

## Mid Day Meal Scheme

### School Annual Data Capture Format (ADCF)

**Instructions: 1) Keep Enrolment Register 2) Keep Account Register at the time of entry.**

1.School Details													
Academic Year		-		-	2	0						School Name	
School Code													
School Type	i) Government <input type="checkbox"/>						Category		i) Primary <input type="checkbox"/>				
	ii) Local Body <input type="checkbox"/>								ii) Upper Primary <input type="checkbox"/>				
	iii) EGS/AIE Centres <input type="checkbox"/>								iii) Primary with Upper Primary <input type="checkbox"/>				
	iv) NCLP <input type="checkbox"/>						Village/Ward						
	v) Madarsa/Maqtab <input type="checkbox"/>						Block						
Area	i) Rural <input type="checkbox"/> ii) Urban <input type="checkbox"/>						District						
							State						

<b>1(A). Enter/Update DISE code assigned to the School.</b>													
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2. Enrolment (Social Category wise)						
Social Category	Primary			Upper Primary		
	Boys	Girls	Total	Boys	Girls	Total
i) SC						
ii) ST						
iii) OBC						
iv) General						
<b>Total</b>						

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

4. School Bank Account Details						
Separate Bank Account for MDM Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mode of receiving funds	Bank <input type="checkbox"/>	Cash <input type="checkbox"/>	
Name of Bank			CBS Account	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bank IFS code			Account No.			

5. Cook-cum-helper details							
Cook Name	Gender (Male(M)/Female(F))		Category (SC/ST/OBC/Gen)	Below Poverty Line (Yes(Y)/No(N))	Mode of Payment (Cash/Bank)	Honorarium per month (Rs.)	Remarks
	M <input type="checkbox"/>	F <input type="checkbox"/>					
	M <input type="checkbox"/>	F <input type="checkbox"/>					
	M <input type="checkbox"/>	F <input type="checkbox"/>					
	M <input type="checkbox"/>	F <input type="checkbox"/>					
	M <input type="checkbox"/>	F <input type="checkbox"/>					
	M <input type="checkbox"/>	F <input type="checkbox"/>					

6. School Health Programme				
Weighing Machine available in School	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , Year of procurement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Height Measurement Tool	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes , Year of procurement*	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

\*Note : If Height Measurement Tool painted on the school wall then provide year of painting in procurement field.

7. Infrastructure				
Drinking Water source	Tap Water <input type="checkbox"/>	Hand pump <input type="checkbox"/>	Storage <input type="checkbox"/>	Water Harvesting <input type="checkbox"/>
	Hand Pump - No supply of water/out of order <input type="checkbox"/>	Tap water – No supply of water/out of order <input type="checkbox"/>	No Source of Water <input type="checkbox"/>	
Toilet	Only Boys <input type="checkbox"/>	Only Girls <input type="checkbox"/>	Separate for Both <input type="checkbox"/>	Common <input type="checkbox"/>
	Out of order <input type="checkbox"/>	Out of order <input type="checkbox"/>	Out of order <input type="checkbox"/>	Out of order <input type="checkbox"/>
	No Toilet <input type="checkbox"/>			
Electricity	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

8. Teacher Details				
Teacher Name	Designation	Mobile Number	Email ID	
1.				
2.				
3.				
4.				

Note : Provide Headmaster name and at least two teachers/para-teachers name and mobile number who supervise MDMS.

9. Kitchen Utensils				
i) Utensils available for Cooking /Serving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Year of procurement	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ii) Utensils for Eating	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
iii) if utensils for eating "Yes"	Purchased from	MME <input type="checkbox"/>	By Community <input type="checkbox"/>	Convergences <input type="checkbox"/>

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

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

Signature of Head teacher

Signature of the SMC Chairperson/Gram Pradhan