

**Pradhan Mantri Poshan Shakti Nirman (PM POSHAN)**

**School Monthly Data Capture Format (MDCF)**

**Instructions: Keep following registers at the time of filling the form:-**

**1) Enrolment Register, 2) Account, 3) Bank Account Pass Book, 4) Cooking cost details etc.**

**1. School Details**

<b>Month-Year</b>		<b>UDISE Code</b>		<b>School Name</b>	
<b>Type</b>	Government <input type="checkbox"/> Local Body <input type="checkbox"/> EGS/AIE Centres <input type="checkbox"/> NCLP <input type="checkbox"/> Madrasa/Maqtab <input type="checkbox"/>				
<b>Category</b>	Primary <input type="checkbox"/> Upper Primary <input type="checkbox"/> Primary With Upper Primary <input type="checkbox"/>				
<b>State / UT-</b>	<b>District:-</b>		<b>Block/NP-</b>		<b>Village/Ward:-</b>
<b>Kitchen Type-</b>	<b>NGO / SHG-</b>		<b>Enrolment-</b>		

**2. Meals Aailed Status**

	Bal Vatika	Primary	Upper Primary
Number of School days during month			
Actual Number of days Mid-Day Meal served			
Total Meals served during the month			

**3. Fund Details (In Rs.)**

Component	Opening Balance	Received During the Month	Expenditure During the Month	Closing Balance
Cooking Cost- Bal Vatika				
Cooking Cost- Primary				
Cooking Cost- Upper Primary				
Cook Cum Helper				
School Expenses : MME Expenses				
Whether the Sum of the above Closing Balance matches with Bank Account Closing Balance.      Yes <input type="checkbox"/> No <input type="checkbox"/>				

**4. Cook Cum Helper Payment Details**

Sl. No.	Cook Name	Gender (M/F)	Category (SC/ST/OBC/GEN)	Payment Mode (Cash Bank)	Amount Received During Month (In Rs.)
1					
2					
3					
4					

**5. Food Grain Details (In KG.)**

Category	Food Item	Opening Balance	Received During the Month	Consumption during the Month	Closing Balance
Bal Vatika	Wheat				
	Rice				
Primary	Wheat				
	Rice				
Upper Primary	Wheat				
	Rice				

**6. Children Health Status**

No. of children from Class 1 to 8 who had received 4 IFA tablets (Boys)-	
No. of children from Class 1 to 8 who had received 4 IFA tablets (Girls)-	
No. of children screened by mobile health (RBSK) team	
No. of children referred by mobile health (RBSK) team	

**7. School Inspection**

<b>School Inspection done during the month</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
By Members of Task Force	
By District Officials	
By Block/Taluka Level Officials	
By SMC Members	

<b>Number of unwanted incidents occurred</b>	
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Signature of the SMC Chairperson/ Gram Pradhan

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Signature of Head Teacher