Appendix - I
Form of Application for Recognition

GOA BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION

ALTO BETIM - GOA.

APPLICATION FOR RECOGNITION

I hereby apply for first time recognition / continuation of recognition of

_____

Secondary/ Higher Secondary School at _____ from the academic year _____. The required information is given below :

A. (i) Name of the School : _____

_____

(ii) Address : _____

_____

(iii) Working hours (a) School : from _____ to _____
(b) Office : from _____ to _____

B. Name of the
(i) Managing Body of Society / Trust _____
(ii) Manager _____
(iii) Head of the school _____

C. Medium of Instruction

	Medium	Standard
1.	_____	_____
2.	_____	_____
3.	_____	_____

D. Subjects of instructions for which recognition is sought.

	Name of Subject	Standard
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

E. Recognition / Approval by the Director of Education (earliest reference)
(Certified copies should be attached for first time recognition)

VIII/IX/X Letter No. : _____
Date : _____

XI/XII Letter No. : _____
Date : _____

F. Recognition by GBSHSE (latest reference)

VIII/IX/X Letter No. : _____
Date : _____

XI/XII Letter No. : _____
Date : _____

137/1000/2009

G. Accomodation

(a) Number of buildings in which the school is functioning _____

(b) If more than one, distance between two or more buildings _____

(c) If rent is paid, the party to whom it is paid _____

(d) Whether there is formal rent contract between the school and the party _____

(e) Total area used _____

(f) Total area of which rent is certified by the P.W.D. (Certified copies to be attached) _____

(g) Details of students, accommodation, furniture etc.

(1) Secondary

Std.	Div	No. of pupils	Area of the room in sq. meters	Area per student	No. of desks	B.B. Size	No. of tables/ chairs	Waste baskets	Plat form for teachers to stand Yes/No
VIII	a.								
	b.								
	c.								
IX	a.								
	b.								
	c.								
X	a.								
	b.								
	c.								

2. Higher Secondary

Std.	Stream	Div / Course	No. of pupils	Area of the room in sq. meters	Area per student	No. of desks	B.B. Size	No. of tables	Waste baskets	Plat form for teachers to stand Yes/No
XI	A.	a.								
		b.								
		c.								
	S.	a.								
		b.								
		c.								
	C.	a.								
		b.								
		c.								
	V.	a.								
		b.								
		c.								
XII	A.	a.								
		b.								
		c.								
	S.	a.								
		b.								
		c.								
	C.	a.								
		b.								
		c.								
	V.	a.								
		b.								
		c.								

H. (1) Laboratory / Workshop

Subject	Area	No. of students per batch	Total No. of students	Area per student	No. of chairs/tables/ stools
1)					
2)					
3)					
4)					

(2) Attach list of equipments used in Lab/workshop (subjectwise) to conduct practicals.

I. Library
(1) Area _____
(2) No. of Tables _____
(3) No. of Benches/Chairs/Stools _____
(4) No. of Text Books _____
(5) No. of Reference Books _____
(6) No. of Magazines _____
(7) No. of Newspapers _____
(8) No. of Dictionaries _____
(9) No. of Encyclopediae _____

J. Staff Rooms

Sr. No.	area	No. of tables	No. of chairs	No. of toilets	remarks
a)					
b)					

K. Office
1) Area - sq. mtrs. _____
2) **Furniture** **No.**

i) Tables _____
ii) Chairs _____
iii) Almirahs _____
iv) _____ _____
v) _____ _____

3) Equipments

(i) Typewriter Yes/ No
(ii) Duplicating machine Yes/No
(iii) Computers Yes/No
(iv) Any other _____
(v) _____

L. Office of the Head of the Institution
(i) Area _____ Sq. mtrs.
(ii) Furniture _____
_____
_____
(iii) Toilet _____
(iv) Any other _____

M. Teaching Aids for Secondary and Higher Secondary

Sr. No.	Subject	Number of			Remarks
		charts	maps	models	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

(ii) Which of following Audio - visual teaching aids are used.

(a) Radio Yes/No
(b) Tape recorder Yes/No
(c) T.V. Yes/No
(d) VCP/VCR Yes/No
(e) Slide/Film/Projector Yes/No
(f) O.H.P. Yes/No
(g) Computer/Internet Yes/No
(h) L.C.D. Projector Yes/No
(i) Any other (specify) Yes/No

N. Enrolment for the last five years (if applicable) and for current year

1. Secondary

Year	Std. VIII	Std. IX	Std. X
1.			
2.			
3.			
4.			
5.			
6.			

2. Higher Secondary :

Year / Class	Std. XI				Std. XII			
	A	S	C	V	A	S	C	V
1								
2								
3								
4								
5								
6								

O. Results of the school for the last 5 years (if applicable). In case of Vocational Stream specify course / courses.

1. Secondary

Sr. No.	Students appeared during previous academic year	No. of student appeared for SSC Exam	No. of students passed in SSC Examination	Pass %	Categories					Total	Remarks
					Dist I	Class I	Class II	Pass Class	Failed		
1.											
2.											
3.											
4.											
5.											

2. Higher Secondary

Year/ Stream		No. of students in std. XI during (last year)	No. of students passed	% of pass	Categories						Remarks
					Dist.	I Class	II Class	Pass class	Failed	Total	
1.	A										
	S										
	C										
	V										
2.	A										
	S										
	C										
	V										
3.	A										
	S										
	C										
	V										
4.	A										
	S										
	C										
	V										
5.	A										
	S										
	C										
	V										

P. Staff position (including the Head)

Please prefer File name Proforma I for S.S.C. and Proforma (Gen.) & Proforma (Voc.) for H.S.S.C. (Excel format).

Remarks (if any) :

Q. Physical Education

(1) Area of Physical Education store room _____

(2) Equipments i) _____
ii) _____
iii) _____
iv) _____
v) _____

(3) Size of play ground
i) _____
ii) _____
iii) _____

(4) Participation and achievement in games and sports meets _____

R. Financial position of the school
1) Reserve fund (permanent) _____ balance as on date.
2) Source of income other than fees.

Sources	Amount
i)	
ii)	
iii)	
iv)	

S. Amenities
1) Provision for safe drinking water

2) Toilets
i) Boys: No. of urinals _____
ii) No. of lavatories _____
iii) Girls No. of lavatories _____

3) Safety measures

i) No. of exit points / staircases in the building

_____

ii) Fire equipment

_____

iii) First aid

_____

4) Common room

i) for boys : area _____ sq. mtrs.

ii) for girls : area _____ sq. mtrs.

5) General store room

Area _____ Sq. mtrs.

6) Maintenance

i) When was the building last painted/ white washed _____

ii) Quality of lighting in the Rooms

(Describe the no. of electrical points, the working conditions etc.)

_____

_____

_____

iii) Ventilation in classrooms & laboratories

_____

_____

_____

7) Medical check-up

i) Health card maintenance (periodicity of entries)

_____

ii) Check-up by doctors (frequency)

_____

(T) A brief account of tutorials (stream wise)

Arts :

Science :

Commerce :

Vocational :

(U) Which of the following school assessment subjects are offered by the school:

N.C.C./N.S.S./Red Cross/Rovers & Rangers/ Computer Awareness / Any other (Specify)

ENV Eduucation:

Any other information

_____

_____

_____

_____

_____

Declaration to be given by the head of the Institution.

I declare that the information given above are true, to the best of my knowledge.

Place _____ Signature _____ Signature _____

Date _____ Name _____ Name _____

(Head) (Management)

(Seal)

Phone:

Office :.....

Residence :.....

Fax:.....

FOR OFFICE USE

1. The recognition for the year _____ is granted. The institution has to apply for continuation of recognition with prescribed fee by 31st _____ 200 _____.
2. The recognition is granted for _____ years. However, the institution has to submit annual report alongwith prescribed fees by 31st July of year up to _____.

(To be filled by the inspecting Team)

Academic Year : _____

Date of Inspection : _____

Name and Address of the Inspecting Team : 1. _____

2. _____

Remarks:

1. _____

Date :

Session

Signature