## FORM-1

## APPLICATION FORM FOR SCHOOL NURSERY YOJANA

1.	Name of School:							
2.	District:			3.	State:			
4.	Address:							
5.	No. of Students in Class- 5 to 9							
6.	. Area available for School Nursery (in sq. meter):							
7.	. Name of Teacher In -Charge and contact details:							
8.	3. Undertaking by the School  I have gone through the Scheme of School Nursery Yojan and agree to implement the Scheme and undertake to develo a School Nursery as per terms and conditions therein.							
	Signature of Teacher i Principal	n ch	arge <sub>.</sub>	Si	gnature	of	School	
	Place			Dat	e			
9.	Verification Report & Recommendation of DCF/DFO							
							•	
	Signature of DCF/DFO Concerned							
10	). Forwarding by H Government.	.0.	D./	Authorized	Officer	of	• State	

## **REPORT ON PROGRESS OF IMPLEMENTATION**

Pla	ce:		Date:							
1.	Name	of School:								
2. Address:										
3. Grant received for the Year:										
4. Progress of Implementation:										
	Target for saplings: 1,000 Nos.									
	S.No	Item of work	Number/ Expenditure	Physical Progress						
	i	No of students								
ı		enrolled								
	ii	Procurement of								
		materials								
	iii	Soil work								
	iv	Filing of polybags/								
		earthen pots								
	V	Sowing of seeds								
	vi	Germination	· · · · · · · · · · · · · · · · · ·							
	vii	Transplanting &								
		aftercare of plants								
	vii	Pots/ saplings ready								
	ix	No. of saplings								
		distributed		,						
	х.	Plants in stock								
Total Expenditure:  5.Signature & Name of Teacher in charge:										
- · · · · · · · · · · · · · · · · · · ·										
6.Signature and Name of Principal:										
7.Signature of Inspecting Officer:										

(The Report is to be submitted to State CAMPA with a copy to NCAC on 31st October and 31st march of Every year)