

School Level Monthly Data Entry Form

1. Financial Year: _____

2.

School Details					
2.1	School Code		2.6	School Name	
2.2	School Type(Govt/ LB/ GA/ EGS-AIE Centers/ NCLP/ Madarsas-Maqtab)		2.7	Category (Primary/ Upper Primary)	
2.3	State		2.8	District	
2.4	Area (Urban/Rural)		2.9	Block/ Taluka / Mandal	
2.5	Village/ Ward				

3.

Meals Aailed Status			
		Primary	Upper Primary
3.1	No of School Days During Month		
3.2	Actual no of Days Mid day Meals Served		
3.3	Total Meals Served During the Month		

4.

Cook Cum Helper Details(* Not Applicable For the Schools receiving meals from Central Kitchen)				
Name	Gender	Category	Mode of Payment (Bank/ Cash)	Amount Received During the Month (in Rs.)

5.

Cooking Cost(* Not Applicable For the Schools receiving meals from Central Kitchen)			
		Primary	Upper Primary
5.1	Opening Balance		
5.2	Received During the Month		
5.3	Consumption During the Month		
5.4	Closing Balance		

6. Does the above balances at School Level matching with bank account balances (Yes/ No): _____

7.

Details of Food Grain((* Not Applicable For the Schools receiving meals from Central Kitchen)					
		Primary		Upper Primary	
		Wheat	Rice	Wheat	Rice
6.1	Opening Balance				
6.2	Received During the Month				
6.3	Consumption During the Month				
6.4	Closing Balance				

NOTE:* All Details are in Quintals

8.

School Level Expenses				
		Total Expenditure (in Rs.)	Date of Expenditure	Cumulative Expenditure (In Rs.)
8	MME Expenses			

9. Has School Inspection been done: ----- (Yes/ No)

Name	In Number
By Member of Task Force	
By District Officials	
By Block/Taluka Level Official	
By SMC Members	

10. No of Untoward Incidents (If any):-----

MDM Teacher
Master
Name:
Signature
Date:

MDM Principal/Head
Name:
Signature:
Date:

School Level Health Data Entry Form

1. Financial Year: _____

2.

School Details					
2.1	School Code		2.6	School Name	
2.2	School Type(Govt/ LB/ GA/ EGS-AIE Centers/ NCLP/ Madarsas-Maqtab)		2.7	Category (Primary/ Upper Primary)	
2.3	State		2.8	District	
2.4	Area (Urban/Rural)		2.9	Block/ Taluka/ Mandal	
2.5	Village/ Ward				

3.

Number of children whose anthropometric measurements (height and weight) have been done			
Boys		Girls	

4.

Number of Children stunted (height <-2-SD for age)		
	Primary	Upper Primary
Boys		
Girls		

5.

Number of Children wasted (BMI <-2-SD for age)		
	Primary	Upper Primary
Boys		
Girls		

6.

Number of over Nourished Children (BMI >+2SD for age)		
	Primary	Upper Primary
Boys		
Girls		

7. Anemia HB Level (>12gms -normal, between 10 -11.9 mild, 8.00-9.9 moderate, < 8 gms Severe)

Anemia HB Level (Optional)		
	Primary	Upper Primary
Number of Children having HB Level < 8gms		

8.

Number of children whose anthropometric measurements (height and weight) have been done			
		Primary	Upper Primary
8.1	Number of Children diagnosed with refractive errors		
8.2	Number of Children provided spectacles		

9.

Number of Children with Health Problems detected during School Health Checkup			
		Primary	Upper Primary
9.1	Number of Children Problems treated during School Health Checkup		
9.2	Number of Children Problems detected during School Health Checkup and were referred		

10.

Number of Children wasted (BMI <-2-SD for age)			
		Primary	Upper Primary
10.1	Number of Children received weekly Iron and Folic acid tablets in the last 3 months		
10.2	Number of children received deworming tablets		

MDM Teacher
Master
Name:
Signature
Date:

MDM Principal/Head
Name:
Signature
Date:

School Level Annual Data Entry Form

1. Financial Year: _____

2.

School Details					
2.1	School Code		2.6	School Name	
2.2	School Type(Govt/ LB/ GA/ EGS-AIE Centers/ NCLP/ Madarsas-Maqtab)		2.7	Category (Primary/ Upper Primary)	
2.3	State		2.8	District	
2.4	Area (Urban/Rural)		2.9	Block/ Taluka/ Mandal	
2.5	Village/ Ward				

3.

Enrolment Details					
		Primary(I-V)		Upper Primary(VI-VIII)	
General					
3.1	Boys				
3.2	Girls				
SC					
3.3	Boys				
3.4	Girls				
ST					
3.5	Boys				
3.6	Girls				
OBC					
3.7	Boys				
3.8	Girls				
Minority					
3.9	Boys				
3.10	Girls				
Total					
Total of Primary and Upper Primary					

4.

Cooking Details		
4.1	Type of Kitchen (School Kitchen/Self Help Group/Centralized Kitchen)	
4.2	* If Meal Supplied by self Help Group, Specify the Name of Self Help Group	
4.3	* If Meal Supplied by Centralized Kitchen, Specify the Name of Centralized Kitchen	
4.4	If school kitchen, then Mode of Cooking(Fire Wood/ Gas Based Cooking/ Kerosene Stove/Any Other)	

5.

School Bank Account Details					
5.1	Separate Bank Account for MDM Scheme		5.5	CBS Account(Yes/No)	
5.2	Mode of Receiving of Fund (Bank/ Cash)		5.6	Branch	
5.3	Bank Name		5.7	Account No	
5.4	IFS Code of Bank				

6.

Cook Cum Helper Details						
Name	Gender (M/F)	Category (SC/ST/OBC/Minority/General)	Below Poverty Line (Y/N)	Qualification(High School/Intermediate/Graduate/Metric)	Mode of Payment(Bank/Cash)	Honorarium (In Rs.)

7.

Weight and Height Measurement machine Availability Status				
7.1	Weighting Machine available in School (Yes/No)		If Yes, Year of Procurement	
7.2	Height Measurement Tool available in School(Yes/No)		If Yes ,Year of Procurement	

8.

Infrastructure Details	
8.1	Drinking Water Source(Tap Water/ Hand Pump/ Storage/ Water harvesting/ No source of water in school/ Tap Water- no supply of Water in school- Out of Order/ Hand Pump- no supply of Water in
8.2	Toilets(Only Boys/Only Girls/ Separate for Both/ Common /No Toilet / Only Boys –Out of order / Only Girls –Out of order / Common –Out of order)
8.3	Electricity(Yes/ No)

9.

MDM Teacher Details				
	Name	Designation	Mobile No	Email Address
9.1				
9.2				

10.

Kitchen Utensils Details	
10.1	Utensils For Cooking/ Serving (Yes/ No)
10.2	Utensils For Eating (Yes/ No)
10.3	If Utensils For Eating Yes, (From MME/ By Community / With Convergence)

11.

Kitchen Cum Store Physical Progress	
11.1	Sanctioned((Yes/No))
11.2	If Yes (Completed/ In Progress/Yet to Start)

12.

Kitchen Cum Store Status	
12.1	Kitchen Cum Store(Available In Use, Available Not In Use ,Other)

13.

School Geographical Location	
13.1	School Geographical Location (Hilly/ Saline/ Normal)

MDM Teacher
Master
Name:
Signature
Date:

MDM Principal/Head
Name:
Signature:
Date: