



PUNJAB EDUCATION FOUNDATION



Monitoring Form

Phase: _____		<input type="checkbox"/> FAS	<input type="checkbox"/> NSP	<input type="checkbox"/> EVS
School Code: _____	District: _____	Tehsil: _____		
School Name: _____				
School Address: _____				
Telephone #: _____	Mobile #: _____			
Owner Name: _____	Principal Name: _____	Partner Name: (if any) _____		
No. of Campus(es): _____	Distance between main Campus & sub Campus: _____			
School Registration No: _____	Board Affiliation Number and valid up to: _____			
Level of School as per PEF Record:	<input type="checkbox"/> Primary	<input type="checkbox"/> Middle	<input type="checkbox"/> Secondary	Type of School:
				<input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Co-education
Labs:	<input type="checkbox"/> Computer	<input type="checkbox"/> Science	Labs Condition:	<input type="checkbox"/> Proper <input type="checkbox"/> Improper
Library:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	School Board:	<input type="checkbox"/> Yes <input type="checkbox"/> No
PEF Board Availability:	<input type="checkbox"/> Main Campus	<input type="checkbox"/> Sub Campus	Condition:	<input type="checkbox"/> Readable <input type="checkbox"/> Erected
QAT Result:	<input type="checkbox"/> Displayed	<input type="checkbox"/> Not Displayed	Last QAT Result (Specify in %): _____	
Teaching Staff:	On Roll: _____	Present: _____	Boys: _____	Girls: _____
	Male: _____	Female: _____	Total Student Strength: _____	
			Nursery - 5 th : _____	6 th - 8 th : _____
			9 th & 10 th : _____	
No of Classrooms: _____	No of Water points: _____		No of Toilets: _____	
Proper: _____	Improper: (Shed, without walls& roof): _____		Useable: _____	
	<input type="checkbox"/> Electrical Cooler		Not Useable: _____	
	<input type="checkbox"/> Water Cooler			
	<input type="checkbox"/> Hand pump			
Is School charging fee in any form? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify _____				
Observations:	<input type="checkbox"/> Maintained Teachers' Salary Register	<input type="checkbox"/> Maintained Attendance Register	<input type="checkbox"/> Maintained Admission/ withdraw Register	Passage Between the Classes: _____
				Classes Overcrowded: _____
Visit Date:	____ / ____ / ____			
Monitor Name:	_____	Monitor Designation:	_____	
Monitor Signature:	_____	Department:	_____	

General Remarks

Sr	Name of Teacher	Class	Qualification	Salary	Enrollment FAS/ NSP/ EVS			Non-EVS Record			Furniture			Capacity	Attendance of the day	Unregistered Students	* Infrastructure (If not available, mentioned code given below)	Campus (Main / Sub)
					Boys	Girls	Total	Boys	Girls	Total	Type (bench/desk or Chair)	Condition ** (mentioned code given below)	Quantity (Numbers)	classroom capacity (Numbers)				
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		
26																		
27																		
28																		
29																		
30																		

* **Infrastructure:** Door = D Window = W Ventilation = V Fan = F Electricity = E Writing Board= WB Class Passage way = P Improper Class = I Natural Light = NL

** **Furniture Condition:** Useable = A Repairable = B Replaceable = C

Total Number of Students: Nursery: _____ Prep: _____ 1st: _____ 2nd: _____ 3rd: _____ 4th: _____ 5th: _____ 6th: _____ 7th: _____ 8th: _____

9th: _____ 10th: _____ 11th: _____ 12th: _____ Total students strength: _____