

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	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	
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		
School Nutrition Garden [SNG]	Yes <input type="checkbox"/>	No	<input type="checkbox"/>	
School Water Harvesting [SWH]	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	By Community <input type="checkbox"/>	Convergences

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"/>
Kitchen Cum Store Construction/Repair Year			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	- <input type="text"/> <input type="text"/>
10A. Kitchen cum store (Status)				
Available, in use <input type="checkbox"/>	Available , but not in use <input type="checkbox"/>			

11. School Geographical Location		
Hilly	Saline	Normal

Signature of Head teacher

Signature of the SMC Chairperson/Gram Pradhan