

(PLEASE FILL THIS FORM IN BLOCK LETTERS ONLY)

SCHOOL NAME

SCHOOL ADDRESS

CITY

DISTRICT

PIN CODE

SCHOOL AFFILIATED TO

TOTAL STUDENT
STRENGTH OF

RUNNING CLASSES
UP TO

NAME OF THE
TRUST/SOCIETY

SCHOOL E-MAIL

PHONE NO.

PRINCIPAL DETAIL

PRINCIPAL PHONE/MOBILE NO.

SCHOOL COORDINATOR

CO-ORDINATOR PHONE/MOBILE NO.

CAO IN-CHARGE

PHONE/MOBILE NO.

DAO IN-CHARGE

PHONE/MOBILE NO.

WAO IN-CHARGE

PHONE/MOBILE NO.

CLASS	NAME OF THE TEACHER	MOBILE NO.	NO. OF STUDENTS			TOTAL
			CAO	DAO	WAO	
NUR						
LKG						
HKG						N/A
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
TOTAL NO. OF STUDENTS						

SCHOOL STAMP

PRINCIPAL SIGN.