SCOPE Meritorious Awards 2016– 17

Environmental Excellence & Sustainable Development

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry/ Department	
Name of the Chief Executive (Chairman/ Chairman & Managing Director (CMD)/ Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016– 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE/ State Level Public Enterprise/ Bank or Financial institution	
If CPSE, Please mention if the organization is a Maharatna/ Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016. Kindly specify if there has been change in status during the period of April 01, 2016to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products/ services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Supporting documents, wherever possible to act as evidence for any answer should be attached.**Kindly include the soft copies of all the supporting documents in a CD in .doc and .pdf formats, which haveto be submitted to SCOPE, along with the filled questionnaire.**

Questions

S. No.	Information Required	Response/ Document Required
1.	(i) Does your organization have anapproved Environmental & Sustainable Development (E&SD) policy?	• Policy approved by the Board of Directors • Policy approved by CMD/ MD • No *(Please tick appropriate option)* *If yes, please provide a copy of the environmental and sustainable development policy. Also mention its approval date.*
	(ii) Does the Environmental & Sustainable Development policy include an Environmental Risk & Disaster Management plan?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of it and highlight the relevant portions in environmental policy.*
	(iii) Does your organization have a Board level sub-committee, a Director in the Board or dedicated GM on Environmental& Sustainable Development?	• Board level sub-committee • Director in Board on E&SD • Dedicated GM on E&SD • None of the above *(Please tick appropriate option)* Please list the name and designation of the Committee members / Director / GM in the format given in Appendix 1.
2.	(i) Does your organization have an Environmental cell / department?	• Yes • No *(Please tick appropriate option)*
	(ii) If yes, is it a separate Environmental cell/ department or a combined Health, Safety and Environmental (HSE) cell?	• Separate • Combined *(Please tick appropriate option)*
3.	Does your organization have a certified Environmental Management System, for example ISO 14000?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the certification.*
4.	What was the total budget &expenditure incurred on Environmental related initiatives during the last 3 financial years (FY 15, FY 16 and FY17)?	*Please list the initiatives along with expenditure incurred for each of the 3 financial years as per Appendix 2.*
5.	Does your organization prepare a report on Environmental and Sustainable Development or provide a separate chapterin the annual report highlighting details of implementation of Environmental and Sustainable Development projects/ activities?	• Separate Sustainability Report • Separate section in Annual Report • None of the above *(please tick appropriate option)* *If yes, please provide the Environmental and Sustainability Report for the yearFY 2016or highlight the page numbers in the Annual Report*

S. No.	Information Required	Response/ Document Required
6.	(i) Does your organization have a formal mechanism for monitoring the Environmental and Sustainable Development projects/ activities to assess if progress is being achieved in line with expectations?	• Yes • No *(Please tick appropriate option)* *If yes, briefly describe (not more than 1 A4 size page) the monitoring mechanism adopted during the period April 01, 2016to March 31, 2017*
	(ii) Does your organization engage an independent expert for monitoring Environmental and Sustainable Development Projects/ activities?	• Internal • External • No *(Please tick appropriate option)* *If yes, please provide the name and contact details of the independent agency / expert appointed for this purpose in FY 17.*
7.	Does your organization engage in research in the field of Environmental Excellence and Sustainable Development (EE&SD)?	• Patent (applied/awarded) for a technology having direct impact on EE&SD • Tie-ups with premier institutes for research on EE&SD • Any other initiative • No *(Please tick appropriate option)* *If yes, briefly describe (not more than 1 A4 size page) the initiatives taken by your organization in research in EE&SD*
8.	Does your overall energy consumption include energy from renewable sources? What % of your total energy consumption is from renewable sources? If yes, does your organization have rooftop solar panels installed on their buildings (offices, factories etc.)?	• Yes • No *(Please tick appropriate option)* : _____ % of energy consumption from renewable sources? :---------- • Yes • No *(Please tick appropriate option)* *If yes, please provide 1 page write-up on the same.*
9.	Does your organization undertake Rain Water Harvesting in its premises (office or site locations)	• Yes • No *(Please tick appropriate option)* *If yes, please provide the copy of rain water harvesting manual / guidelines / system at your organization.*
10.	Does your organization conduct energy audit of its facilities by an external agency?	• Yes • No

S. No.	Information Required	Response/ Document Required
		(Please tick appropriate option) *If yes, please provide the copy of the last energy audit undertaken.*
11.	(i) Does your organization conduct carbon audit or have a Carbon Strategy (*or any other similar initiative*) in place to take stock of and reduce the GHG emissions? If yes, was the audit conducted by independent agency?	• Yes • No *(Please tick appropriate option)* *If yes, please provide the copy or 1 page write-up of the relevant document.* • Yes • No *(Please tick appropriate option)*
	(ii) Has your organization undertaken initiative to reduce its carbon footprint / emissions?	• Yes • No *(Please tick appropriate option)* *If yes, please provide the copy or 1 page write-up of the relevant document* _____

Appendices

Appendix 1

Details on Board level subcommittee on environment & sustainable development?

S No.	Name of Member	Designation
1.		
2.		
3.		
4.		

(*Add rows if required*)

Appendix 2

Details of Expenditure on Environmental &Sustainable Development (E&SD) initiatives undertaken by the company during FY 15, 16& 17

Financial year ended March 31, 2015

Details of E&SD Initiatives undertaken	Expenditure incurred (Rs. Lakhs)	Proposed outcome/ impact #	Name of Independent Monitoring Agency
1. 2. 3. 4.			

(*Add rows if required*)

Financial year ended March 31, 2016

Details of E&SD Initiatives undertaken	Expenditure incurred (Rs. Lakhs)	Proposed outcome/ impact #	Name of Independent Monitoring Agency
1. 2. 3. 4.			

(*Add rows if required*)

Financial year ended March 31, 2017

Details of E&SD Initiatives undertaken	Expenditure incurred (Rs. Lakhs)	Proposed outcome/ impact #	Name of Independent Monitoring Agency
1. 2. 3. 4.			

(*Add rows if required*)

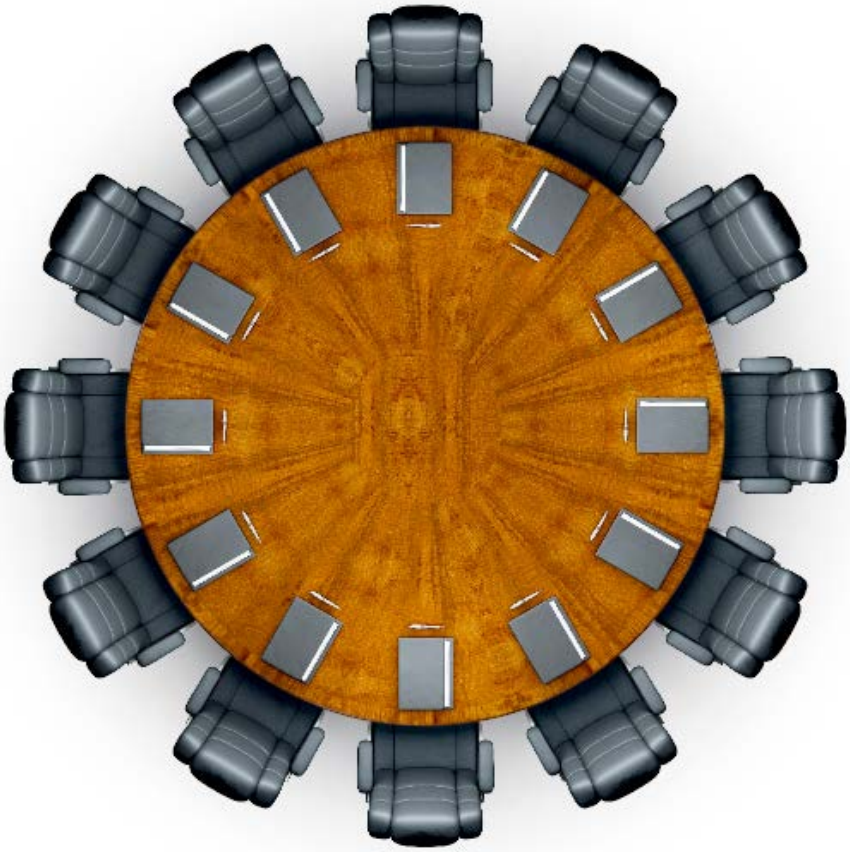
 # Please note that the outcome of Environmental & Sustainable development initiatives mentioned in the table above must highlight the details of the projects undertaken as well as associated tangible benefits like i) substitution of hazardous chemicals, ii) reuse of waste, iii) captive power generation from wastes, iv) afforestation, v) regeneration of natural resources etc.

In addition to the above, a brief write up (not more than 1 A4 size page) may be appended for the individual SD initiativesfor FY 16 which may include time table of the project, major milestones achieved, number of facilities it has been implemented in, number of participants, project cost etc.

Check list of documents to be attached with the Application

1. Environmental & Sustainable Development Policy if applicable
2. Environmental Management System (EMS) certification if applicable
3. Environmental &Sustainability Report for 2016– 17, if applicable
4. Copy of brief-write up on formal mechanism for monitoring the Environmental and Sustainable Development projects if applicable
5. Copy of brief-write up on initiatives undertaken by the organization in research in EE&SD if applicable
6. Copy of brief-write up on rooftop solar panels installed on buildings of the organization and % of energy consumed from renewable sources
7. Copy of Rainwater Harvesting manual / guidelines / system if applicable
8. Copy of brief-write up related to initiatives undertaken by the organization to reduce carbon footprint/emissions

SCOPE Meritorious Awards 2016– 17



Corporate Governance

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry/ Department	
Name of the Chief Executive (Chairman/ Chairman & Managing Director (CMD)/ Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016– 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE/ State Level Public Enterprise / Bank or Financial institution	
If CPSE, Please mention if the organization is a Maharatna/ Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016. Kindly specify if there has been change in status during the period of April 01, 2016 to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products/ services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Attach soft copies of the **Annual Reports for the financial years 2015– 16& 2016 – 17.**
4. Attach soft copies of the **MoU documents for the financial years 2015– 16& 2016 – 17.**
5. Supporting documents, wherever possible to act as evidence for any answer should be attached.**Kindly include the soft copies of all the supporting documents in a CD, which has to be submitted to SCOPE, along with the filled questionnaire.**

Questions

S. No.	Information Required	Response/ Document Required
1.	Please give the number of members on Board of Directors as on March 31, 2017, as per the following classification: • Number of whole time Directors (Functional/Executive Directors) • Government/ Institutional nominee directors • Number of Women Directors • Independent Directors • Other Directors	Please fill in the details of directors in the format provided in *Appendix*1.
2.	How many Board of Directors meetings were held during the period April 01, 2016 to March 31, 2017? Please give date of each meeting and number of directors who attended the respective meetings.	Please fill in details of Board Meetings in the format provided in *Appendix*2.
3.	Please list the names of the Board level committees chaired by Independent Directors that were in place during the period April 01, 2016 to March 31, 2017.	Please fill in details of Board Level committees in the format provided in *Appendix*3.
4.	(i) Does your organization have an audit committee?If yes, please provide name of its chairman during FY 17. (ii) How many audit committee meetings were held during the period April 01, 2015 to March 31, 2017? (iii) Please give date of each meeting and number of directors who attended the respective meetings.	• Yes • No *(Please tick appropriate option)* *Please provide list of members of the audit committee in Appendix4* *Please provide details of audit committee meetings in the format provided in Appendix5*
5.	Does your organization have a remuneration committee?If yes, please provide name of its chairman during FY 17. How many remuneration committee meetings were held during the period April 01, 2016to March 31, 2017? Please give date of each meeting and number of directors who attended the respective meetings.	• Yes • No *(Please tick appropriate option)* *Please provide list of members of the remuneration committee in Appendix4* *Please provide details of remuneration committee meetings in the format provided in Appendix5*
6.	Does your organization have a Risk Management policy? If yes, please mention the date on which it was	• Policy approved by Board • Policy approved by CMD/ MD • None *(Please tick appropriate option)*

S. No.	Information Required	Response/ Document Required
	approved by the Board/ CMD/MD	*If yes, please provide a copy of the Risk Management Policy*
7.	Does your organization have a Whistle Blower policy? If yes, please mention the date on which it was passed by the Board/ CMD/MD. If yes, what are the mediums available (dedicated toll free number, email id etc.) to the Whistle Blower to report of any incident?	• Policy approved by Board • Policy approved by CMD/ MD • No *(Please tick appropriate option)* *If yes, please provide a copy of Whistle Blower Policy* *Please provide 1 page write up on the mediums through which employees (whistle blowers) can report of any incidents without disclosing their identity*
8.	Does the company undertake training / orientation programs for its new / existing Board members?	• Yes • No *(Please tick appropriate option)* *Please provide details of training sessions conducted during the period April 01, 2016 to March 31, 2017 in the format provided in Appendix 6*
9.	Does your organization have an established Code of Conduct/Corporate Governance Code? If yes, is it made accessible/communicated to the employees of the organization?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the relevant document (code of conduct document, separate chapter in annual report etc.)* • Yes • No *(Please tick appropriate option)*

Appendices

Appendix 1

Details of Board of Directors as on March 31,2017

Details of Whole Time/ Functional Directors

No.	Name	Functions currently headed	New (if the director has been inducted 2016- 17 (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Government nominee Directors

No.	Name	Designation in Government	New (if the director has been inducted in 2016-17 (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Women Directors

No.	Name	Is she Whole time / Government nominee / Independent Director?	New (if the director has been inducted in 2016 - 17 (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Independent Directors

No.	Name	No. of years of experience	New (if the director has been inducted in the current year (Yes/ No))	Other Directorships held
1				
2				
3				
4				

(Please add rows as necessary)

Details of Other Directors

No.	Name	No. of years of experience	New (if the director has been inducted in 2016– 17(Yes/ No))
1			
2			
3			
4			

(Please add rows as necessary)

Appendix 2

Details of Board Meetings held during the period April 01, 2016to March 31, 2017

S. No.	Date of meetings held in FY16	Strength of Board of Directors on the date of meeting	Number of directors attended the meeting			
			Whole-time/ functional directors	Government nominee directors	Independent directors	Other Directors
1.						
2.						
3.						
4.						

(Please add rows as necessary)

Appendix 3

Details of Board level committees chaired by Independent Director those were in place during the period April 01, 2016 to March 31, 2017

No.	Name of Board Level Committees	Briefly state the key functions of the Committee#	Name of Chairman/ Chairperson of the committee	No. of members of the Committee	No. of independent Directors whoare members of the Committee
1.					
2.					
3.					
4.					
5.					

(Please add rows as necessary)

Appendix 4:

Details of the Audit and Remuneration Committee

No.	Name of the Committee	Name of members	Name of Chairman/ Chairperson of the committee
1.	Audit		
2.	Remuneration		

Appendix 5

Details of the Meetings of Audit and Remuneration Committee

Audit Committee

S. No.	Date of meetings held in FY17	Strength of Audit Committee on the date of the meeting	Number of directors attended the meeting			
			Whole-time/ functional directors	Government nominee directors	Independent directors	Other Directors
1.						
2.						
3.						
4.						

(Please add rows as necessary)

Remuneration Committee

S. No.	Date of meetings held in FY17	Strength of Remuneration Committee on the date of the meeting	Number of directors attended the meeting			
			Whole-time/ functional directors	Government nominee directors	Independent directors	Other Directors
1.						
2.						
3.						
4.						

(Please add rows as necessary)

Appendix 6

Details of training programs conducted for orientation and development of Directors during the period April 01, 2016to March 31, 2017

a. Details of training organized by your organization

No.	Details of training program conducted	Duration of the Training (No. of Days)	Name of Directors attending the session
1.			
2.			
3.			
4.			

(Please add rows as necessary)

b. Details of training organized by other institutions (e.g. SCOPE etc.)

No.	Details of training program conducted	Duration of the Training (No. of Days)	Name of Directors attending the session
1.			
2.			
3.			
4.			

(Please add rows as necessary)

Check list of documents to be attached with the Application

1. Risk Management Policy if applicable
2. Whistle Blower Policy if applicable
3. Copy of Brief write up on the mediums available through which employees (Whistle Blowers) can report of any incident without disclosing their identity, if applicable
4. Copy of relevant document related to Code of Conduct/Corporate Governance Code, if applicable
5. Annual Report of 2015 – 16& 2016 – 17
6. MoU document of 2015– 16& 2016 – 17

SCOPE Meritorious Awards 2016– 17

Corporate Social Resposibility & Responsiveness

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry / Department	
Name of the Chief Executive (Chairman / Chairman & Managing Director (CMD) / Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016–17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE / State Level Public Enterprise / Bank or Financial institution	
If CPSE, Please mention if the organization is a Maharatna/ Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016. Kindly specify if there has been change in status during the period of April 01, 2016to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products / services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.

3. Supporting documents, wherever possible to act as evidence for any answer should be attached. **Kindly include the soft copies of all the supporting documents in a CD in .doc and .pdf formats, which have to be submitted to SCOPE, along with the filled questionnaire.**

Questions

S. No.	Information Required	Response/ Document Required
1.	Does your organization have a Board level CSR Committee? Please list the name & designation of the Committee members including the independent directors.	*Please provide details as per attached Appendix 1.*
2.	Does your organization have a CSR committee approved Corporate Social Responsibility (CSR) policy? If yes, please mention the date on which it was approved.	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the Corporate Social Responsibility policy.*
3.	Please list the CSR initiatives undertaken by your organization during FY 2016– 17.	Please fill in details of CSR initiativesundertaken as per the activities mentioned in the template given in Appendix 2
4.	What was the total **budget and expenditure** incurred on CSR initiatives during the last 3 financial years, i.e., FY15, FY16and FY17?	Please fill in the details in Appendix 3
5.	Does your organization participate in key flagship Schemes/ Missions of the Government of India (like SWACH BHARAT Mission, Digital India, Adarsh Gram Yojana, Campaign Clean India, Skill India Mission etc.) as a part of the CSR initiative?	• Yes • No *(Please tick appropriate option)* *If, Yes then please provide the amount of contribution in INR crores made in the past three financial years in the template given in Appendix 5*
6.	Does your organization prepare a CSR report or provide a separate chapter/ section in the annual report highlighting details of implementation of CSR activities/ projects?	• Separate Sustainability Report • Separate section in Annual Repor • None of the above *(please tick appropriate option)* *If yes, please provide CSR Report for the year FY 2016 or highlight the page numbers in the Annual Report*
7.	(i) Does your organization have a mechanism for undertaking audits of	• Yes • No

S. No.	Information Required	Response / Document Required
	social benefits achieved from CSR initiatives undertaken? (ii) Is it undertaken by the external professional agency or monitored by the internal Committee?	*(Please tick appropriate option)* *If yes, briefly describe (not more than 1 A4 size page) the CSR audit mechanism adopted during FY17.* • Internal • External *(Please tick appropriate option)* *Please provide the name and contact details of the external professional agencies or names of the internal committee members with their designations, as applicable in Annexure 4*
8.	Has your organization identified a specialized agency to implement the activities identified under CSR?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the Scope of work for the specialized agency along with the name and contact details of the agencies.*
9.	Initiatives undertaken by the company in creating CSR awareness among the employees	• Training programs for employees on CSR • Internal communication on CSR initiatives • Any other • None B*riefly describe (not more than 1 A4 size page) the initiatives undertaken*

Appendices

Appendix 1

Details of CSR Committee as on March 31, 2017

S. No.	Name of CSR Committee Members	Is s/he a member of the Board?	Is s/he an independent member of the Board?
1			
2			
3			
4			
5			
6			

(Add more rows as required)

Appendix 2

Details of CSR initiatives undertaken during FY 2016– 17

Year initiated	Details of Initiatives undertaken	Expenditure during the year/ initiative (Rs. Lakhs)	Focus Activity# (mention the number corresponding to the activity)	Name of the Independent Monitoring Agency	Name of the Implementing Agency

(Add more rows as required)

#Focus of the CSR initiative may be in one or more of the activities mentioned below:

1. *eradicating extreme hunger and poverty*
2. *promotion of education*
3. *promoting gender equality and empowering women*
4. *reducing child mortality and improving maternal health*
5. *combating human immunodeficiency virus, acquired immune deficiency syndrome, malaria and other diseases*
6. *ensuring environmental sustainability*
7. *employment enhancing vocational skills*
8. *social business projects*
9. *contribution to the Prime Minister's National Relief Fund or any other fund set up by the Central Government or the State Governments for socio-economic development and relief and funds for the welfare of the Scheduled Castes, the Scheduled Tribes, other backward classes, minorities and women; and*
10. *such other matters as may be prescribed in Companies Act, 2013*

In addition to the above, please appendthe CSR report (*independent or part of Annual report or others*)for the period FY 2016 – 17.

Appendix 3

Details of CSR budget and expenses FY 2016– 17

	Proposed Budget in Crores	Actual Expenditure in Crores
FY15		
FY16		
FY17		

Appendix 4

Details of CSR audit agency / committees

S. No.	Name of External Agency	Names of Internal Committee Members
1		
2		
3		
4		
5		

(Add more rows as required)

Appendix 5

Details of CSR expenses on participation in Schemes / Missions of Government of India in the last three financial years (FY 15, FY 16 and FY 17)

Year initiated	Details of Initiatives undertaken	Scheme / Mission of Government of India which it supports	Actual Expenditure in Crores
FY15			
FY16			
FY17			

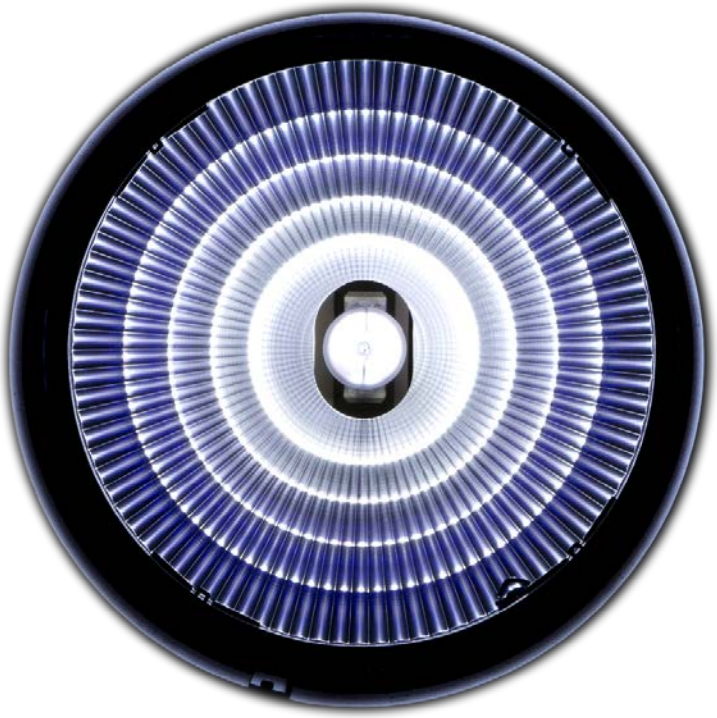
(Add more rows as required)

Check list of documents to be attached with the Application

1. Corporate Social Responsibility Policy if applicable
2. Corporate Social Responsibility Report for 2017 if applicable
3. 1 page write-up on CSR audit mechanism
4. Scope of work for identified specialized agency to implement CSR initiatives if applicable
5. 1 page write-up on the initiatives undertaken by the company in creating CSR awareness among the employees

SCOPE Meritorious Awards 2016– 17

R&D, Technology Development & Innovation



Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry/ Department	
Name of the Chief Executive (Chairman/ Chairman & Managing Director (CMD)/ Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016– 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE/ State Level Public Enterprise / Bank or Financial institution	
If CPSE, Please mention if the organization wasa Maharatna/ Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016. Kindly specify if there has been change in status during the period of April 01, 2015to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products/ services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Supporting documents, wherever possible to act as evidence for any answer should be attached.**Kindly include the soft copies of all the supporting documents in a CD in .doc and .pdf formats, which haveto be submitted to SCOPE, along with the filledin questionnaire.**

Questions

S. No.	Information Required	Response/ Document Required
1.	Does your organization have an approved R&D policy or Innovation policy/guideline? If yes, please mention the date on which it was approved.	• Approved by Competent Authority of the organization • No *(Please tick appropriate option)* *If yes, please provide a copy of theapproved R&D policy or Innovation policy / guideline.*
2.	Does your organization have a dedicated department/ wing for R&D or Innovation?	• Please provide the organization structure of the R&D wing including grade wise manpower
3.	Does your organization have a Board level sub-committee, a Director in the Board or dedicated GMon Research & Development / Innovation? Please list the names & designation of the Committee members/ Director / GM	• Board level sub-committee • Director in Board • Dedicated GM • None of the above *(Please tick appropriate option)*
4.	What was the total budget &expenditure incurred on R&D / innovation initiatives during the past 3 financial years. • Financial year ended March 31,2015 • Financial year ended March 31, 2016 • Financial year ended March 31, 2017	*Please list R&D / innovation initiatives along with expenditure incurred for the respective financial years as in Appendix 1*
5.	How many patents were filed by the company during the last 3 financial years, i.e. for the period 1 April 2014to 31 March 2017?	Please provide details of patents filed by the company in Appendix 2
6.	How many patents were awarded to the company among the patents filed during the last 3 financial years, i.e. for the period 1 April 2014 to 31 March 2017?	Please provide details of the patents awarded to the company among the patents filed during last 3 financial years in Appendix 2
7.	What is the number of ideas incubated from employees which were selected for implementation in the past three years?	Please provide the details in Appendix 3
8.	(i) Does your organization have a procedure for sanction of R&D / Innovation Projects?	• Yes • No *(Please tick appropriate option)* *If yes, please provide details how projects are selected including selection criteria*.
9.	(ii) Does your organization have a procedure	• Yes

S. No.	Information Required	Response/ Document Required
	for monitoring& evaluation of R&D / Innovation Projects?	• No *(Please tick appropriate option)* *If yes, please provide the details of the monitoring mechanism along with a sample monitoring report of a project.*
10.	Does your organization provide a separate chapter/ section in the annual report highlighting details of implementation of R&D / Innovation initiatives?	• Separate Report • Separate Section/ChapterinAnnual Report • No *(please tick appropriate option)* *If yes, please highlight the page numbers in the Annual Report*

Appendices

Appendix 1

Details of R&D/ Innovation initiatives undertaken by the company during FY 15, 16 and 17

Financial year ended March 31, 2015

S. No.	Details of R&D Initiatives undertaken	Expenditure incurred (Rs. Lakhs)	Impact (New product development, process improvement etc.)
1			
2			
3			
4			
5			

(Please add rows as necessary)

Financial year ended March 31, 2016

S. No.	Details of R&D Initiatives undertaken	Expenditure incurred (Rs. Lakhs)	Impact (New product development, process improvement etc.)
1			
2			
3			
4			
5			

(Please add rows as necessary)

Financial year ended March 31, 2017

S. No.	Details of R&D Initiatives undertaken	Expenditure incurred (Rs. Lakhs)	Impact (New product development, process improvement etc.)
1			
2			
3			
4			
5			

(Please add rows as necessary)

Appendix 2

Details of patents filed and awarded to the company during last 3 financial years.

FY 15	FY 16	FY 17
Number of Patents Filed	Number of Patents Filed	Number of Patents Filed
Number of Patents Awarded	Number of Patents Awarded	Number of Patents Awarded

Appendix 3

Details of ideas incubated from employees which were selected for implementation during last 3 financial years.

FY 15	FY 16	FY 17
Idea implemented	Idea implemented	Idea implemented
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.
5.	5.	5.
Total Number :	*Total Number :*	*Total Number :*

(Please add rows as necessary)

Check list of documents to be attached with the Application

1. R&D Policy if applicable
2. Organization structure of R&D/ Innovation wing
3. Procedure for sanctioning of R&D projects
4. Details on monitoring and evaluation of R&D projects
5. Sample R&D Project Monitoring Report if applicable
6. Sample R&D Project Performance Evaluation Report if applicable

SCOPE Meritorious Awards 2016– 17

Best Practices in Human Resource Management

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry/ Department	
Name of the Chief Executive (Chairman/ Chairman & Managing Director (CMD)/ Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016 – 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE/ State Level Public Enterprise / Bank or Financial institution	
If CPSE, Please mention if the organization is a Maharatna/ Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016. Kindly specify if there has been change in status during the period of April 01, 2016 to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products/ services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Attach soft copies of the **Annual Reports for the financial years 2015 – 16&2016 – 17.**
4. Attach soft copies of the **MoU documents for the financial years 2015 – 16&2016 – 17.**
5. Supporting documents, wherever possible to act as evidence for any answer should be attached.**Kindly include the soft copies of all the supporting documents in a CD in .doc and .pdf formats,which haveto be submitted to SCOPE, along with the filled questionnaire.**

Questions

S. No.	Information Required	Response/ Document Required
1.	Total number of employees in your organization as on March 31,2017: Please provide break up of: • Permanent employees on the rolls of the company o Workmen o Executive (E1-E6) o Senior Management (E7-E9 &the Board) • Employees on contract	Please fill in details of the employees in the format provided in Appendix 1
2.	Does your company have a Board approved HR policy, training and development policy and Performance Management System in place as on March 31, 2017?	• Yes • No *(please tick appropriate option)* *If yes, please provide a brief write up (not more than 1 A4 size page) on your performance management system and provide copies of your HR policy and training and development policy*
3.	What was the number of training days per employee during the period April 01, 2016 to March 31, 2017?	Please fill in details of training days per employee in the format provided in Appendix 2.
4.	What was the total employee training expenditure incurred by the company during the last 3 financial years?	Please provide the total training expenditure in Lacs against the following FY: • FY 14 – 15: INR _____ Lacs • FY 15 – 16: INR _____ Lacs • FY 16 – 17: INR _____ Lacs
5.	(i) Please state the number of male and female employees at the senior/top management level (grades E7 – E9 and the Board) on the organizations payroll as on the following dates: • March 31, 2015 • March 31, 2016 • March 31, 2017	Please fill in details of the employees in the format provided in Appendix 3 a
6.	(ii) Please state the number of male and female employees who have joined the organization during FY15, FY16 and FY17at E1-E6 level	Please fill in details of the employees in the format provided in Appendix 3 b
7.	(i) Did your organization have a web based portal for recruitment in place as on March 31,	• *Yes* • *No*

S. No.	Information Required	Response/ Document Required
	2017? If yes, when was it first implemented?	*(Please tick appropriate option)* *If yes, please provide a brief write up (not more than 1 side of A4 size page) on the online recruitment portal of your organization*
	(ii) Did your organization have a web based performance management system in place as on March 31, 2017? If yes, when was it first implemented?	• *Yes* • *No* *(Please tick appropriate option)* *If yes, please provide a brief write up (not more than 1 side of A4 size page) on the web based performance management system of your organization*
	(iii) Did your organization have a system for e-learning training programs in place as on March 31, 2017? If yes, when was it first implemented?	• *Yes* • *No* *(Please tick appropriate option)* *If yes, please provide a brief write up (not more than 1 side of A4 size page) on the e-learning system of your organization*
	(ii) Did your organization have an automated leavemanagement system in place as on March 31, 2017? If yes, when was it first implemented?	• *Yes* • *No* *(Please tick appropriate option)* *If yes, please provide a brief write up (not more than 1 side of A4 size page) on the automated leave management system of your organization*
8.	Did your organization undertake any survey on Employee Satisfaction/ engagement and commitment during the period April 01, 2016 to March 31, 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide the results of the survey_*
9.	Was the survey on Employee Satisfaction/ engagement and commitment during the period FY 15, FY 16, FY 17undertaken by a third party?	• Yes • No *(Please tick appropriate option)* *If yes, please provide the results of the survey_*
10.	How many employees left your organization (other than natural separation) during the period April 01, 2016 to March 31, 2017?	Please give the details as in Appendix 4
11.	Does your organization have a succession planning policy for the senior and top management staff (grades E7 – E9 and the Board) which has been approved by the Board of Directors?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a brief write up (not more than 1 A4 size page) on your*

S. No.	Information Required	Response/ Document Required
		'succession planning policy'
12.	Has your organization lost man-days on account of employee agitations during the period April 01, 2016 to March 31, 2017?	• Yes • No *(Please tick appropriate option)* *Please provide the number of man-days lost*
13.	Has your organization introduced new HR initiatives/systems/practices during the last the period April 01, 2016 to March 31, 2017?	• Yes • No *(Please tick appropriate option)* *If yes please give a one page write up on 3 such initiatives/systems/practices introduced during the period.*
14.	Has your organization introduced any employee welfare/ well-being policies including policies related to health-checkups, holding sessions for managing stress, improvement of physical and mental well-being.	Please provide a brief write-up on such measures taken.

Appendices

Appendix 1

Details of number of employees as on March 31, 2017

Particulars	Male	Female	Person with Disabilities
Workmen			
Executive/ Officers (E1 – E6)			
Senior management (E7 – E9 and the Board)			

Appendix 2

Details of training days per employee during the period April 01,2016 and March 31,2017

Particulars	Total number of training days (A)	No. of employees (B)	Training days per employee (A/B)
Workmen			
Executive/ Officers (E1 – E6)			
Senior management (E7 – E9 and the Board)			

Appendix 3 a

Details of number of male and female employees at the senior/top management level (grades E7 – E9 and the Board)as on the following dates:

Particulars	Female	Male	Ratio of Female : Male
As on March 31, 2015			
As on March 31, 2016			
As on March 31, 2017			

Appendix 3 b

Details of number of male and female employees at grades E1 – E6 as on the following dates:

Particulars	Female	Male	Ratio of Female : Male
As on March 31, 2015			
As on March 31, 2016			
As on March 31, 2017			

Appendix 4

Details of number of employees wholeft your organization during the period April 01, 2016 and March 31, 2017(*other than natural separation*):

Particulars	No. of employees
Workmen	
Executive/ Officers (E1 – E6)	
Senior management (E7 – E9 and the Board)	

Check list of documents to be attached with the Application

1. Board approved HR policy, training and development policy and Performance Management System
2. 1 page write-up on the web based performancemanagement system
3. 1 page write-up on the automated leavemanagement system
4. 1 page write-up on the succession planning policy for the senior and top management
5. I page write-up on employee welfare/ well-being related policies
6. Results of Employee Survey if applicable
7. Annual Report of 2015 – 16&2016 – 17
8. MoU document of 2015 – 16&2016 – 17

SCOPE Meritorious Awards 2016– 17

Best Managed Bank, Financial Institution or Insurance Company

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry / Department	
Name of the Chief Executive (Chairman / Chairman & Managing Director (CMD) / Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016– 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Sectors in which the organization operates and its principal products / services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Attach soft copies of the **Annual Reports for the financial years 2015 – 16& 2016 – 17.**
4. Attach soft copies of the **MoU documents for the financial years 2015– 16& 2016 – 17.**
5. Supporting documents, wherever possible to act as evidence for any answer should be attached. **Kindly include the soft copies of all the supporting documents in a CD, which has to be submitted to SCOPE, along with the filled questionnaire.**

Questions

Financial Parameters

S. No.	Parameters	2014-15	2015-16	2016-17
1.	Profit Before Tax / Total Income (%)			
2.	Profit After Tax / Net worth (%)			
3.	Profit After Tax / Capital Employed (%)			
4.	Non-Performing Assets (NPA) / Gross Advances (%)			
5.	Net Interest Margin (%)			

Non-Financial Parameters

S. No.	Information Required	Response / Document Required
1.	Does your organization have a Board approved strategic Plan?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy the latest strategy plan prepared or provide a write up highlighting key initiatives planned, period of plan and date approved by the board.*
2.	Please give the number of members on Board of Directors as on 31st March 2016 • Number of whole time Directors (Functional/Executive Directors) • Government/ Institutional nominee directors • Independent Directors • Other Directors	Please fill in the details of directors in the format provided in Appendix 1
3.	How many Board of Directors meetings were held during the period 1 April 2016to 31 March 2017? • Please give date of each meeting and number of directors who attended the respective meetings.	Please fill in details of Board Meetings in the format provided in Appendix 2
4.	Has your organization implemented a	• Yes

S. No.	Information Required	Response / Document Required
	ERP package like SAP, PeopleSoft etc.	• No *(Please tick appropriate option)* *If yes, please provide the year in which it was implemented*
5.	Does your organization have a certified Quality Assurance System?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a brief write up of not more than one page on the existing quality Assurance System highlighting review mechanism & periodicity of review. Please provide a copy of the certificate along with the name and contact details of the certifying authority*
6.	Has your organization conducted a Customer Satisfaction Survey during the period 1 April 2016to 31 March 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the report of Customer Survey conducted.*
7.	Does your organization have a customer grievance redress system which is formally notified through customer communication and your website?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a one page write up on the mechanism highlighting the procedure for addressing customer feedback*
8.	Does your organization have a board approved Corporate Social Responsibility (CSR) Policy. If yes, please mention the date on which it was approved by the board.	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy your CSR Policy.*
9.	Does your organization prepare a CSR report or provide a separate chapter/section in the annual report highlighting details of implementation of CSR activities/ projects?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the CSR Report for the year 2016.*
10.	What was the total budget and expenditure incurred on CSR initiatives during the last 3 financial years	Please provide the details in Appendix 3

S. No.	Information Required	Response / Document Required
	• Financial year ended 31 March 2015 • Financial year ended 31 March 2016 • Financial year ended 31 March 2017	
11.	Total number of employees in your organization as on 31 March, 2017: Please provide break up of: • Permanent employees on the rolls of the company • Employees on contract	Please provide the details in Appendix 4
12.	What was the number of training days per employee during the period 1 April 2016 to 31 March 2017?	Please fill in details of the training conducted in the format provided in Appendix 5
13.	What was the total employee training expense incurred by the company during the last 3 financial years? • Financial year ended 31 March 2015 • Financial year ended 31 March 2016 • Financial year ended 31 March 2017	Please provide the details in Appendix 6
14.	Has your organization conducted employee satisfaction survey in the period 1 April 2016to 31 March 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the report of the employee survey conducted.*
15.	Please describe one organizational initiatives undertaken during the period 1 April 2016to 31 March 2017in the following areas: • Improving customer service • Improving operational efficiency • Increasing clients/ beneficiaries • Increasing business from existing	

S. No.	Information Required	Response / Document Required
	clients • Introduction of new product & services • Steps to increase brand value	
16.	Does your organization have a dedicated cyber-security cell/ department? If, yes, what is the grade of the officer heading the department?	Please provide grade of employee heading the cyber-security cell and number of employees.
17.	Have your bank devised a distinct/ separate cybersecurity policy?	Please share a copy of the policy

Appendices

Appendix 1:

Details of Board of Directors as on 31 March 2017

Details of Whole Time/ Functional Directors

No.	Name	Functions currently headed	New (if the director has been inducted in the current year (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Government nominee Directors

No.	Name	Designation in Government	New (if the director has been inducted in the current year (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Independent Directors

No.	Name	No. of years of experience	New (if the director has been inducted in the current year (Yes/ No))	Other Directorships held
1				
2				
3				
4				

(Please add rows as necessary)

Details of Other Directors

No.	Name	No. of years of experience	New (if the director has been inducted in the current year (Yes/ No))	Field of Expertise
1				
2				

3				
4				

(Please add rows as necessary)

Appendix 2:

Details of Board Meetings held during the period 1 April 2016and 31 March 2017

No.	Date of meetings held in FY16		Number of directors attended the meeting		
		whole-time / functional directors	Government nominee directors	Independent directors	Other Directors
1.					
2.					
3.					
4.					

(Please add rows as necessary)

Appendix 3

CSR expenditure for last 3 financial years:

Particulars	FY 15	FY16	FY17
CSR expenditure in Crores			

Appendix 4

Details on strength of employees in FY 16 - 17:

Particulars	No of Permanent employees	No of contractual employees	Total employees
No of employees			

Appendix 5

Details of training days per employee during the period 1 April 2016and 31 March 2017

Particulars	Total number of training days (A)	No. of employees (B)	Training days per employee (A/B)
Training of the staff			

Appendix 6

Details of total training expense incurred on employees in last 3 years:

Particulars	FY15	FY16	FY17
Total training expense incurred on employees			

Check list of documents to be attached with the Application

1. Copy of board approved strategic Plan if applicable
2. Copy of brief write-up on certified Quality Assurance System
3. Copy of the Quality Assurance Certificate, if applicable
4. 1 page write-up on customer grievance redress system
5. Report of Customer Survey conducted, if applicable
6. Copy of Employee Satisfaction Survey,if applicable
7. CSR policy, if applicable
8. CSR report for 2017,if applicable
9. Annual Report of 2015-16&2016-17
10. MoU document of 2015-16& 2016-17
11. Cybersecurity cell/ department manpower
12. Cybersecurity policy

SCOPE Meritorious Awards 2016 – 17

Best Managed PSE Set Up Under Section 8

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry/ Department	
Name of the Chief Executive (Chairman/ Chairman & Managing Director (CMD)/ Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016-17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Sectors in which the organization operates and its principal products/ services	
Who are the major competitors (providing same or similar products/ services as yours)	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Attach soft copies of the **Annual Reports for the financial years 2015 – 16& 2016 – 17.**
4. Attach soft copies of the **MoU documents for the financial years 2015 – 16& 2016 – 17.**
5. Supporting documents, wherever possible to act as evidence for any answer should be attached.**Kindly include the soft copies of all the supporting documents in a CD, which has to be submitted to SCOPE, along with the filled questionnaire.**

Questions

Financial Parameters

S. No.	Parameters	2014-15	2015-16	2016-17
1.	Total Revenues (In Rs. Crores)			
2	Capital Employed (in Rs Crores)			
3.	Manpower Expenses (In Rs. Crores)			
4.	Total Expenses (in Rs Crores)			
5.	MoU Scores			

Non-Financial Parameters

S. No.	Information Required	Response/ Document Required
1.	Does your organization have a board approved mission and vision statement? If yes, please mention the date on which it was approved by the Board.	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the Mission and Vision Statement*
2.	Does your organization have a Board approved strategic Plan?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy the latest strategy plan prepared or provide a write up highlighting key initiatives planned, period of plan and date approved by the board.*
3.	Please give the number of members on Board of Directors as on 31st March 2017 • Number of whole time Directors (Functional/Executive Directors) • Government/ Institutional nominee directors • Independent Directors • Other Directors	Please fill in the details of directors in the format provided in Appendix 1
4.	How many Board of Directors meetings were held during the period 1 April 2016 to 31 March 2017? • Please give date of each meeting and number of directors who attended the respective meetings.	Please fill in details of Board Meetings in the format provided in Appendix 2
5.	Has your organization implemented an integrated information technology solution linking operations and finance?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a brief write up of not more than one page on the key functionalities*

S. No.	Information Required	Response/ Document Required
		of the system, year in which it was implemented and the name and contact details of the IT solution vendor/ implementer
6.	Does your organization have a certified Quality Assurance System?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a brief write up of not more than one page on the existing quality Assurance System highlighting review mechanism & periodicity of review. Please provide a copy of the certificate along with the name and contact details of the certifying authority.*
7.	Does your organization have a customer grievance redress system which is formally notified through customer communication and your website?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a one page write up on the mechanism highlighting the procedure for addressingcustomer feedback.*
8.	Has your organization conducted a Customer Survey during the period 1 April 2016 to 31 March 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy the report of Customer Survey conducted.*
9.	Does your organization have a Whistle Blower policy? If yes, please mention the date on which it was passed by the Board/ CMD/MD If yes, what are the mediums available (dedicated toll free number, email id etc.) to the Whistle Blower to report of any incident?	• Policy approved by Board • Policy approved by CMD/ MD • No *(Please tick appropriate option)* *If yes, please provide a copy of Whistle Blower Policy.* *Please provide 1 page write up on the mediums through which employees (whistle blowers) can report of any incidents without disclosing their identity.*
10.	Does your organization has an established Code of Conduct / Corporate Governance Code? If yes, is it made accessible / communicated to the employees of the organization?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the relevant document (code of conduct document, separate chapter in annual report etc.)* • Yes • No *(Please tick appropriate option)*
11.	Total number of employees in your organization as on 31 March, 2017:	

S. No.	Information Required	Response/ Document Required
	Please provide break up of: • Permanent employees on the rolls of the company • Employees on contract	
12.	What was the number of training days per employee during the period 1 April 2016 to 31 March 2017? Please fill in details of the training conducted in the format provided in Appendix 3.	
13.	What was the total employee training expense incurred by the company during the last 3 financial years, i.e., FY15, FY16 and FY17?	
14.	Has your organization conducted employee satisfaction survey in the period April 01,2016 to March 31, 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy the report of the employee survey conducted.*
15.	Please give the details of the various schemes / initiatives undertaken by your organization in Appendix 4.	
16.	Please describe one organizational initiatives in the following areas: • Improving customer service • Improving operational efficiency • Increasing clients/ beneficiaries • Introduction of new product & services • Steps to increase brand value.	

Appendices

Appendix 1:

Details of Board of Directors as on 31 March 2017

Details of Whole Time/ Functional Directors

No.	Name	Functions currently headed	New (if the director has been inducted in the current year (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Government nominee Directors

No.	Name	Designation in Government	New (if the director has been inducted in the current year (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Women Directors

No.	Name	Is she Whole time / Government nominee / Independent Director?	New (if the director has been inducted in 2016 - 17 (Yes/ No))
1			
2			
3			
4			
5			

(Please add rows as necessary)

Details of Independent Directors

No.	Name	No. of years of experience	New (if the director has been inducted in the current year (Yes/ No))	Other Directorships held
1				
2				
3				
4				

(Please add rows as necessary)

Details of Other Directors

No.	Name	No. of years of experience	New (if the director has been inducted in the current year (Yes/ No))
1			
2			
3			
4			

(Please add rows as necessary)

Appendix 2:

Details of Board Meetings held during the period 1 April 2016and 31 March 2017

S. No.	Date of meetings held in FY17		Number of directors attended the meeting			
		Whole-time/ functional directors	Government nominee directors	Women Directors	Independent directors	Other Directors
1.						
2.						
3.						
4.						

(Please add rows as necessary)

Appendix 3

Details of training days per employee during the period 1 April 2016 and 31 March 2017

Particulars	Total number of training days (A)	No. of employees (B)	Training days per employee (A/B)
Training of the staff			

Appendix 4

Details of the schemes

S. No	Name of the Scheme (Please mention the date of launch of the scheme.	Objective	Total disbursement under the scheme	Total number of projects financed under the scheme.
1.				
2.				
3.				

(Please add rows as necessary)

In addition to the above, a brief write up (not more than 1 A4 size page) may be appended for the individual schemes highlighting the key achievements.

Check list of documents to be attached with the Application

1. Copy of Mission and Vision statement, if applicable
2. Copy of the board approved strategy plan or a write up highlighting key initiatives planned, period of plan and date on which the plan was approved by the board, if applicable
3. Copy of brief write up on the integrated information technology solution used to link operations and finance, highlighting the key functionalities of the system, year which it was implemented and the name and contact details of the IT solution/implementer
4. Copy of brief write up on the customer grievance redressal system highlighting the process for addressing customer feedback, if applicable
5. Copy of the Quality Assurance Certificate, if applicable
6. Copy of report of Customer Survey conducted, if applicable
7. Copy of Whistle Blower Policy
8. Copy of relevant document related to Code of Conduct/Corporate Governance Code, if applicable
9. Copy of report of employee satisfaction survey conducted, if applicable
10. Annual Report of 2015-16&2016-17
11. MoU document of 2015-16&2016-17

SCOPE Meritorious Awards 2016 – 17

Women Empowerment

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone and Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry / Department	
Name of the Chief Executive (Chairman / Chairman & Managing Director (CMD) / Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016 – 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE/ State Level Public Enterprise / Bank or Financial institution	
If CPSE, Please mention if the organization is a Maharatna / Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016. Kindly specify if there has been change in status during the period of April 01, 2016 to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products / services	
Total number of employees	
Total number of women employees	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Supporting documents, wherever possible to act as evidence for any answer should be attached. **Kindly include the soft copies of all the supporting documents in a CD, which has to be submitted to SCOPE, along with the filled questionnaire.**

Questions

S. No.	Information Required	Response/ Document Required
1.	(i) Does your organization have an approved policy on Gender equality? If yes, please mention the date on which it was approved. If yes, does the Gender equality policy includes policy against sexual harassment and Gender discrimination	• Policy approved by Board • Policy approved by CMD/ MD • No *(Please tick appropriate option)* *If yes, please provide a copy of the policy on Gender equality.* • Yes • No *(Please tick appropriate option)*
	(ii) Does your organization communicate the Gender equality policy to external stakeholders?	• Available on PSE's website • Included in Annual Report • Others, please specify • No *(Please tick appropriate option)*
	(iii) Did your organization have women director(s) in the Board as on March 31, 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide details in the format provided in Appendix 1*
2.	(i) Does your organization conduct specific trainings or sensitization workshops on Gender equality?	• Yes, for managerial staff • Yes, for all employees • No *If yes, briefly describe (not more than 1 A4 size page) the details of such programs held during the period April 01, 2016 to March 31, 2017*
	(ii) Did your organization conduct training programs/ workshops specifically for women employees during the period April 01, 2016 to March 31, 2017?	• Yes • No *(Please tick appropriate option)* *If yes, please provide details in the format provided in Appendix 2*
3.	(i) Did your organization consult with employees on issues concerning Gender equality in the workplace by means of an employee survey?	• Yes • No *(Please tick appropriate option)* *If yes, please provide copy of the questionnaire and details of the employee survey conducted including the name of the implementing agency.*
	(ii) If yes, does the survey conducted include specific questions related to woman security?	• Yes • No *(Please tick appropriate option)* *If yes,* please highlight it in the questionnaire
4.	Does your organization has a committee	• Yes

S. No.	Information Required	Response/ Document Required
	related to prevention of sexual harassment and Gender discrimination?	• No *(Please tick appropriate option)* *If yes, please provide details of the committee in the template given in Appendix 3*
5.	(i) Please state the number of male and female employees at the senior / top management level (grades E7 – E9 and the Board) on the organizations payroll as on the following dates: March 31, 2015 March 31, 2016 March 31, 2017	*Please provide details in the template given in Appendix 4*
	(ii) Please state the number of male and female employees who have joined the organization during 1 April 2016 and 31 March 2017 at E1-E6 level	
6.	Did your organization undertake / adopt any innovative practice in improving Gender equality in the organization and empowering woman employees in the last 3 years.	• Yes • No *(Please tick appropriate option)* *If yes, briefly describe (not more than 1 A4 size page) the details of such innovative practices undertaken/ adopted in the last 3 years*
7.	(i) Has your organization undertaken initiatives/ projects for Gender equality and empowerment of women as part of CSR activities?	• Yes • No *(Please tick appropriate option)* *If yes, please provide details of* initiatives/ projects undertaken for Gender equality and empowerment of women as part of CSR activities. *in the format provided in Appendix 5*
	(ii) If 7(i) is yes, please give proportion of CSR expenditure in FY 16-17 spent on initiatives relating to Gender equality and empowerment of women.	*Please provide the following details* • *Total CSR expenditure (FY 16-17): INR _____ Lacs* • *Total CSR expenditure related to Gender equality and empowerment of women (FY 16-17): INR _____ Lacs*
8.	Please provide details of awards/ recognition received by the women employees of the organization in the grade E7 – E9.	*Please provide details of awards/ recognitions in the format provided in Appendix 6*
9.	Please indicate various facilities provided by your organization for the benefit of women employees in your organization. What is the expenses per women employee incurred in operating such facilities for FY 16 – 17?	*Please refer to Appendix 7 for the checklist of various facilities.*
10.	Does your organization have a woman helpline facility?	• Yes • No *(Please tick appropriate option)*

Appendices

Appendix 1:

Details of Board of Directors as on March 31, 2017

No.	Name	Functions currently headed	Type of Director (Functional, Government Nominee, Independent, Others)	Gender
1				
2				
3				
4				
5				

(Please add rows as necessary)

Appendix 2:

Details of Training Programs specifically held for Women employees during FY 2016 – 17

No.	Name of Program	Date(s) Held	Objective of program	Number of women employees attended
1				
2				
3				
4				
5				

(Please add rows as necessary)

Appendix 3:

Details of committee related to prevention of sexual harassment and Gender discrimination

No.	Name (please indicate chairperson)	Organization	Gender	Designation in organization	Specific Responsibilities, if any
1					
2					
3					
4					
5					

(Please add rows as necessary)

Appendix 4

Details of employees in senior / top management level (grades E7 – E9 and the Board)

Date	No. of Female employees	No. of Male employees
As on March 31, 2015		
As on March 31, 2016		
As on March 31, 2017		

Appendix 5

Details of Initiatives

Please provide details of top 3 initiatives implemented by your organization for addressing issues related to Gender equality and women empowerment as part of CSR activities

No.	Name of the Initiative	Details of the Initiative	Expenditure in INR lakhs	Focus Area/ Gender Equality Issue* (mention the number corresponding to the area)	Outcome/ Impact**
1					
2					
3					

***** Focus of the initiative may be in one or more of the areas mentioned below:

1. Eradicating hunger, poverty and malnutrition, promoting healthcare including preventive health care, personal hygiene, sanitation and making available safe drinking water

2. Promoting education, including special education and employment enhancing vocation skills especially among women and livelihood enhancement projects

3. Promoting Gender equality, empowering women, setting up homes and hostels for women and orphans; setting up old age homes, day care centers and such other facilities for senior citizens and measures for reducing inequalities faced by socially and economically backward groups

4. Measures for the benefit of armed forces veterans, war widows and their dependents

5. Training to promote rural sports, nationally recognized sports, Paralympic sports and Olympic sports if specifically for women

6. Rural development projects aimed at encouraging woman entrepreneurs

** Outcome/ Impact include reduction of diseases in women, increase in women literacy rates, increase in women workforce etc.

Appendix 6:

Awards and recognitions

Please provide the details of awards/ recognitions received by the women employees (in grades E7-E9) during/ for FY 16-17. Please list the most recent award received first.

Sl. No.	Year	Award/ Recognition	Name & Designation of the recipient	Details of awarding body Government (Central/ State/ International), International/ National bodies & Media	Details of award/ recognition

(Please add rows as necessary)

Appendix 7:

Checklist of various facilities for women employees

Facility	Available (Yes/ No)	Details
Child care facilities at office/ plant		
Employer subsidized child care & education		
Medical care programs for women employees		
Facilities for safety of women traveling to and from work and on company-related business		
Maternity leave		
Counselling programs		
Partnerships with women led suppliers/ vendors		
Flexi-work/ tele-work/ part time work etc.		
Internal support network for parents		
Forums/ communities especially for Women		

(Add rows as necessary for other facilities for women)

Check list of documents to be attached with the Application

1. Policy on Gender equality if applicable
2. 1 page write-up on trainings or sensitization workshops on Gender equality conducted

SCOPE Meritorious Awards 2016 – 17

RTI Act – 2005 Compliance

Questionnaire

Organization Profile

Name of the organization	
Address of Headquarters / Corporate office	
Telephone No.	
Fax No.	
Company website address (if applicable)	
Name of Administrative Ministry / Department	
Name of the Chief Executive (Chairman / Chairman & Managing Director (CMD) / Managing Director (MD))	
Nodal Officer for SCOPE Meritorious Awards 2016 – 17	
Nodal Officer's telephone & mobile no.	
Nodal Officer's email id	
Please mention if your organization is a CPSE/ State Level Public Enterprise / Bank or Financial institution	
If CPSE, Please mention if the organization is a Maharatna / Navratna, Miniratna (I or II) or a Non Ratna as on April 01, 2016 Kindly specify if there has been change in status during the period of April 01, 2016 to March 31, 2017. If yes, please mention the effective date of notification.	
Sectors in which the organization operates and its principal products / services	

General instructions for filling the questionnaire

1. Please provide factual responses to all the questions that are applicable for your organization.
2. Please provide responses in the space provided in the questionnaire. If instructed in the question, you may use extra sheets to provide your response. Also, clearly mention the question number in the extra sheets and prepare / limit your responses according to the instructions for each question.
3. Supporting documents, wherever possible to act as evidence for any answer should be attached. **Kindly include the soft copies of all the supporting documents in a CD, which has to be submitted to SCOPE, along with the filled questionnaire.**

Questions

S. No.	Information Required	Response / Document Required
1.	(i) Does your organization has Guidelines on RTI Act – 2005 compliance approved / issued by the competent authority of your organization? If yes, please mention the date on which it was approved.	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the Guidelines.*
	(ii) Does your organization communicate the guidelines on RTI Act compliance to both internal & external stakeholders?	• Available on PSE's website • Available on PSE's intranet • Others, please specify • No *(Please tick appropriate option)*
	(iii) Does your organization have a Standard Operating Procedure (SOP) / Implementation Manual for handling of applications / request under RTI Act?	• Yes • No *(Please tick appropriate option)* *If yes, please provide a copy of the SOP / implementation manual or both*
2.	(i) Does your organization have designated CPIO / PIO / APIO at all administrative and business unit head locations?	• Yes • No *(Please tick appropriate option)* *If yes, please provide details of* CPIO / PIO / APIO *in the template given in Appendix 1*
	(ii) Does your organization have designated Appellate Authority / Authorities (AA)?	• Yes • No *(Please tick appropriate option)* *If yes, please provide details of Appellate Authorities in the template given in Appendix 1*
	(iii) Are the contact details of CPIO / PIO and AA displayed on a medium accessible to public?	• Yes • No *(Please tick appropriate option)* *If yes, please provide the web link or a copy of the detail if available in any other medium.*
3.	Does your organization provide (*organised in-house or by other company / institute*) specific trainings or sensitization workshops on RTI Act compliance?	• Yes, for managerial staff • Yes, for all employees • No *If yes, please provide details of such programs held during* FY 2016 – 17 *in the template given in Appendix 2*
4.	Does your organization provide *suo moto* information to the public at regular intervals though various means of communication (compliance of section 4)?	• Yes • No *(Please tick appropriate option)* *If yes, please provide the following details :* 1. Means of communication (website,

S. No.	Information Required	Response / Document Required
		publications, etc.) 2. Language (please specify the language(s) of communication) 3. Frequency of update (monthly/ quarterly/ half yearly/ annual) 4. Dates of updating during FY 2016 – 17
5.	Does your organization have an IT based Knowledge Management System that may be leveraged for RTI Act compliance?	• Yes • No *If yes, briefly describe (not more than one A4 size page)*
6.	Does your organization have an MIS in place for registering RTI applications / requests and enabling their status tracking & monitoring?	• Yes • No *If yes, briefly describe (not more than one A4 size page) the details of such system including whether a provision exists for informing regular status update to the applicant.*
7.	Please provide the details on number of RTI applications received and disposed during FY 2016 – 17	*Please provide details in the template given in Appendix 3*
8.	Did your organization conduct third party RTI audit during FY 2016 – 17	• Yes (External / Internal) • No *If yes for external, please indicate the name and contact details of the external organization, which conducted the audit. Also, provide the copy of Audit report.*
9.	Were any penalties imposed on your Organization by the Central Information Commission (CIC) under the RTI Act during FY 2016 – 17	• Yes • No *If yes, briefly describe (not more than one A4 size page) the details & circumstances of such imposition*
10.	Did your organization undertake / adopt any innovative practice in improving RTI Act compliance in the last 3 years.	• Yes • No *If yes, briefly describe (not more than 1 A4 size page) the details of such innovative practices undertaken/ adopted in the last 3 years*
11.	Did your organization publish periodic Reports (*annual or otherwise*) including paragraph/section in the annual report of the company, on the implementation of RTI Act during FY 2016 – 17?	• Monthly • Quarterly • Half-yearly • Annual *(Please tick appropriate option)* *Please provide the copy of reports published in* FY 2016 – 17*.*

Appendices

Appendix 1

Details of Information Officers / Appellate Authorities (AA) as on March 31, 2017

S. No.	Name of CPIO / PIO / AA	Designation	Location (please specify Head Office, plant, administrative office, Branch office, etc.)	Responsibility
1				
2				
3				
4				
5				

(Please add rows as necessary)

Appendix 2

Details of RTI Act – 2005 compliance Training Programs specifically held for CPIOs / PIOs / AAs / employees during April 01, 2016 to March 31, 2017

S. No.	Name of Program	Name of the Organizing Company / Institute	Dates	Objective of program including target audience	Number of employees attended
1					
2					
3					
4					

(Please add rows as necessary)

Appendix 3

Details of RTI applications / requests (*valid / non-exempted and complete in all respects*) received & disposed during April 01, 2016 to March 31, 2017

S. No.	Particulars	Response
1	No of valid and complete RTI applications / requests received during the period	
2	No of valid RTI applications / requests disposed within 7 days of receipt of applications / requests	
3	No of valid RTI applications / requests disposed within 8 – 15 days of receipt of applications / requests	
4	No of valid RTI applications / requests disposed within 16 – 30 days of receipt of applications / requests	
5	No of valid RTI applications / requests disposed beyond 30 days of receipt of applications / requests	
6	No of valid RTI applications / requests which were not disposed	

Please note that sum of numbers against S. No. 2-6 should be equal to number given against S. No. 1

Check list of documents to be attached with the Application

1. Guidelines on RTI implementation, if applicable
2. Copy of Standard Operating Procedure / Implementation Manual, if applicable
3. Contact details of CPIOs, PIOs and Appellate Authorities or the snapshot of web link
4. RTI implementation reports or the snapshot of web link

Dr. U.D. Choubey
Director General

SCOPE
PROMOTING EXCELLENCE

SCOPE-2018/SMA/Spl. Fields
11th September, 2018

Dear Chief Executive,

We are pleased to inform that SCOPE has initiated the process of inviting entries from PSEs for SCOPE Meritorious Awards in Specialized Fields for the year 2016-17.

We are attaching Nomination Pro forma for the following nine Specialized Fields of Awards:

- **SCOPE Meritorious Award for Environmental Excellence & Sustainable Development**
- **SCOPE Meritorious Award for Good Corporate Governance**
- **SCOPE Meritorious Award for Corporate Social Responsibility & Responsiveness**
- **SCOPE Meritorious Award for R&D, Technology Development & Innovation**
- **SCOPE Meritorious Award for Best Practices in Human Resource Management**
- **SCOPE Meritorious Award for Innovative Practices in Women Empowerment**
- **SCOPE Meritorious Award for Effective Implementation of RTI Act**
- **SCOPE Meritorious Award for Best Managed PSE set up Under Section 8 of Companies Act 2013**
- **SCOPE Meritorious Award for Best Managed Bank, Financial Institution or Insurance Company**

Member organizations may send their entries by filling up the attached pro forma in soft copies (2 copies in CD format) and attaching other documents necessary to substantiate their meritorious performance. Last date of receipt of entries in SCOPE Secretariat is **Friday, the 12th October 2018**. Nominations received after the last date shall not be considered.

These are Corporate level awards and not for a Unit. Hence only one entry should be sent by each PSE after consolidating information of all the units at the level of Corporate Office.

STANDING CONFERENCE OF PUBLIC ENTERPRISES
(An apex body of Public Enterprises)
"SCOPE Complex" 7, Lodi Road, New Delhi - 110 003, Ph. : 24362604, 24360689 Fax : 24361371
Website : www.scopeonline.in, Email : scopedg@yahoo.com

Dr. U.D. Choubey
Director General

SCOPE
PROMOTING EXCELLENCE

To partially meet the academic processing/professional fees etc. an entry fees of Rs. 20,000/- + 18% GST, would be payable per entry per award. It may please be ensured that the entry fee as stipulated above is sent along with the Nomination Documents so that the entry is treated as a Valid Entry.

Those member organisations which are not in arrears in respect of Membership Contribution of SCOPE will be eligible for sending the entries. It may be noted that a PSE, which has already won the award in the preceding financial year shall not be eligible for the same category of the award for 2016-17. Since no entries were invited for the year 2015-16, the 'preceding year' applicable will be 2014-15. However, such PSEs may be considered for Commendation Certificate in case they apply and have been ranked first or close to the first ranked enterprise.

Deloitte Touche Tohmatsu India LLP is the evaluating agency responsible for assisting the distinguished Panel of Jury.

SCOPE has considered it advisable to hold an Orientation Meeting for the Nodal Officers representing the CPSEs, where all aspects of making entries into the Award shall be discussed. The half-day **Orientation Meeting is scheduled to be held at 03:00 PM on Monday, the 24th September 2018** at SCOPE Convention Centre, SCOPE Complex, 7-Lodhi Road, New Delhi. Please **nominate a Nodal Officer** in your company who would be responsible for coordinating with SCOPE Secretariat in this regard. His/her name, designation, email id and telephone number etc. may be intimated, to **Ms. Nisha Sharma, Senior Manager (CC), SCOPE (email id: pr.scope@gmail.com) by Thursday, 20th September 2018,** so that soft copies of our formal communication can also be emailed directly to the Nodal officer.

Keeping in view the observation of the Panel of Judges that there was a need for larger participation by PSEs, we shall once again request you to ensure participation by your prestigious organization.

With regards,

Yours

(Dr. U.D. Choubey)

To: The Chief Executives of SCOPE Member Enterprises

STANDING CONFERENCE OF PUBLIC ENTERPRISES
(An apex body of Public Enterprises)
"SCOPE Complex" 7, Lodi Road, New Delhi - 110 003, Ph. : 24362604, 24360689 Fax : 24361371
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