**CIRCULAR**

**Subject: Monitoring Mechanism of Schools.**

In order to improve the monitoring mechanism of schools, the following Zonal Level, District Level and Divisional Level Committees are constituted:

(A) **Zonal Level Committee (For Zones)**
- **Designation of Officer**
  - a. Zonal Education Officer
  - b. Sr. Most Headmaster of Zone
- **Days of Inspection**
  - Monday & Wednesday

(B) **District Level Committee (For all School in District)**
- **Designation of Officer**
  - a. Chief Education Officer
  - b. Sr. Most HOD DIET
- **Days of Inspection**
  - Tuesday & Wednesday

(C) **Divisional Level Committee (For all School in District)**
- **Designation of Officer**
  - a. Joint Director (Samba/Jammu/Kathua)
  - b. AD Planning SSA
  - c. AD Planning Kathua
  - Overall Supervision/
  - Samba/Jammu/Kathua

- a. Joint Director (Rajouri/Poonch)
  - b. AD Planning Poonch
  - Overall Supervision/
  - Rajouri/Poonch

- a. Joint Director (Udhampur/Reasi)
  - b. AD Planning Reasi
  - Overall Supervision/
  - Udhampur/Reasi

- a. Joint Director (Doda/Ramban/Kishtwar)
  - b. AD Planning Ramban
  - Overall Supervision/
  - Doda/Ramban/Kishtwar

**District/Inspection twice a week**
The Zonal Level Committee shall submit report (as per enclosed proforma) to the Chief education Officer concerned for onward submission to Director School Education Jammu which must be received by the 7th of every successive month.

The District Level Committee and Divisional level committee shall submit their report (as per enclosed proforma) to the Director School Education Jammu.

During monitoring preference be given to the school with poor performance.

\[Signature\]
(Rakesh Kumar Srangal) KAS
Director School Education
Jammu

No: DSEJ/A&M/Schools/19359-84
Dated: 30-03-2018

Copy to the:
1. Secretary to Govt. School Education Department, Civil Secretariat, J&K State, Jammu for information.
2. Joint Director__________________________ for information and compliance.
3. OSD to Hon’ble Minister for information of Hon’ble Minister of Education.
4. Chief Education Officer / Principal DIET __________________________
   for information and compliance.
5. I/c Computer Section for uploading on official website: www.scheduljammu.nic.in.
INSPECTION PROFORMA - (Zonal Level)

1. District: ______________________ Zone: __________________

2. Name of the School: __________________________

3. U-DISE Code: ________________________________

4. Name of I/c Principal /Headmaster/Teacher:

5. Enrolment:

   Enrolment CWSN:

6. No. of students present:

7. Staff:

   Sanctioned: ________  Working: ________  Vacant: ________

   Attached (if any): ________  Deployed (if any): ________

   Remarks: __________________________________________

   __________________________________________

8. Morning Assembly Conducted:

   Time From: ________  To: ________

9. Uniform of students:

   No. with uniform: ________  No without uniform: ________

10. Cleanliness:

    Poor: ________  Good: ________  Very Good: ________

11. Attendance Register Maintained by Teachers /Checked by Head:

    Yes: ________  No: ________

12. Academic Performance:

    Poor: ________  Good: ________  Very Good: ________

13. No of Practicals performed:


   Any other (Mention) ________ (Class 11th and 12th)

   b. Science: ________ (Class 9th & 10th)

   c. Remarks (if any): ____________________________
14. Note Books checked by Teachers and sample notebooks checked by HOD (upto Secondary Classes):

Yes: _____________  No: _____________

Remarks: ____________________________

15. Library Functional:  Yes: _____________  No: _____________

16. DWF/Ramps:  Yes: _____________  No: _____________

17. Toilet facility separately for Boys and Girls:

Yes: _____________  No: _____________

18. Co-curricular activities:

a. Playground facility:  Yes: _____________  No: _____________

b. Game played:
   1. _____________  2. _____________
   3. _____________  4. _____________

c. Debate / Symposium conducted:  Yes: _____________  No: _____________

19. Parent teacher meet conducted:

Yes: _____________  No: _____________

20. MDM:

No of students present: _____________  No of students served MDM: _____________

Remarks: ____________________________

21. Recommendation: ____________________________

____________________________________

Signature of inspecting officers:

Name: ____________________________
Designation: ____________________________
Signature: ____________________________
Contact No: ____________________________

Signature of HOD
INSPECTION PROFORMA - (District Level)

1. District: ______________________ Zone: ______________________

2. Name of the School: _________________________________________

3. U-DISE Code: _______________________________________________  

4. Name of I/c Principal /Headmaster/Teacher:

5. Enrolment:
   a. Male: _______  b. Female: _______  c. Total: _______

   Enrolment CWSN:
   a. Male: _______  b. Female: _______  c. Total: _______

6. No. of students present:
   a. Male: _______  b. Female: _______  c. Total: _______

7. Staff:

   Sanctioned : _______  Working: _______  Vacant: _______

   Attached (if any) : _______  Deployed (if any) : _______

   Remarks: ________________________________________________


8. Morning Assembly Conducted:

   Time From: _______  To: _______

9. Uniform of students:

   No. with uniform: _______  No without uniform: _______

10. Cleanliness:

    Poor : _______  Good: _______  Very Good: _______

11. Attendance Register Maintained by Teachers /Checked by Head:

    Yes : _______  No: _______

12. Academic Performance:

    Poor : _______  Good: _______  Very Good: _______

13. No of Practicals performed:


    Any other (Mention) _______  (Class 11th and 12th)

    b. Science: _______

    c. Remarks (if any): ________________________________________
14. Note Books checked by Teachers and sample notebooks checked by HOD (upto Secondary Classes):
   Yes: ______________  No: ______________

   Remarks: ____________________________________________

15. Library Functional:  Yes: __________  No: ______________

16. DWF/Ramps:  Yes: __________  No: ______________

17. Toilet facility separately for Boys and Girls:
   Yes: __________  No: ______________

18. Co-curricular activities:
   a. Playground facility:  Yes: __________  No: ______________

   b. Game played:
      1. __________  2. __________
      3. __________  4. __________

   c. Debate / Symposium conducted:  Yes:________ No: ________

19. Parent teacher meet conducted:
   Yes: __________ No: ______________

20. MDM:

   No of students present:_______  No of students served MDM: _______

   Remarks: ____________________________________________

21. Recommendation: _______________________________________

   _______________________________________________________

Signature of inspecting officers:

Name: 

Designation: 

Signature: 

Contact No: 

Name: 

Designation: 

Signature: 

Contact No:
INSPECTION PROFORMA - (Divisional Level)

1. District: ____________________ Zone: ____________________

2. Name of the School: ____________________

3. U-DISE Code: ____________________

4. Name of I/c Principal/Headmaster/Teacher: ____________________

5. Enrolment:
   a. Male: ________
   b. Female: ________
   c. Total: ________

   Enrolment CWSN:
   a. Male: ________
   b. Female: ________
   c. Total: ________

6. No. of students present:
   a. Male: ________
   b. Female: ________
   c. Total: ________

7. Staff:
   Sanctioned: ________ Working: ________ Vacant: ________
   Attached (if any): ________ Deployed (if any): ________
   Remarks: ____________________

8. Morning Assembly Conducted:
   Time From: ________ To: ________

9. Uniform of students:
   No. with uniform: ________ No without uniform: ________

10. Cleanliness:
    Poor: ________ Good: ________ Very Good: ________

11. Attendance Register Maintained by Teachers/Checked by Head:
    Yes: ________ No: ________

12. Academic Performance:
    Poor: ________ Good: ________ Very Good: ________

13. No of Practicals performed:
        Any other (Mention) ________ (Class 11th and 12th)
    b. Science: ________ (Class 9th & 10th)
    c. Remarks (if any): ____________________
14. Note Books checked by Teachers and sample notebooks checked by HOD (upto Secondary Classes):

   Yes: ___________  No: ___________

   Remarks: ____________________________________________________________

15. Library Functional:  Yes: ___________  No: ___________

16. DWF/Ramps:  Yes: ___________  No: ___________

17. Toilet facility separately for Boys and Girls:

   Yes: ___________  No: ___________

18. Co-curricular activities:
   a. Playground facility:  Yes: ___________  No: ___________
   b. Game played:
      1. ___________  2. ___________
      3. ___________  4. ___________
   c. Debate / Symposium conducted:  Yes: ___________  No: ___________

19. Parent teacher meet conducted:

   Yes: ___________  No: ___________

20. MDM:

   No of students present: ___________  No of students served MDM: ___________

   Remarks: ____________________________________________________________

21. Recommendation:

   ________________________________

Signature of inspecting officers:

Name: ____________________________  Name: ____________________________

Designation: ________________________  Designation: ________________________

Signature: __________________________  Signature: __________________________

Contact No: ________________________  Contact No: ________________________