

Pradhan Mantri Poshan Shakti Nirman (PM POSHAN)

School Annual Data Capture Format (ADCF)

Instructions: 1) Keep Enrolment Register 2) Keep Account Register at the time of entry.

| 1. School Details | | | | | | | | | | | | | | |
|-------------------|---|--|---|--|--|--|------------------------------------|---|--|--|--|-------------|----------|--|
| Academic Year | | | - | | | | - | 2 | 0 | | | School Name | | |
| School Code | | | | | | | | | | | | | | |
| School Type | i) Government <input type="checkbox"/> | | | | | | Category | | i) Primary <input type="checkbox"/> | | | | | |
| | ii) LocalBody <input type="checkbox"/> | | | | | | | | ii) Upper Primary <input type="checkbox"/> | | | | | |
| | iii) EGS/AIE Centres <input type="checkbox"/> | | | | | | | | iii) Primary with Upper Primary <input type="checkbox"/> | | | | | |
| | iv) NCLP <input type="checkbox"/> | | | | | | Village/Ward | | | | | | | |
| | v) Madarsa/Maqtab <input type="checkbox"/> | | | | | | Block | | | | | | | |
| Area | i) Rural <input type="checkbox"/> | | | | | | ii) Urban <input type="checkbox"/> | | | | | | District | |
| | | | | | | | | | | | | | State | |

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
| 1(A). Enter/Update DISE code assigned to the School. | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

| 2 (A). Enrolment (Social Category wise) | | | | | | | | | |
|---|------------|-------|-------|---------|-------|-------|---------------|-------|-------|
| Social Category | Bal Vatika | | | Primary | | | Upper Primary | | |
| | Boys | Girls | Total | Boys | Girls | Total | Boys | Girls | Total |
| i) SC | | | | | | | | | |
| ii) ST | | | | | | | | | |
| iii) OBC | | | | | | | | | |
| iv) General | | | | | | | | | |
| Total | | | | | | | | | |

| 2 (B). Aadhaar Enrolment | | | |
|---------------------------------------|------------|---------|---------------|
| | Bal Vatika | Primary | Upper Primary |
| Children Having Aadhaar | | | |
| Children Having Authenticated Aadhaar | | | |
| Total | | | |

| 3. Kitchen | | | | |
|-----------------|-------------------------|---------|---------------------|--------------------|
| Type of Kitchen | i) School Kitchen | | | |
| | ii) Centralized Kitchen | a) NGO | b) Self Help Group | c) Cluster Kitchen |
| Mode of Cooking | i) Firewood | ii) Gas | iii) Kerosene Stove | iv) Any other |

| 4. School Bank Account Details | | | | | |
|--------------------------------------|-----|----|-------------------------|------|------|
| Separate Bank Account for MDM Scheme | Yes | No | Mode of receiving funds | Bank | Cash |
| Name of Bank | | | CBS Account | Yes | No |
| Bank IFS code | | | Account No. | | |

| 5. Cook-cum-helper details | | | | | | | |
|----------------------------|----------------------------|----------------------------|--------------------------|-----------------------------------|-----------------------------|----------------------------|---------|
| Cook Name | Gender (Male(M)/Female(F)) | | Category (SC/ST/OBC/Gen) | Below Poverty Line (Yes(Y)/No(N)) | Mode of Payment (Cash/Bank) | Honorarium per month (Rs.) | Remarks |
| | M <input type="checkbox"/> | F <input type="checkbox"/> | | | | | |
| | M <input type="checkbox"/> | F <input type="checkbox"/> | | | | | |
| | M <input type="checkbox"/> | F <input type="checkbox"/> | | | | | |
| | M <input type="checkbox"/> | F <input type="checkbox"/> | | | | | |
| | M <input type="checkbox"/> | F <input type="checkbox"/> | | | | | |
| | M <input type="checkbox"/> | F <input type="checkbox"/> | | | | | |

| 6. School Health Programme | | | | | | |
|---------------------------------------|------------------------------|-----------------------------|------------------------------|--|----------------------|----------------------|
| Weighting Machine available in School | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, Year of procurement | | <input type="text"/> | <input type="text"/> |
| Height Measurement Tool | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If yes, Year of procurement* | | <input type="text"/> | <input type="text"/> |

*Note : If Height Measurement Tool painted on the school wall then provide year of painting in procurement field.

| 7. Infrastructure | | | | |
|---------------------------------|--|--|---|---|
| Drinking Water source | Tap Water | Hand pump <input type="checkbox"/> | Storage <input type="checkbox"/> | Water Harvesting <input type="checkbox"/> |
| | Hand Pump - No supply of water/out of order <input type="checkbox"/> | Tap water – No supply of water/out of order <input type="checkbox"/> | No Source of Water <input type="checkbox"/> | |
| Toilet | Only Boys <input type="checkbox"/> | Only Girls <input type="checkbox"/> | Separate for Both <input type="checkbox"/> | Common <input type="checkbox"/> |
| | Out of order <input type="checkbox"/> | Out of order | Out of order | Out of order |
| | No Toilet <input type="checkbox"/> | | | |
| Electricity | Yes | No | | |
| School Nutrition Garden [SNG] | Yes | No | | |
| School Water Harvesting [SWH] | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |

| 8. Teacher Details | | | |
|--------------------|-------------|---------------|----------|
| Teacher Name | Designation | Mobile Number | Email ID |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

Note : Provide Headmaster name and at least two teachers/para-teachers name and mobile number who supervise MDMS.

| 9. Kitchen Utensils | | | | | | |
|--|------------------------------|-----------------------------|---------------------------------------|--------------|---|---|
| i) Utensils available for Cooking /Serving | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If Yes, Year of procurement | | 2 | 0 |
| ii) Utensils for Eating | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | | | |
| iii) if utensils for eating "Yes" | Purchased from | MME | By Community <input type="checkbox"/> | Convergences | | |

| 10. Kitchen cum store (Physical Progress) | | | | | | | | | | | |
|--|------------------------------|-----------------------------|---|-----------------------------------|--------------------------------------|---------------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Sanctioned | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'Yes' | Complete <input type="checkbox"/> | In progress <input type="checkbox"/> | Yet to start <input type="checkbox"/> | | | | | |
| Kitchen Cum Store Construction/Repair Year | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | - | <input type="checkbox"/> | <input type="checkbox"/> |
| 10A. Kitchen cum store (Status) | | | | | | | | | | | |
| Available, in use <input type="checkbox"/> | | | Available , but not in use <input type="checkbox"/> | | | | | | | | |

| 11. School Geographical Location | | |
|----------------------------------|--------|--------|
| Hilly | Saline | Normal |

Signature of Head teacher

Signature of the SMC Chairperson/Gram Pradhan