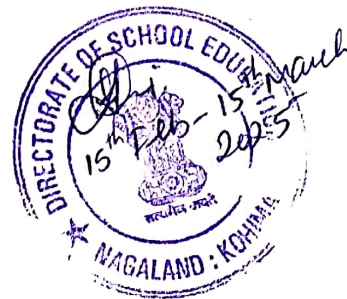


**GOVERNMENT OF NAGALAND
DIRECTORATE OF SCHOOL EDUCATION
NAGALAND: KOHIMA**



FORMAT-VI

INSPECTION FORM (To be filled up only by the Inspecting Field Officer)

1. Name of the School (in block letters) _____
2. Postal address and District _____
3. Name of the administrator of school with full address and contact no. _____

4. Date of Inspection:- _____

5. Important year:

Year of permission	Year of last Recognition	Year of last up-gradation
	Class: Year:	Class: Year:

6. Present class-wise enrolment:

Class	A	B	1	2	3	4	5	6	7	8	Total
Enrolment											

7. Total No. of Students (photocopy of class wise attendance register to be attached) : _____

8. Total No. of class rooms _____

9. Location: Urban/ Rural _____

10. Population of the Village/Locality as per census 2011: _____

11. Distance of school from National Highway: _____

12. Total Land area of the Institution: _____

13. Status of land: Whether Govt. Allotted land /private: _____

14. Type of building: _____

15. Total no. of teaching staff : _____

16. Total no. of trained teachers: _____

17. No. of qualified Science teacher Yes/No: _____

Name and qualification of the teacher: _____

18. Students Fee structure:

a.) Admission fee _____

b.) Monthly fee _____

19. Whether the institution has enough open space/playground available in the institution for the institution for the students: _____

20. Whether the infrastructure available in the institution are sufficient for the functioning of school _____

21. Whether games and sports materials are sufficient in the institution _____

22. Does the institution provide any other co-curricular activities? If so mention _____

23. If any other information: _____

24. Remarks:

SELF DECLARATION

- I. I, _____ (Name and Designation) hereby certify that I had physically verified the records, site and building of the school _____ and found that the statements given by the School authority on the Format- I/ II/ III/ IV are true/false and therefore recommended/ not recommended for Provisional recognition/ Up-gradation/ Renewal of Recognition.
(Incase any of the statement is not correct/true, write in a separate sheet)
- II. I am aware that the Department shall be verifying the reports and that if any false information or false verification report is found, department shall take action against me.

Date of verification

Signature and seal:

Designation:

Place:

Phone:

Note

1. **The Directorate shall accept only the original copy of the Inspection form.**
2. **The concern Inspecting officer must attached a photograph of Himself/Herself Taken along with the staff and students of the concern school taken on the inspection day, without which the form shall be rejected.**
3. **Incomplete form shall not be entertained.**