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F.No.2-83/2015-EE.5 (MDM 1-2)
Government of India
Ministry of Human Resource Development
Department of School Education & Literacy
(MDM DIVISION)

Shastri Bhavan, New Delhi-110001
Dated: 09th October 2015

To
Principal Secretary (Education)
All States/UTs

Subject: **Proforma for submitting reports regarding children falling ill on consumption of MDM served in schools - regarding**

Sir/Madam,

I am directed to state that it has been decided with the approval of competent authority that henceforth the States/Union Territories, where incidents of children falling ill on consumption of MDM are reported, will furnish their Action taken reports to this Ministry regarding such incidents, in the prescribed proforma only (copy enclosed). It may be noted that information against columns 1 to 6 of the proforma is required to be sent to **the Ministry by e mail or fax on the same day of the incident**. The final report should reach this Ministry within 30 days of the occurrence of the incident.

It is also informed that while sending the food samples to the Lab for testing, it is necessary to direct the Lab to submit its test report within 10 days to the MDM authority of the State/UT.

You are requested to instruct the concerned officials to adhere to the manner and time lines of reporting on such incidents.

Encl: as stated

Yours faithfully,

(Arnab Dhaki)

Under Secretary to the Government of India
Ph: 011-23387771

Copy to: State Nodal Authority (MDM) of all States/UTs for information and necessary action

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9/10/15

**PROFORMA FOR REPORT IN CASE OF CHILDREN FALLING ILL ON CONSUMPTION
OF MDM SERVED IN SCHOOLS**

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(Note:-

- i. Page 1 of this proforma duly filled in is to be submitted to MHRD, Government of India on the day of the incident by e-mail or fax.
- ii. The final report on the incident will consist of both pages of this proforma and may contain additional pages if required. The final report is to be submitted within 30 days of the incident.)

Name of the State/UT:

1	a) Name of the School where the incident occurred b) UDISE Code c) Address d) District e) State	
2.	Date of the Incident	
3.	a) Number of children who took mid-day-meal b) Number of children who fell ill	
4.	Symptoms/problems reported by affected children	
5.	Details of the treatment given to the affected children	
6.	Names of teachers/parents and SMC members who tasted food : a) Teachers b) Parents c) SMC members d) Have they signed the tasting register?	

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7.	Details of sending food samples that were collected and sent to Lab for test. a) Name and address of the Lab b) Date of sending c) Date of receipt of test report*	
8.	Findings of the test report	
9.	Whether any lapses were noticed? If so, details thereof	
10.	Names of persons found to be negligent with details of negligence for each.	
11.	Details of action taken against the above-mentioned persons	
12.	Remedial measures to avoid occurrences of the incident in the school in future	

* Within 10 days the Lab should submit the test result to the State authority

Director (MDM) / State Nodal Officer (MDM)

Signature & Address

E-mail:

Date: