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 □

5. a. Whether Child enrolled with any NGO/Organisation: YES □ NO □
   
   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 □

   d. Is the Child a resident of Puducherry UT? YES □ NO □
      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

15. Social Category

16. a Whether CWSN (Child With Special Needs)
   b* If yes, Nature of Disability
      c Percentage of Disability (approximate)

17. a If Dropout, Class from which dropped out
   b Reason for dropout
   c Year of dropout

18. a Is the Child is Never Enrolled?
   b If Yes, give reason for non-enrolment

19. a Is the child is working anywhere
   b If yes, give the full address of the employer

20. a Is the Child has Migrated from elsewhere
   b If Yes, Reason for migration
   c Mention the State from which migrated

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<table>
<thead>
<tr>
<th>Mother Tongue</th>
<th>Languages known</th>
<th>Religion</th>
<th>Social Category</th>
<th>Whether CWSN (Child With Special Needs)</th>
<th>Nature of Disability</th>
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<td>YES</td>
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* 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 Spectrum Disorder.
21. a Is the child lives a nomadic life: [YES | NO]  
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]  
c If unwilling to enroll state reasons: [Disability | Financial | Social | Access | Others (pl. specify)]  
23. a Is there any other child going to school in the Family: [YES | NO]  
b If so, Mention the name and address of the school:  
24. Aadhar Number of the child:  

Signature of the Data Provider with name  

Signature of the Surveyor  

Relation with the Child  

Verified by:  
(Head of the Institution)  

Name of the Data Entry Operator:  
(office use only)
## F O R M - I I A

SAMAGRA SHIKSHA, PUDUCHERRY
VILLAGE EDUCATION REGISTER (VER)

Name & Place of the School: ____________________________

UDISE Code: ____________________________

**Note:** FORM - IIA is to be filled by the Head of the School by referring the FORM - II Submitted by the Surveyors (Teacher).

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the OoSC (in Capital Letters)</th>
<th>Aadhar Number</th>
<th>Gender (M/F)</th>
<th>Name of the Father/Mother/Guardian</th>
<th>DOB (dd-mm-yy)</th>
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<th>Contact No.</th>
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SIGNATURE OF THE HEAD OF THE SCHOOL