

GOVERNMENT OF PUDUCHERRY
SAMAGRA SHIKSHA
STATE PROJECT OFFICE
PKC EDUCATIONAL COMPLEX, PUDUCHERRY

No: 2087 /DSE/SS/OoSC/2019-20

02.01.2020

CIRCULAR

Universalisation of Elementary Education is a constitutional commitment and premise of RTE-2009. This can be achieved only if all the children including Out of School Children (OoSC) are enrolled in Schools.

It is an important commitment of Schools to identify the Out of School Children in the age group of 6-14 years in its habitat and enable those children to get age-appropriate class admission in the schools. Samagra Shiksha, Puducherry has providing special training to OoSC in Non-Residential Special Training and Residential Special Training Centers.

In this regard, the Heads of the schools are requested to send the filled-in proforma of *Form II and **Form II-A of Out of School Children to the respecting Block Resource Centers (BRC) on or before 27th February 2020. If there is, no Out of School Children in their habitat "Nil report" should be submitted.

**Form II- Particulars of Out of School Children -Please fill one form for each Out of School Child (if available)*

*** Form II-A- Updation of Village Education Register.*



(N. DINAKAR)

STATE PROJECT DIRECTOR

To

All the Heads of Govt. /Govt. Aided Schools, UT of Puducherry

Copy to

1. The Joint Director(SE), DSE, Puducherry
2. The Deputy Director (SE), Karaikal
3. The Deputy Director of Education (Women), Pondicherry
4. The Chief Educational Officer, Pondicherry/ Karaikal/Mahe
5. The Delegate to DSE, Yanam
6. The DIS, Zone -I/II/III/IV/V Pondicherry & Zone -I & II, Karaikal
7. ADPC, Karaikal, Mahe, Yanam
8. Coordinators, BRC-I/II/III
9. EDP section - with a request to host in the website

FORM - II
SAMAGRA SHIKSHA, PUDUCHERRY
DATA CAPTURE FORMAT FOR OUT OF SCHOOL CHILDREN

UDISE Code :

Name of the School:

Name of the Teacher/Surveyor:

✓ Tick wherever applicable

- 1 Name of the Child (IN BLOCK LETTERS) :
- 2 Gender : MALE FEMALE
- 3 Date of Birth (DD-MM-YYYY) : - -
- 4 Place where the Child is surveyed :

Home	Residence	Street
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- 5 a Whether Child enrolled with any NGO/Organisation :

YES	NO
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- b If Yes Give the Name and address of the NGO/Organisation :
- 6 a Present Address :
- b Permanent Address :
- c Area of Residence :

Rural	Urban
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- d Is the Child a resident of Puducherry UT? :

YES	NO
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- Else give the State to which the child belongs.
- 7 No. of members in the family :
- 8 Whether the family has a BPL Ration Card..? :
- 9 Name of the Father / Guardian :
- 10 Occupation :

11 Name of the Mother :

12 Occupation :

13 a Mother Tongue :

b Languages known :

14 Religion :

HINDUISM	CHRISTIANITY	ISLAM
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BUDDHISM	JAINISM	SIKHISM	OTHERS
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15 Social Category :

GEN	SC	ST	MBC	OBC	OTHERS
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16 a Whether CWSN (Child With Special Needs) :

YES	NO
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b* If yes, Nature of Disability :

LV	B	HI	SI	OI
MR	MD	CP	LD	ASD

* LV-Low Vision, B-Blind, HI-Hearing Impairment, SI-Speech Impairment, OI-Orthopaedic Impairment
 CP-Cerebral Palsy, MR-Mentally Retarded, LD-Learning Disability, MD-Multiple Disability,
 ASD-Autism Spectram Disorder.

c Percentage of Disability (approxiamte) :

Below 40%	Above 40%	Unable to find
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17 a If Dropout, Class from which dropped out :

b Reason for dropout :

Medical	Family	Financial	Others
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c Year of dropout :

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18 a Is the Child is Never Enrolled ? :

YES	NO
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b If Yes, give reason for non-enrolment :

Medical	Family	Financial	Others
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19 a Is the child is working anywhere :

YES	NO
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b If yes, give the full address of the employer :

20 a Is the Child has Migrated from elsewhere :

YES	NO
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b If Yes, Reason for migration :

Employment	Family	Others
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c Mention the State from which migrated :

- 21 a Is the child lives a nomadic life :

YES	NO
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- b If so the approx. Month & Year of arriving at Puducherry :
- c Tentative Month & Year of leaving present place :
- 22 a Whether he/she is willing to enroll :
- b Whether he/she Wants to be a :

Day Scholar	Residential
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- c If unwilling to enroll state reasons :

Disability	Financial	Social	Access
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- Others (pl. specify)

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- 23 a Is there any other child going to school in the Family :

YES	NO
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- b If so, Mention the name and address of the school :
- 24 Aadhar Number of the child: :

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Signature of the Data Provider with name

Signature of the Surveyor

Date of Visit :

Relation with the Child

Verified by :
(Head of the Institution)

Name of the Data Entry Operator:
(office use only)

