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	☐☐☐☐-☐☐	**School Name**	
School Code			
School Type	i) Government ☐ ii) Local Body ☐ iii) EGS/AIE Centres ☐ iv) NCLP ☐ v) Madarsa/Maqtab ☐	Category	i) Primary ☐ ii) Upper Primary ☐ iii) Primary with Upper Primary ☐
		Village/Ward	
		Block	
Area	i) Rural ☐ ii) Urban ☐	District	
		State	

2. Enrolment (Social Category wise						
Social Category	**Primary**			**Upper Primary**		
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**
i) SC						
ii) ST						
iii) OBC						
iv) General						
Total						

3. Kitchen				
Type of Kitchen	i) School Kitchen ☐			
	ii) Centralized Kitchen	a)NGO ☐	b) Self Help Group ☐	c) Cluster Kitchen ☐
Mode of Cooking	i) Firewood ☐	ii) Gas ☐	iii) Kerosene Stove ☐	iv) Any other ☐

4. School Bank Account Details					
Separate Bank Account for MDM Scheme	Yes ☐ No ☐	Mode of receiving funds	Bank ☐	Cash ☐	
Name of Bank		CBS Account	Yes ☐	No ☐	
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 ☐	F ☐					
	M ☐	F ☐					
	M ☐	F ☐					
	M ☐	F ☐					
	M ☐	F ☐					

6. School Health Programme				
Weighing Machine available in School	Yes	No	If yes , Year of procurement	
Height Measurement Tool	Yes	No	If yes , Year of procurement*	

**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	Storage	Water Harvesting
	Hand Pump - No supply of water/out of order	Tap water – No supply of water/out of order	No Source of Water	
Toilet	Only Boys	Only Girls	Separate for Both	Common
	Out of order	Out of order	Out of order	Out of order
	No Toilet			
Electricity	Yes	No		

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	No	
ii) Utensils for Eating		Yes	No	
iii) if utensils for eating "Yes"	Purchased from	MME	By Community	Convergences

10. Kitchen cum store (Physical Progress)						
Sanctioned	Yes	No	If 'Yes'	Complete	In progress	Yet to start
10A. Kitchen cum store (Status)						
Available, in use	Available , but not in use					

11. School Geographical Location		
Hilly	Saline	Normal

Signature of Head teacher

Signature of the SMC Chairperson/Gram Pradhan