

GOVERNMENT OF ODISHA
WOMEN & CHILD DEVELOPMENT DEPARTMENT

No. WCD-WW-SCHM-4-0017-2014

8968

/WCD

Dt.-----

25-5-15

From:

Smt. Aswathy S, IAS
Director Social Welfare
Ex-Office Additional Secretary to Government.

To

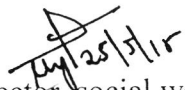
All Collectors.

Sub: Guidelines for issuing license under ITPA, 1956 to organizations running
Protective Homes for Women in need of Care and Protection.

Madam/Sir,

Enclosed, please find this Department Notification No-8653/WCD dt.20.5.2015
on the above subject, for reference and needful action at your end.


Yours faithfully,


Director, social welfare
Ex-Office Addl. Secretary to Government

Memo No.----- Dt.-----

8969 25-5-15

Copy with copy of enclosures forwarded to IT Section of W&CD Department
for hoisting the Notification in the Web site of this Department.


Director, social welfare
Ex-Office Addl. Secretary to Government

Government of Odisha
Women & Child Development Department

No. 8653 /W&CD

Date 20.5.15

WCD-WW-SCHEME-4-0017-2014

NOTIFICATION

Pursuant to the provisions contained in Section-21 of the Immoral Traffic Prevention Act, (ITPA), 1956 and the provisions laid down in Prevention of Immoral Traffic Odisha Rules, 1959, State Government has formulated the following guidelines for issuing license to establish and maintain protective Homes for Women in need of Care and Protection such as rescued victims of sexual exploitation/trafficking

Procedure of license (First time License):

1. (A) Existing Homes:

Organisations running without license have to apply for license in Form-III (**Annexure-I**) to the Collector of the concerned district where the Home is functioning within prescribed time frame through online application portal of NIC (www.wcdodisha.gov.in/ngoprojectmonitoring). They will also submit one set of documents in hard copy format to the concerned District Social Welfare Officer (DSWO).

(B) New Homes:

Organisations have to apply for license in Form-III (**Annexure-I**) to the Collector of the concerned district where the Home is functioning through online application portal of NIC (www.wcdodisha.gov.in/ngoprojectmonitoring). They will also submit one set of documents in hard copy format to the concerned District Social Welfare Officer (DSWO).

2. The Application for license should contain documents as per the Checklist enclosed in **Annexure-II**.
3. After receipt of the application, the District Inspection Committee shall conduct full and complete investigation as per the Physical Verification Format enclosed in **Annexure-III**.
4. The District Inspection Committee (DIC) shall comprise of the following members from the concerned district:

Chairperson: ADM

Convenor: DSWO

Members:

- Representative of CDMO
- Representative of SP or nearest IAHTU or Mahila Sishu Desk
- One lady member of Child Welfare Committee of concerned district
- Protection Officer
- CDPO of the area where the Home is proposed to be located



5. The District Inspection Committee through its Convenor shall place the Physical Verification Report along with the application to the District Collector.
6. After careful verification of the report of the District Inspection Committee, the Collector will either reject the application or recommend to WCD Department for issue of license under ITPA, 1956 to the applicant organisation. In case of rejection of application, a copy of Collector's order shall be forwarded to WCD Department for record.
7. The inspection report of the DIC and the recommendation of the Collector shall be forwarded by the District Collector to the Women & Child Development Department, Government of Odisha for processing of the grant of license to the Home under ITPA, 1956.
8. The entire process leading up to rejection or recommendation, as the case maybe, must be completed within 60 days from the date of receipt of the application.
9. Recommendation of the Collector shall be examined by the WCD Department and appropriate decision shall be taken within 30 days from the date of receipt of Collector's recommendation. In case it is decided to issue license, the same shall be issued to the applicant by the Women & Child Development Department with a copy to the District Collector of the concerned district within 45 days of receipt of the Collectors report, as per Form- IV (Annexure -IV) for a period of one year from the date of issue of the license.

Procedure of license (Renewal Cases):

10. For renewal of license, application shall be made to the Collector where the Home is located in Form – V (Annexure - V) enclosing the documents as per Checklist in Annexure-II,60 days before the date of expiry of the license. The DIC shall complete the inspection process within 30 days from the date of application.
11. On receipt of the report of the DIC, the District Collector shall take a decision within 30 days to renew the license or reject the renewal application. Renewal of license shall be for one year starting from the expiry date of the previous license period.

Revocation of license:

12. License granted under ITPA, 1956 may be revoked:
 - If the holder commits breach of any condition of the license/provision of the Act/Rules
 - If the condition, management or superintendence of the Home is not satisfactory
 - If the standards of care are not maintained properly
 - If any act of omission or commission by the management of the Home is detrimental to the interest of the inmates in particular and the society in general
13. However before deciding on revocation of license, the Collector of the district shall issue a show cause notice to the holder of the license giving the organisation reasonable opportunity to defend the case. If the reply to show cause notice is not satisfactory or if no reply is submitted, the Collector will issue written order of revocation of the license under intimation to the W&CD Department.

14. The Home shall cease to function from the date of revocation of license.

Provision of Appeal:

15. Anybody aggrieved by any order or decision of the Collector regarding revoking the license can appeal to the Secretary of the W&CD Department, Government of Odisha who shall dispose of the appeal petition within 60 days.

Punitive Provision:

16. As per Section 21(10) under ITPA, 1956 whoever establishes or maintains Home without license shall be punishable in the case of a first offence with fine which may extend to one thousand rupees & in the case of second or subsequent offence, with imprisonment for a term which may extend to one year, or with fine which may extend to two thousand rupees or with both.

Annexure-I :Form III – Form of application for license

Annexure-II: Checklist of Documents to be enclosed in Application Form

Annexure-III: Physical Verification Format of the Home for District Inspection Committee

Annexure-IV: Form IV – License

Annexure-V: Form V – Form of Application for renewal of license

By the order of Governor



Commissioner-cum-Secretary

Women & Child Development Department

Memo No. 8654 Dt. 20.5.15

Copy with copy of enclosures forwarded to Director, Printing, Stationery and Publication, Odisha, Cuttack with a request to publish the notification in an extraordinary issue Odisha Gazette and to send 100 copies of the same to this Department at the earliest.

Deputy Secretary to Government

Form-III**(See Rule 7(i) of the (Prevention of Immoral Traffic) Odisha Rules, 1959)****Form of application for license****(1) Full name of the applicant / association / organisation :**

(if registered, copy of the registration certificate and particulars of all members of the association shall be given)

(2) Religion:**(3) Residence (Town or village):****Police Station****District**

(Note-In case of association, particulars regarding items 2 and 3 be mentioned in respect of each member)

(4) Name of the institution/organisation:**(5) Aims and objectives of the institution/organisation:****(6) Details about the financial condition of the institution/organisation; funds, property and sources of income:****(7) Arrangements made or proposed to be made for boarding and lodging. Also details of the building, whether owned by the institution or rented:****(8) Arrangements in respect of general health of inmates and facilities for their medical treatment and arrangements proposed to be made for the education and vocational and moral training designed to make them fit for rehabilitation in life as normal citizens:****(9) Full address of the proposed institutions/home /existing homes including the name of the city or town and the locality:****(10) If any such application has been made previously, please state its result together with its date, month and year.****(11) If the institution/home exists at present, the date of its commencement, Annual Reports of its working if prepared or its working to date.****(12) Number and particulars of inmates at the time of opening the institution.****(13) Maximum number of accommodation for children and women.****(14) Any other particulars.**

I/Wehereby solemnly affirm that the above and annexed particulars are true according to my/our best of knowledge and belief.

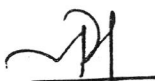
**Signature (s) with date and place
and name in Block letters**



Checklist of Documents to be enclosed in Application Form

The following documents are to be enclosed along with the Application:

Srl. No.	Name of Document	Copy Enclosed in Annexure
1	Registration certificate of Organisation:	
2	PAN card copy/TAN card copy of organisation:	
3	Constitution of the organisation / Bye Law & Memorandum of Association:	
4	Annual Report for the last 3 years:	
5	Audited Accounts for the last 3 years:	
6	Ownership record of land / Rent deed of rented accommodation of Home:	
7	Grant / Sanction Letter for home (currently running or have been sanctioned a Home for victims of trafficking):	
8	Affidavit that no criminal case has been filed against any member of the organisation or the staff /office bearers of the Home:	
9	Authorisation of the organisation in favour of the Chief Functionary towards submitting the application for licensing/renewal:	



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**Physical Verification Format of the Home for
District Inspection Committee (For Grant of License / Renewal)**

Basic Information:

I. State: II. District:

III. Name and Address of the applicant Organization : _____

IV. Name of the Chief Functionary of organisation with email address and phone numbers: _____

V. Home sanctioned under which Scheme: _____

VI. Grant received for the Home, give details: _____

VII. Name & Address of the Home: _____

VIII. Date, Day and time of Inspection: _____

IX. Name, Designation, e-mail id and Address of the Inspecting Officials:

Name	Designation	E-mail id	Address

X. Time of inspection completed:


XI. Does the organization have license under ITPA (Yes/No):

XII. If Yes, please provide the license no.& period of validity:

XIII. Is the institution registered under section 34 of JJ Act 2000:

XIV. If Yes, please provide the registration number& period of validity:

XV. Registration Number of the Society/Trust:



1. Human Resource of the Home:

Is the organization maintaining an Attendance Register for the staffs in the Home(Yes/No):

Srl. No.	Designation	Name	Age	M/F	Qualification	Part/ Full Time	Since the date working in this home	Remarks(Mention if any personnel is available on 24 hours basis)
1	Manager/ Project Director/ Superintendent							
2	Doctor							
3	Psychiatrist							
4	Clinical Psychologist/ Counsellor							
5	Clerk/ Accountant							
6	Any other							

2. Infrastructure: Is the Home functioning /proposed to function from own or rented premises, give details

2.1. Location:

Sl. No.	Indicators	Remarks
1	Is the name board of the Shelter Home prominently displayed in the premise	
2	Whether the shelter home is easily accessible from the road	Yes/No

2.2. Space:

Sl. No.	Indicators	Remarks(Mention about availability, cleanliness, ventilation, size etc)
1	Total Number of rooms	
2	Number of toilets	
3	Approximate area of the building (Sq. Ft.)
4	Approximate area of the premise (Sq. Ft.)
5	Does the premise have a compound wall	
6	Security Arrangement	

2.3. Assets:

Sl. No.	Indicators	Remarks
1	No. of beds & mattress and their condition	
2	Any other movable / immovable assets	
3	Whether the organization maintains an Asset Register	Yes/No

3. Number of Beneficiaries/ inmates:

Sanctioned Strength		Present Strength		Total inmates at the time of visit		Remarks
Women	Children	Women	Children	Women	Children	

4. Basic Facilities

Sl. No.	Indicators	Remarks
Food		
1	Details of the daily menu for the beneficiaries	
Clothing and sanitation		
1	Whether beneficiaries are provided with clothing and toiletries	
Others		
1	Availability of water & electricity	
2	First Aid Box facility	

5. Case Management

Sl. No.	Indicators	Remarks
1	Is the organization maintaining Admission register of the beneficiaries	
2	Is the organization maintaining Attendance register of the beneficiaries	
3	Does the organization maintain separate case files of the beneficiaries	
4	Please verify whether the following registers/ records are being maintained as per prescribed format (This forms are as per Section 8 (i) , 10, 11, 19(2), 38 (6 & 7) of "The (Prevention of Immoral Traffic (Orissa) Rules, 1959"	Form-VI: Inmate's register Form VII: History Ticket Form VIII: Statement showing the gain or loss in weight of inmates in * (.....for the month of) Form IX: Medical Officers Journal Form X: Disposal Register Form XI: No. of persons discharged during the year

6. Others:

Sl. No.	Description	Remarks (Mention about availability, operationalization)
1	Disaster Management plan in place	
2	Linkage of pregnant & lactating women and children below 6 years to the nearest Anganwadi Center	
3	Registration of births and deaths	
4	Educational facility for children & women	
5	Tie up with OSLSA/DLSA	
6	Grievance redressal system for the inmates	
7	Periodic report of the Shelter Home	

7. Overall Assessment of the home by the District Inspection Committee on:

i. Quality of staffs in Home and their behaviour towards the Beneficiaries:

ii. Quality of facility (Infrastructure, Space) provided by the Institution to the Beneficiaries:

iii. Quality of Services (fooding /clothing/medical/counselling/etc.) for the Beneficiaries:



8. Recommendation by the District Inspection Committee regarding issue of license/renewal to the Home under ITPA, 1956:

A. Recommended for issue of License/renewal: Yes/No

B. If No, Please give reasons:

Name of DIC Members:

Signatures with date:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

9. Forwarded to District Collector:

Date:

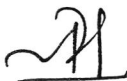
10. RECOMMENDATION OF THE DISTRICT COLLECTOR:

Recommended for issue of License/renewal: Yes/No

Name the District Collector:

Date:

Signature:



FORM-IV

(See Rule 7(2) of the (Prevention of Immoral Traffic) Odisha Rules, 1959)

License

Serial No. of License	Name and full address of the Protective Home	Name and full description and residence of license/Name of the Chief Functionary & registered address of the organisation	Name in full of the Manager/ Project Director of Protective Home	Particulars of services to be rendered by the institution	Restriction as to number of inmates	Date of expiry of license	Remarks
1	2	3	4	5	6	7	8

The day of 20..... (Seal)

Licensing Authority

Conditions

1. This license is granted subject to all the provisions of the Immoral Traffic (Prevention) Act, 1956 (No 104 of 1956) and the Prevention of Immoral Traffic (Orissa) Rules, 1959.
2. The licensee shall affix on a conspicuous part of the Protective Home, a sign board on which shall be painted in large letters in English and Hindi/Oriya, the name of the Protective Home.
3. The license shall not be transferable.
4. The license shall remain in force for a period of one year from the date of issue.

FORM-V

**(See Rule 7 (3) of the (Prevention of Immoral Traffic) Odisha Rules, 1959)
Form of Application for renewal of license**

1. Full name of the applicant or Association :

(If registered, a copy of the registration certificate and particulars of all members of the Association should be given)

2. Religion:

3. Residence (Town or village):

Police Station:

District:

(Note-In case of association, particulars regarding items 2 and 3 be mentioned in respect of each member)

4. Name of the institution:

5. License No. and Year:

6. Any other particulars:

**Signature (s) with date and
place and names in Block Letters**

