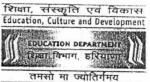


GOVERNMENT OF HARYANA / हरियाणा सरकार

## Office of Director School Education, Haryana विद्यालय शिक्षा निदेशालय, हरियाणा



From Darkness lead me to Light

Off.: Plot No. 1B, Shiksha Sadan, Sector 5, Panchkula, Haryana 134109 (India) - Tel: 91(0172)-2560246 Fax: 91(0172)-2560253 कार्यालयः पॅलाट न0 1बी, शिक्षा सदन, सैक्टर 5 पंचकुला—134109 (भारत) दूरमाष : 91 (0172) 2560246 फैक्स: 91 (0172) 2560253 e-mail: edusecondaryhry@gmail.com - site: www.schooleducationharyana.gov.in

|                                                          |                                                                                                                                                                                                                                                                                  | o man. cuasceonuarynry@gmar                                                                                                                                                                    | 1.com      | ı - site | : ww  | w.s | cho    | oledi                    | ıcati         | onh                                     | ary | ana | a.go | v.in   |     |          |          |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------|-----|--------|--------------------------|---------------|-----------------------------------------|-----|-----|------|--------|-----|----------|----------|
| Cell                                                     | 0                                                                                                                                                                                                                                                                                | Inspection Performa for Ins<br>und<br>(Note: (v) tick                                                                                                                                          | er R'      | TE R     | ules  | 20  | 11     |                          |               | for                                     | rre | eco | gni  | itio   | n,  |          |          |
|                                                          | Di                                                                                                                                                                                                                                                                               | strict/Sub Division                                                                                                                                                                            | PA         | NT       | - 0   | A   | 9      |                          |               |                                         | T   |     |      |        |     | T        |          |
| 1                                                        | Da                                                                                                                                                                                                                                                                               | ate of Inspection                                                                                                                                                                              | 0 <        |          | 5 1   | ,,, | 9      | 9 1                      | +             |                                         |     |     |      |        | 1   | 1        |          |
|                                                          | 1.                                                                                                                                                                                                                                                                               | 1. Details of Schools:                                                                                                                                                                         |            |          |       |     |        |                          |               |                                         |     |     |      |        |     |          |          |
|                                                          |                                                                                                                                                                                                                                                                                  | . General                                                                                                                                                                                      | ۲.         | MEN      | m P . | A   | £      |                          |               |                                         |     |     |      |        |     |          |          |
|                                                          |                                                                                                                                                                                                                                                                                  | 1. Name of School                                                                                                                                                                              | BIR        | TP       | UR    | 1   | 10     | 2                        | CH            | 0                                       |     | /   | D    | F      | 00  | 4 3      |          |
| )                                                        |                                                                                                                                                                                                                                                                                  | No.                                                                                                                                                                                            | 0          | LO       | NY    |     | P      | AN                       | TP            | A                                       | 1   | 7   | 1    | -      |     | 11 5     | )        |
|                                                          |                                                                                                                                                                                                                                                                                  | ii. Stage for which recognition applied for                                                                                                                                                    | 0 Pr       | imary    | 0     | Mi  | ddle   |                          | •             | -30000000000000000000000000000000000000 | ,   |     | -    | -      | -   |          |          |
| iii. Permission to establishment or up- 0 Director 0 DEO |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |            |          |       |     |        |                          |               |                                         |     |     |      |        |     |          |          |
|                                                          |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                |            |          |       |     |        |                          |               |                                         |     |     |      |        | 79. |          |          |
|                                                          | Solution of school granted by  Note: The schools running in the State before 31.03.2007 as No.  recognized or deemed recognized or temporarily recognized or unrecognized shall be deemed to have been permitted under this rule for the purpose of recognition or up gradation. |                                                                                                                                                                                                |            |          |       |     |        |                          |               |                                         |     |     |      |        |     |          |          |
|                                                          | iv.                                                                                                                                                                                                                                                                              | If already recognized mention stage along with order no and date                                                                                                                               | h O        | Prima    | ry    | 0   | Mid    | dle                      |               | 1.4                                     |     |     |      |        |     |          |          |
| В                                                        | . <b>L</b> c                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                | No.        |          |       | VI. |        |                          |               |                                         |     | Da  | te   |        |     | T        |          |
|                                                          | 11.                                                                                                                                                                                                                                                                              | Sector/Mohalla                                                                                                                                                                                 | D          | ES       | R     | A   | 5      | 10                       | 0             | L                                       | 0   | N   | У    | $\Box$ | T   |          | <u> </u> |
|                                                          | 111.                                                                                                                                                                                                                                                                             | City/Town/Village                                                                                                                                                                              | P          | AN       | VI    | P   | A      | T                        |               |                                         |     |     |      |        | T   |          | 1        |
| ħ.                                                       | iV.                                                                                                                                                                                                                                                                              | Panchayat                                                                                                                                                                                      | P          | AI       | II    | P   | A      | 1                        | I             |                                         |     | I   |      |        |     |          |          |
|                                                          | V                                                                                                                                                                                                                                                                                | CD Block                                                                                                                                                                                       | P          | AI       | YI    | P   | A      | T                        |               |                                         |     |     |      |        |     |          |          |
|                                                          | VI.                                                                                                                                                                                                                                                                              | Assembly Constituency                                                                                                                                                                          | P          | AN       | IV    | P   | A      | T                        | 9             | P                                       | A   | m   | I    | N      |     |          |          |
|                                                          | V11.                                                                                                                                                                                                                                                                             | District                                                                                                                                                                                       | 1          | AN       | VI    | P   | A      | T                        |               |                                         |     |     |      |        |     |          |          |
|                                                          | V111.                                                                                                                                                                                                                                                                            | Telephone No with STD code                                                                                                                                                                     |            | 11       |       |     |        |                          |               |                                         |     |     |      |        |     |          |          |
|                                                          | 1X.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                |            | 11       |       |     |        |                          |               |                                         |     |     |      |        |     |          |          |
| 2                                                        | X.                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                |            |          |       |     |        |                          |               |                                         |     |     |      |        |     | $\Box$   |          |
| 1.                                                       | Na Na                                                                                                                                                                                                                                                                            | Details of Authority to run the school                                                                                                                                                         |            |          |       |     |        |                          |               |                                         |     |     |      |        |     |          |          |
|                                                          | OT<br>CT                                                                                                                                                                                                                                                                         | dividual or association of individuals or true eated under the Indian Trust Act, 1882 (2 of 198 society registered under Societies Act, 1860 ompany registered under Companies Act, 1956 1956) | (2),<br>or | N 1      | ) I   |     |        | DI<br>eev                | ) A<br>ya f   | 24                                      | W)  | 2   |      |        |     | <u> </u> |          |
| Dk                                                       | stt. E                                                                                                                                                                                                                                                                           | PANIPAT Block Education Panipat                                                                                                                                                                | office     | er,      |       | ,   | नगर वि | मेयर<br>नेगम, प<br>arpai | 201 A.C. 1078 |                                         | ,   |     |      |        |     |          |          |

| - 2.       | Registrati                                 | on Details                              |                                                     |                                    | W. A)                                                                |
|------------|--------------------------------------------|-----------------------------------------|-----------------------------------------------------|------------------------------------|----------------------------------------------------------------------|
| i.         | Scheme o                                   | f Management (                          | under Rule 32)                                      | 0                                  |                                                                      |
| ii.        | a) Regis                                   | stration Number                         | & Date                                              |                                    |                                                                      |
|            |                                            | tration Authorit                        |                                                     |                                    |                                                                      |
| iii        |                                            | of members of                           | 7                                                   | mittee                             |                                                                      |
| iv         |                                            | tion of managin                         |                                                     | . 0                                | O Yes O No                                                           |
|            |                                            | ye-laws attached                        |                                                     |                                    |                                                                      |
|            |                                            |                                         |                                                     | 0                                  | 0 Yes 0 No                                                           |
| 19         | ype of Type of                             | School/Co                               | urriculum                                           | -                                  | O Paus O Cita O Fil                                                  |
| ii         |                                            | imate number of                         | fatudanta                                           | 0                                  | 0 Boys 0 Girls 0 Co-Education                                        |
| iii        |                                            | ng Board                                | students                                            | . 0                                |                                                                      |
| iv         |                                            |                                         | 0.01                                                |                                    | Bose 0 CBSE 0 ICSE 0 Others                                          |
| 1.0        | . Curricu                                  | ılum:- a) For 1                         | -8 Class                                            | . 0                                | Bose 0 CBSE 0 ICSE 0 Edu.Dept.                                       |
| V          | . Medium                                   | n of instructions                       |                                                     |                                    | Hindi 0 English 0 Both 0 Others                                      |
|            | rea Det                                    |                                         |                                                     |                                    |                                                                      |
| School     |                                            | New schools<br>established after        | Existing schools run<br>or unrecogni                | zed before                         | Total Land Area                                                      |
| eg)        |                                            | commencement of<br>Haryana School       |                                                     | Haryana School<br>2003 i.e. before |                                                                      |
|            |                                            | Education Rules,<br>2003 i.e. after     | 31.03.2007                                          |                                    | 746 adi Jist                                                         |
|            |                                            | 30.04.2003<br>Rural/Urban/              | Rural/Urban/                                        | Rural/ Urban/                      | 140 40,000                                                           |
|            |                                            | Controlled areas                        | Controlled areas<br>(for single storey<br>building) | (for double<br>storey building)    | asper certificate of land ownership                                  |
| Primary    | у                                          | 0.5 Acre                                | 500 Square meters                                   | 350 Square<br>meters               | a Rovenue Reces of Charles                                           |
| Middl      | e                                          | 1.0 Acre                                | 800 Square meters                                   | 600 Square<br>meters               | grevenue Record of By Tchrilder<br>Panipert. Dated 27-01-15          |
| Secon      | ndary                                      | 2 0 Acre                                | 2000 Square meters                                  | 1500 Square<br>meters              |                                                                      |
| (i) Ai     | r Secondary<br>rts and                     | 2 0 Acre                                | 2000 Square meters                                  | 2250 Square                        | Capy Alouhed)                                                        |
| (ii) A     | Commerce                                   |                                         | 4000 Square meters                                  | meters                             |                                                                      |
|            | and Science                                |                                         |                                                     | 3000 Square<br>meters              | these of Yes O No Copy Atteched.                                     |
| In ca      | ase of exist                               | ing schools i.e.                        | running before                                      | June 2011, th                      | these of Yes O No Copy Attended.                                     |
| withi      | n the radius                               | vide or make arra<br>s of 500 meter acc | ngement for ade<br>cording to the ni                | iquate play grou<br>umber of stude | ound<br>lents. If yes, then Area Distance                            |
| These      | e schools ma                               | ay use the playgro                      | und of Governm                                      | ent schools wit                    | vithin                                                               |
| Scho       | ol. Education                              | ange or tie up for onal Institution,    | r use of playgro<br>Park. Panchava                  | und of any Aid /Municipal La       | and                                                                  |
| Stadi      | ium etc.                                   |                                         |                                                     | - Manierpan Est                    | 34114,                                                               |
| .B. (      | Owner I                                    | Details:                                |                                                     |                                    |                                                                      |
| (i)        |                                            | e of individual                         |                                                     |                                    |                                                                      |
|            | vests                                      | Society or Comp                         | any or school                                       | whom owners                        | rship                                                                |
| (ii)       | The owner                                  | ship title docum                        | ents attached                                       |                                    | O Yes O No                                                           |
|            |                                            | s Detail:                               |                                                     |                                    | *                                                                    |
| (i)        | Name                                       |                                         |                                                     |                                    | ISHWAR SINGH                                                         |
| (ii)       | Address                                    |                                         |                                                     |                                    | DESPAJ COLOMY PAMIPAT                                                |
|            |                                            |                                         |                                                     |                                    |                                                                      |
| D.         | Lessee                                     | Detail:                                 |                                                     |                                    |                                                                      |
| (i)        | Name of                                    | f the lessee (Pres                      | sident or Secret                                    | ary or Manage                      | ger) ISHWAP SINGH                                                    |
| (ii        | ) Whether                                  | r authorized by t                       | he authority ru                                     | inning the sch                     | chool                                                                |
|            |                                            | -                                       |                                                     | <i>a</i>                           | हिप्टी मेयर (Le ma lahve)<br>नगर निगम, पानीपत                        |
|            |                                            | du-                                     |                                                     | (Pint                              | सार निर्मा पानापत                                                    |
| asker . s. | DEE                                        | Pry Edu. Offic                          | er RE                                               | REFO                               | MC/Sarpanch                                                          |
| DISI       | I. EIGHNON<br>PA                           | NIPAT                                   | Block                                               | ducation of                        | fficer, Wichailpanen                                                 |
|            | 3.53                                       | e ene word                              |                                                     | Panipat                            |                                                                      |
|            | (M. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | Principles (I                           |                                                     |                                    | Page 2 of 5                                                          |
|            | i čy                                       | of ce 18.                               | Shiksna a                                           | e s Pár nxi                        | kula Haryana 134109 India: Tel 91(0172)-2560246 Fax 91(0172)-2560253 |
| 0.044552   |                                            | ः याल-                                  | AME IN                                              | åder er                            | 758.74r                                                              |

| fiii) C                                 | Copy of reso       | lution attac               | ched or not                  |                                                               | 0 Yes         | O No               |                                    |             |
|-----------------------------------------|--------------------|----------------------------|------------------------------|---------------------------------------------------------------|---------------|--------------------|------------------------------------|-------------|
| E. Loc                                  | cation o           | f land:                    |                              |                                                               |               |                    | *                                  |             |
| (i)                                     | Khewat/l           | Khasra No.                 | /Killa No./Plo               | ot No.                                                        | Khewat        | _ Kha              | sra – Killa                        | Plot No.    |
| (ii)                                    | Whether l          | and is in or               | ne patch or m                | ore.                                                          | 2 Nu          | amber of pat       | ch 4594                            | 1202 536    |
| (iii)                                   | If more countersig | than one                   | e patch siz<br>Tehsildar be  | ra of land dul<br>attached)                                   | y O Yes       | O No               | 93 1 9                             | 3/          |
| (iv)                                    | Whether approacha  | pieces o<br>able and fu    | f land adj<br>nctionally su  | acent and easilitable?                                        | y Yes         | O No               | F v                                |             |
|                                         |                    |                            |                              |                                                               |               |                    |                                    |             |
|                                         |                    |                            |                              | В                                                             | Building Deta | ails:              |                                    | i.          |
|                                         | isting P           |                            |                              |                                                               |               |                    |                                    |             |
| aı                                      | chitect and        | owner or i                 | ing duly sig<br>essee        | ned by registered                                             | d Owner/L     | essee (President o | r Manager or Secretary)            | 0 Architect |
|                                         |                    |                            | for New Sch                  | ools: it should                                               | be 142.75     | Ca Na              |                                    |             |
| (                                       | conform<br>and Cou | ing to Urba<br>intry Planr | n Developmer<br>ning Departm | nt Department, Tow<br>ent, Panchayat ar<br>ever is applicable | vn            | 50 14              |                                    |             |
| (b                                      |                    |                            | (if more than                |                                                               | 285.50.       | ROM.               | *                                  |             |
| (c                                      |                    |                            | nd coverage                  |                                                               |               |                    |                                    |             |
|                                         | (d) F              | AR (Floor area             | a ratio) (For New S          | chools)                                                       |               |                    |                                    |             |
| 1                                       | B. Room            | ıs Detai                   | ls:                          | ·                                                             |               |                    |                                    |             |
| i                                       | i) Total No.       | of Rooms                   |                              |                                                               | 0 1           | 4                  |                                    |             |
|                                         | ii) Numbe          | r of Class R               | ooms (one cla                | ass room for each s                                           | section) O    | Bleigh             | +2                                 |             |
|                                         | Size of            | Class Roo                  | m                            |                                                               |               | To le 18           |                                    |             |
|                                         |                    | r new Scho<br>Existing Se  |                              | 10' @ 10Sq.ft./St                                             | udent         |                    |                                    |             |
|                                         |                    | I-VIII C                   | lass @9 Sq                   |                                                               |               |                    |                                    |             |
| Ty                                      | ype                | Lent                       | ered                         | Total<br>Rogm                                                 | Size (in ft.) | (5                 | Area No of<br>Sq.Ft. each Students |             |
| Class Ro                                | oom J              | Yes                        | 0 No                         | 6 1                                                           | 2 x 12 x      | 10                 | 199 be adjust                      | ed Student  |
| Class Ro                                | oom                | O Yes                      | 0 No                         | 2 15                                                          | x 12 x        | 10                 | 180 90                             | 40          |
| Class Ro                                | 10 Table 20        | 0 Yes                      | O No                         |                                                               | x x [         |                    |                                    |             |
| Class Ro                                |                    | 0 Yes                      | O No                         |                                                               | x x           |                    |                                    |             |
| Class Ro                                | oom                | 0 Yes                      | ,0 No                        |                                                               | X X           |                    |                                    |             |
| tel Rooms                               |                    |                            | 09                           |                                                               |               |                    |                                    | 136         |
| Othe:                                   | rs Room            | 0 Yes                      | 0 No                         | 12 x                                                          | 12 × 75       | >                  |                                    |             |
| Staff Ro                                | om e               | O Yes                      | 0 No                         | [12] x                                                        | 12 x /1       | 8                  | ac ,                               |             |
| Office R                                | Room               | Ves                        | 0 No                         | 12 ×                                                          | 10 × 10       | 0                  |                                    |             |
| Library                                 |                    | O. Yes                     | 0 No                         | 15 x                                                          | 12_ x         | 1 0                | No. of books available             | 9000 -      |
| Compos                                  | sited Lab          | O Yes                      | 0 No                         | X                                                             |               | 0                  | V                                  |             |
| Comput<br>Room                          | ter/Eduset         | 0 Yes                      | 0 No                         | -                                                             |               |                    |                                    |             |
| Store R                                 | oom                | 9 Yes                      | O No                         | 10                                                            | 12 1          | 0                  |                                    |             |
|                                         | -                  |                            | ,                            | <del></del>                                                   |               |                    |                                    |             |
|                                         |                    |                            |                              | 1                                                             | 72            |                    |                                    |             |
| DE                                      | M                  |                            | Dlack Ed                     | Juston                                                        |               |                    |                                    |             |
| Distt. Elen                             | nentary E          | du oca                     | BlogsEd                      | cannot officer,                                               |               | Sarpanch           |                                    |             |
|                                         | PANIPAT            | du. Officei                |                              | ann/dl                                                        | ₹.            | नीमा राजू पाहवा    | DIT                                |             |
|                                         |                    |                            |                              | **                                                            | F             | डेप्टी मैयर्गिश    | ma Pahwy                           |             |
| *************************************** |                    |                            |                              |                                                               | Page 3 of 5   | गर निगम, पानंत्रित | £                                  |             |

| Veranda                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| a) for new School - 8' for single loaded & 10' for double loaded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>L</b>   |              | 27            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 丁 Ft.      |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| b) for Existing School - 6' for single loaded & 8' for double loaded                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ft.        |              | ¥.            | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |
| iv) Stair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| a) for new School - 8ft' width.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes        | 0 No         |               | If No, Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| for Existing School- 4'.6"width. Additional stair after linear Odistance of 100'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Yes        | 0 No         |               | If No, Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| v) Ramp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            |              |               | 11 110, 5126                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 2                         |
| a) for new School                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V          | 0 11         |               | The second secon | p                         |
| b) for Existing School 6'width 164                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes        | 0 No         |               | If No, Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| uten it should arrange the classes for the handicapped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes        | 0 No         |               | If No, Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |
| students at the ground floor.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| (i) Drinking water facility (Mode of water cumply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | V          | 0 11         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| water supply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Yes        | 0 No         | )             | Mode Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5 mersibal                |
| contains separate for boys and girls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ) Yes      | 0 No         | )             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| (a) Number of toilets for the girls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0          | - left -/    | $\widehat{T}$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
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| 5. Pledge Money                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Pledge money atleast equal to six months basic pay of the staff but in no case                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| icss than the amount as mentioned below shall be deposited in the name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0 Yes      | 0 N          | 0             | If yes, Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 00000                     |
| Director School Education (by designation), in the shape of fixed deposit or bank guarantee not less than a period of three years:—                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                  |
| Stage Class Rs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Primary I-V 50,000<br>Middle I-VIII 1,00,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Middle [1-VIII   1,00,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 6. Certificates -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Ownership of Tehsildar Land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | s 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 2 Construction of District town planner/ municipality/registered architect/ empanalled architect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 78                        |
| Building 3 Safety of Building Public works Department/ Municipality/ Registered Engineer/empanelled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes        |              | Ņo            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 4 Fire Safety Fire Officer, authorized agency by Central Government or State Government                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | W Yes      |              | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 5 Hygienic Chief Medical Officer, Senior Medical Officer, empanelled Medical Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Yes Yes    |              | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 6 No Objection Municipal area municipality/municipal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0 Yes      |              | No<br>No      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| regarding land                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            | , ,          | 140           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Our side municipality area like. As notified under relevant laws                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0 V.       | . 0          | X 1           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| area controlled area/rural                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0 Yes      |              | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Note: - The schools running in the state before 31.03.2007 as recognized                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | d or deen  | ed recogni   | zed or        | temporarily recogni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | zed or unrecognized shall |
| not require to attach certificate referred above at Sr No. 6 i.e. no objection or up gradation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ection cer | rificate reg | garding       | g land use with appli                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | cation for the purpose of |
| 7. Staff statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~          | 1            |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 8. Rules and Regulations for staff under rule 162                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Yes        | s 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 9. Fee structure -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes        | s 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| i) class -wise fee and funds (no funds except Red Cross, CWF and Sports Fund)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -O-Yes     | s 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| ii) to be displayed on the notice board.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | *0 Yes     |              | No No         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| iii) issue of fee receipt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | O Yes      |              | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| iv) fees charged is according to the facilities provided by the school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0 Yes      | 11 VZ        | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 10. School Record (under rule 28)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Ves        | s 0          | No.           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 11. General report regarding -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 1. No business premises in any part of building of schools.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes        | s 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| <ol><li>Furniture and equipment are adequate and suitable for institution</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes        | s 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| 3. Salary of teachers and non-teaching staff are paid regularly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ø Yes      | 5 0          | No            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6.                        |
| as notified by the school                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |            | 1000 tino    | 200.00        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
| Sim a Designation of the state |            | 40           |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |              |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |

Dist. Elementary Edu. Officer PANIPAT

Block Brown Micer, Panipat

MC/Sarpanch

सीमा राजू पाहवा डिप्टी मेयर (प्राप्त) नगर निगम, पानीपन

Page 4 of 5

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|    |                                                                                                                                                                                          |                |                            |              |                                                        |           |                 |                        | 74                  |             |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------|--------------|--------------------------------------------------------|-----------|-----------------|------------------------|---------------------|-------------|
|    | 4. No business premises in any part of building of schools.                                                                                                                              |                | 7,                         |              |                                                        |           |                 |                        |                     |             |
|    | 5. Furniture and equipment are adequate and suitable for institution                                                                                                                     | 9              | Yes<br>Yes                 | 0            | No<br>No                                               |           |                 |                        |                     |             |
|    | 6. Salary of teachers and non-teaching staff are paid regularly                                                                                                                          | B              | Yes                        | 0            | No                                                     |           |                 |                        |                     |             |
|    | as notified by the school.  7. School building or other structure or ground are not used                                                                                                 | 9              | Vac                        | 0            | No                                                     |           |                 |                        |                     |             |
|    | during day or night for commercial or residential purpose                                                                                                                                | •              | 103                        | U            | 140                                                    |           |                 |                        |                     |             |
|    | (except separate residence for employees of school) or communal, political or non-education activity of any kind.                                                                        |                |                            |              | *                                                      |           |                 |                        | 243                 |             |
|    | 8. There is no thoroughfare or public passage through any part                                                                                                                           | a              | Yes                        | 0            | No                                                     |           |                 |                        |                     |             |
|    | of school premises.  9. Sanitary arrangements at school are adequate and kept in                                                                                                         |                |                            | 0            | No                                                     |           |                 |                        |                     |             |
|    | good order.  10. Drinking water arrangement adequate.                                                                                                                                    | 0-             | -V                         | 0            |                                                        |           |                 |                        |                     |             |
|    | 11. Provisions of electricity fitting and electric fans in each                                                                                                                          | 9              | Yes                        | 0            | No<br>No                                               |           |                 |                        |                     |             |
|    | class rooms.                                                                                                                                                                             |                |                            | U            | 140                                                    |           |                 |                        |                     |             |
|    | <ol> <li>No teacher or student is completed to attend a class or<br/>religious instruction (except in minority school)</li> </ol>                                                        | -0             | Yes                        | 0            | No                                                     |           |                 |                        |                     |             |
|    | 13. No complain/inquiry pending against school building<br>management committee seeking recognition. An undertaking<br>in this effect that land building in this effect that land        |                | Yes                        | 0            | No                                                     |           |                 |                        |                     |             |
|    | building is free from litigation be submitted.  12. Audit Report (as per rule 30)                                                                                                        |                | Yes                        |              | 0 No                                                   |           |                 |                        |                     |             |
|    |                                                                                                                                                                                          |                | o ics                      |              | U INU                                                  |           |                 |                        |                     |             |
|    | 13. Processing Fee + Form Fee                                                                                                                                                            |                | 0 Yes                      |              | 0 No                                                   |           |                 | 1 0                    | 0 -1-15             | -           |
|    | (For 5th Rs. 1000/-, for 8th Rs. 2500/-, plus Rs. 500/- fee of form)                                                                                                                     | the            | 0.008                      | V (          | 9 (PNB)                                                | Rs-       | 3000/ Pa        | Jud-9/                 | 101713              |             |
|    | 14. Recommendations: -                                                                                                                                                                   | D.1            | 8 10 1                     | 0            | T (I')                                                 | •         | _ /             |                        |                     |             |
|    | We the members of the Inspection Committee, have satisfied ou down in Haryana School Education Rules, 2003/RTE Rules 201 therefore, recommend that the school be granted recognition/upg | ı am<br>gradat | ended from<br>ion from Cla | time         | to time an                                             | d anida   | lings issued by | ition/upgr<br>the Depa | adation<br>urtment. | laid<br>We, |
|    | We find that school is not fit for recognition/ up gradation ar                                                                                                                          |                | )R<br>s the follow         | ina i        | doficionais                                            | u / dias  |                 |                        |                     |             |
|    | 1.                                                                                                                                                                                       | iu iia         | s the lonow                | mg (         | renciencie                                             | s / disci | epancies: -     |                        |                     |             |
|    | 2.                                                                                                                                                                                       |                |                            |              |                                                        |           |                 |                        |                     |             |
|    | 3.                                                                                                                                                                                       |                |                            |              | 9                                                      |           |                 |                        |                     |             |
|    | 4.                                                                                                                                                                                       |                |                            |              |                                                        |           |                 |                        |                     |             |
|    |                                                                                                                                                                                          |                |                            |              |                                                        |           |                 |                        |                     |             |
|    | 5.                                                                                                                                                                                       |                |                            |              |                                                        |           |                 |                        |                     |             |
|    | 6.                                                                                                                                                                                       |                |                            |              |                                                        |           |                 |                        |                     |             |
|    | We, therefore recommend rejection of the request for recognition                                                                                                                         | ı/up g         | gradation app              | olied        | for Class .                                            | to        | Class           | w.                     |                     |             |
| N. | DEEON BEC/BEEO Block Education officer, PANIPAT Panipat                                                                                                                                  |                |                            | सीम<br>डिप्ट | िट्टि<br>arpanch<br>ा राजू पाह<br>ो मेयर<br>निगम, पानी |           | hoe             |                        |                     |             |
|    |                                                                                                                                                                                          |                |                            |              |                                                        |           |                 |                        |                     |             |

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