



Punjab Education Foundation

Department of the New School Program
78/B-I, M.M.Alam Road, Gulberg-III, Lahore.
Ph # 042-99268125, 042-99268114-17



NSP Monthly Update Form

School Name _____

Address : _____

Owner Name : _____ Contact # : _____

Principal Name : _____ Contact # : _____

Date: _____

District _____

Tehsil _____

School Code _____

School Level	<input type="checkbox"/> Primary	<input type="checkbox"/> Elementary	<input type="checkbox"/> Secondary	School Type	<input type="checkbox"/> Boys	<input type="checkbox"/> Girls	<input type="checkbox"/> Co.Edu
School Timing	From: _____			To: _____			

Student Enrollment Record:

Previous Class Wise Breakup: (for the month of _____)

Class	Nursery	Prep	1	2	3	4	5	6	7	8	9	10	Total		
Sections											Arts	Sci	Arts	Sci	
Boys															
Girls															
Total															
9th (Science) With Biology				Boys		Girls		Total		Science Lab		Y/N			
10th (Science) With Biology				Boys		Girls		Total		Computer Lab		Y/N			
9th (Science) With Computer				Boys		Girls		Total		Computer Lab		Y/N			
10th (Science) With Computer				Boys		Girls		Total		Computer Lab		Y/N			

Total Boys: _____ Total Girls: _____ Total Previous Enrollment: _____

Difference of enrollment from previous month

Current Class Wise Breakup: (for the month of _____)

Class	Nursery	Prep	1	2	3	4	5	6	7	8	9	10	Total		
Sections											Arts	Sci	Arts	Sci	
Boys															
Girls															
Total															
White Board															
Furniture															
Fans															
Lights															
Doors															

Total Boys: _____ Total Girls: _____ Total Current Enrollment: _____

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Infrastructure Detail

Description	(Qty)	Good Condition	Poor	Remarks (if any)
Principal Office				
Staff Room				
Class Rooms				
Water Points				
Toilets				
Library				
Play Ground				

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Date: _____

Staff Detail						
#	Name	Qualification	Class	Appiontment Date	Salary (Rs.)	Signature
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Summary				
	Description of Staff	Teaching	Non-Teaching	Total
	Male			
	Female			
	Total			

Name of Any New Staff oppointed : _____

Name of Any Staff terminated : _____

Certified that above stated information is correct to the best of my knowledge and no fact has been canceled or misreported.

Principal/Owner Name :	
Principal/Owner Signature with Date :	
School Stamp:	