some/any of trainees not present, reasons: \_\_\_\_\_

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4. Availability of training material: \_\_\_\_\_

If deficient or not available, reasons: \_\_\_\_\_

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5. Availability of physical infrastructure according to plan and financial expenditure: \_\_\_\_\_

If deficient or not available, reasons: \_\_\_\_\_

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**Signatures**

1. Incharge, Inspection Team: \_\_\_\_\_ Date: \_\_\_\_\_

2. Incharge, BBSYDP Trainings: \_\_\_\_\_ Date: \_\_\_\_\_