ଲିଖିତକାଳା ଓ ଲିଖିତକାଳାକୁରେ ପାଇଁ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରିଛନ୍ତି। ଇମାର 2004. ଏସାବ ହଙ୍ଗ ଆଧାରରେ ମଧ୍ୟ ପରିବର୍ତ୍ତନ କରନାଇବ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ। ଇମାର ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ 2020 ସବୁତୁରେ ୫ ନିମ୍ନାଂତର ପରିବର୍ତ୍ତନ କରନାଇବ ଏବେ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ।

ଇମାର ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ 2020 ସବୁତୁରେ ୫ ନିମ୍ନାଂତର ପରିବର୍ତ୍ତନ କରନାଇବ। ଲିଖିତକାଳାକୁରେ ପରିବର୍ତ୍ତନ କରନାଇବ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ।

(1) ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନ 
(2) ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନାଇବ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନ 
(3) ସମାଚାର ସହାସ୍ରନାମରେ ପରିବର୍ତ୍ତନ କରନ 

କାର୍ଯ୍ୟରେ ଓଇ ଆଧାରରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ 

ଏହା କାର୍ଯ୍ୟରେ ଓଇ ଆଧାରରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ 

ଏହା କାର୍ଯ୍ୟରେ ଓଇ ଆଧାରରେ କାର୍ଯ୍ୟ ଏବଂ ସମାଚାର ସହାସ୍ରନାମରେ କାର୍ଯ୍ୟ 

website- www.orissa.gov.in / schooleducation  ଓଇ ଆଧାରରେ କାର୍ଯ୍ୟ 

Phone No. (0674) 2322734 / Mobile No.9437064147 ୨୦ Fax No. (0674) 2536755 କାର୍ଯ୍ୟରେ ଓଇ ଆଧାରରେ କାର୍ଯ୍ୟ।
APPENDIX

FORM I

SELF DECLARATION CUM APPLICATION
FOR GRANT OF RECOGNITION OF SCHOOL

See sub-Rule (1) of Rule 13 of the
Right of Children to Free and Compulsory Education Rule, 2010

To
The District Education Officer/ Inspector of Schools / District Inspector of Schools

Sir,

I forward herewith with a self declaration regarding compliance with the norms and standards prescribed in the Schedule of the Right of Children to Free and Compulsory Education Act, 2009 and an application in the prescribed proforma for the grant of recognition to ........................................... (Name of the school)
................................ With effect from the commencement of the school year 20............

Yours faithfully,

Enclosure:

Place:

Date:

Secretary of the Managing Committee
A. School Details

1. Name of School
2. Academic Session
3. District
4. Postal Address
5. Village/City
6. Tahsil
7. Pin Code:
8. Phone No. with STD Code
9. Fax No.
10. E-mail address if any
11. Nearest Police Station

B. General Information

1. Year of Foundation
2. Date of First Opening of School
3. Name of Trust/Society/Managing Committee
4. Whether Trust/Society/Managing Committee is registered
5. Period up to which Registration of Trust/Society/Managing Committee is valid
6. Whether there is a proof of non-proprietary character of the Trust/Society/Managing Committee supported by the list of members with their address on an affidavit in copy

7. Name official address of the Manager/President/C/Chairman of the School
   Name
   Designation
   Address
   Phone

8. Total Income & Expenditure during last 3 years surplus/deficit
   Year      Income      Expenditure      Surplus/deficit
   (O)        (R)
C. Nature and area of School
1. Medium of Instruction
2. Type of School (Specify entry & exit classes)
3. If aided, the name of agency and percentage of aid
4. If School Recognized
5. If so, by which authority
   * Recognition number
6. Does the School has its own building or is it running in a rented building.
7. Whether the School buildings or other structures or the grounds are used only for the purpose of education and skill development?
8. Total area of the School
9. Built in area of the School

D. Enrollment Status

<table>
<thead>
<tr>
<th>Class</th>
<th>No. of Section</th>
<th>No. of Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pre-primary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. I – V</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. VI – VIII</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. Infrastructure Details & Sanitary Conditions

<table>
<thead>
<tr>
<th>Room</th>
<th>Numbers</th>
<th>Average Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Classroom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Office room –cum–Store
   Room–cum–Headmaster
   Room                      |         |              |
| 3. Kitchen-cum-Store   |         |              |
F. Other Facilities
1. Whether all facilities have barrier free access
2. Teaching, Learning Material (attach list)
3. Sports & Play equipments (attach list)
4. Facility books in Library
   📚 Books (No. of books)
   📚 Periodical/Newspapers
5. Type and number of drinking water facility
6. Sanitary Conditions
   (i) Type of W.C. & Urinals
   (ii) Number of Urinals/Lavatories
        Separately for Boys
   (iii) Number of Urinals/Lavatories
        Separately for Girls

G. Particulars of Teaching Staff
1. Teaching in Primary/Upper Primary exclusively (details of each teacher separately)

<table>
<thead>
<tr>
<th>Teacher Name (1)</th>
<th>Father/Spouse Name (2)</th>
<th>Date of Birth (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Qualification (4)</td>
<td>Professional Qualifications (5)</td>
<td>Teaching Experience (6)</td>
</tr>
<tr>
<td>Class Assigned (7)</td>
<td>Appointment Date (8)</td>
<td>Trained or Untrained (9)</td>
</tr>
</tbody>
</table>

2. Teaching in Both Elementary and Secondary (details of each teacher separately)

<table>
<thead>
<tr>
<th>Teacher Name (1)</th>
<th>Father/Spouse Name (2)</th>
<th>Date of Birth (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Qualification (4)</td>
<td>Professional Qualifications (5)</td>
<td>Teaching Experience (6)</td>
</tr>
<tr>
<td>Class Assigned (7)</td>
<td>Appointment Date (8)</td>
<td>Trained or Untrained (9)</td>
</tr>
</tbody>
</table>

3. Head Teacher

<table>
<thead>
<tr>
<th>Teacher Name (1)</th>
<th>Father/Spouse Name (2)</th>
<th>Date of Birth (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Qualification (4)</td>
<td>Professional Qualifications (5)</td>
<td>Teaching Experience (6)</td>
</tr>
<tr>
<td>Class Assigned (7)</td>
<td>Appointment Date (8)</td>
<td>Trained or Untrained (9)</td>
</tr>
</tbody>
</table>
H. Curriculum and Syllabus

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Details of Curriculum and Syllabus followed in each class (up to VIII)</td>
</tr>
<tr>
<td>2</td>
<td>System of Pupil Assessment</td>
</tr>
<tr>
<td>3</td>
<td>Whether pupils of the school are required to take any Board Exam up to Class-VIII</td>
</tr>
</tbody>
</table>

I. Certified that the school has also submitted information in this data capture format of District Information System of Education with this application.

J. Certified that the school is open to inspection by any officer authorized by the appropriate authority.

K. Certified that the school undertakes to furnish such reports and information as may be required by the District Education Officer/ Inspector of Schools / District Inspector of Schools as the case may be from time to time and complies with such instructions of the appropriate authority or the District Education Officer/ Inspector of Schools / District Inspector of Schools as the case may be as may be issued to secure the continued fulfillment of the condition of recognition or the removal of deficiencies in working of the school.

L. Certified that records of the school pertinent to the implementation of this Act shall be open to inspection by any officer authorized by the District Education Officer/ Inspector of Schools / District Inspector of Schools as the case may be or appropriate authority at any time, and the school shall furnish all such information as may be necessary to enable the State Government / Local Authority or the Administration to discharge its or his obligations to Parliament / Legislative Assembly of the State/Panchayat/Municipal Corporation as the case may be.

Sd/-
Secretary
Managing Committee

...........................School

Place