

## Mid Day Meal Scheme

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	3	0	-	0	6	-	2	0	1	6	School Name	MPPS ,KARLAPALEM
School Code	2	8	1	7	5	6	0	0	3	1	4	
School Type	i) Government <input type="checkbox"/>											
	ii) Local Body <input checked="" type="checkbox"/>											
	iii) EGS/AIE Centres <input type="checkbox"/>											
	iv) NCLP <input type="checkbox"/>											
	v) Madarsa/Maqtab <input type="checkbox"/>											
Area	i) Rural <input checked="" type="checkbox"/> ii) Urban <input type="checkbox"/>											
	Category		i) Primary <input checked="" type="checkbox"/>									
			ii) Upper Primary <input type="checkbox"/>									
		iii) Primary with Upper Primary <input type="checkbox"/>										
Village/Ward		KARLAPALEM										
Block		KARLAPALEM										
District		GUNTUR										
State		ANDHRA PRADESH										

1(A). Enter/Update DISE code assigned to the School.	2	8	1	7	5	6	0	0	3	1	4
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2. Enrolment (Social Category wise)						
Social Category	Primary			Upper Primary		
	Boys	Girls	Total	Boys	Girls	Total
i) SC	1	1	2	/		
ii) ST	10	9	19	NA		
iii) OBC	7	1	8	/		
iv) General	5	4	9	/		
<b>Total</b>	23	15	38			

3. Kitchen			
Type of Kitchen	i) School Kitchen <input type="checkbox"/>		
	ii) Centralized Kitchen <input type="checkbox"/>	a) NGO <input type="checkbox"/>	b) Self Help Group <input checked="" type="checkbox"/> c) Cluster Kitchen <input type="checkbox"/>
Mode of Cooking	i) Firewood <input checked="" type="checkbox"/>	ii) Gas <input type="checkbox"/>	iii) Kerosene Stove <input type="checkbox"/> iv) Any other <input type="checkbox"/>

4. School Bank Account Details			
Separate Bank Account for MDM Scheme	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Mode of receiving funds	Bank <input checked="" type="checkbox"/> Cash <input type="checkbox"/>
Name of Bank	<b>STATE BANK OF INDIA</b> BAPATLA	CBS Account	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bank IFS code	<b>815</b>	Account No.	<b>31605300178</b>

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
K.UDAYA LAKSHMI	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	Gen	yes	Bank	1000	
V. SRILAKSHMI	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	BC	yes	Bank	1000	
	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				
Weighing Machine available in School	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes , Year of procurement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Height Measurement Tool	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	If yes , Year of procurement*	<input type="text"/> <input type="text"/> <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 <input type="checkbox"/>	Hand pump <input checked="" 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 checked="" type="checkbox"/>	Common <input type="checkbox"/>
	Out of order <input type="checkbox"/>	Out of order <input type="checkbox"/>	Out of order <input type="checkbox"/>	Out of order <input type="checkbox"/>
	No Toilet <input type="checkbox"/>			
Electricity	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		

8. Teacher Details				
Teacher Name	Designation	Mobile Number	Email ID	
1. BORRA SRINIVASARAO	SGT	8500725004	bsrborra@gmail.com	
2. KANCHARLA JHANSI LAKSHMI	SGT	9394440602	kancharlajhansilakshmi@gmail.com	
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 checked="" type="checkbox"/>	No <input type="checkbox"/>	If Yes, Year of procurement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) Utensils for Eating	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>		
iii) if utensils for eating "Yes"	Purchased from	MME <input type="checkbox"/>	By Community <input checked="" type="checkbox"/>	Convergences <input type="checkbox"/>

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

11. School Geographical Location		
Hilly <input type="checkbox"/>	Saline <input type="checkbox"/>	Normal <input checked="" type="checkbox"/>

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Signature of Head teacher

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Signature of the SMC Chairperson/Gram Pradhan