

NO: CPS / CBSE / 930622 / RECGN / 2018.

APPENDIX

FORM 1

SELF DECLARATION CUM APPLICATION FOR GRANT OF RECOGNITION OF SCHOOL

(See sub-rule (1) of rule 15)

To

The Assistant Education Officer,
(Name of District and Sub District)

Sir,

I forward herewith a self declaration regarding compliance with the norms and standards specified in the Schedule in the Right of Children to Free and Compulsory Education Act, 2009 and an application in the prescribed performa for the grant of recognition to Crescent Public School,

..... Chaliyam (Name of the School)

..... Uththaparamb. CHALIYAM Kozhikode Dt 673301

with effect from the commencement of the school year 1997

Yours faithfully,

Chairman of Managing

Committee Manager
ADMINISTRATOR
Crescent Public School
Chaliyam

Enclosures: 18 Nos.

Place: CHALIYAM

Date: 3.8.2018



GENERAL INFORMATION

A. SCHOOL DETAILS

1.	Name of School with School Code	CRESCENT PUBLIC SCHOOL 42138
2.	Academic Session Classes from <u>Ist</u> to <u>XII</u>	
3.	School Timing	9.30 to 3.30
4.	District	KOZHIKODE
5.	Postal Address	CRESCENT PUBLIC SCHOOL CHALIYAM (PO) KOZHIKODE (DT) 673301
6.	Grama Panchayath /Municipality/ Corporation	KADALUNDI GRAMA PANCHAYATH
7.	Taluk	KOZHIKODE
8.	Block	KOZHIKODE
9.	Name of Educational Sub District (AEO)	PEROKE
10.	Name of Educational District (DEO)	KOZHIKODE
11.	Pin Code	673301
12.	Phone No. with STD Code	0495-2471313
13.	Fax.No	NIL
14.	E-mail address	CPS313@ymail.com.
15.	Nearest Police Station	BEYPORE

B. GENERAL INFORMATION

1	Year of foundation	1997			
2	Date of First Opening of School	01-06-1997			
3	Name of Trust/Society/ /Managing Committee/Educational Agency	HAJEE A.P. BAVA CHARITABLE TRUST			
4	Whether Trust/Society/ Managing Committee /Educational Agency /is registered	YES.			
5	Period until which registration of Trust/Society/ Managing Committee /Educational Agency is valid	Regd. under the Indian Trust Act 1882 on 24.12.2003			
6	Whether there is a proof of non-proprietary character of the Trust/Society/ Managing Committee/ Educational Agency /Committee supported by the list of members with their address on an affidavit in copy	YES. COPY ATTACHED.			
7	Name - official address of the Manager/President/ Chairman of the School				
	Name:	A.P.ABDUL KAREEM			
	Designation	CHAIRMAN			
	Address	MAPB HOUSE, CHALIYAM KOTHIKODE - 673301 (PO)			
	Phone	(O)...0495...2471849... (R)...0495...2471249...			
8	Total Income and Expenditure during last 3 years surplus/deficit				
	Year	Income	Expenditure	Surplus	Deficit
	2015 - 2016	143,78,210	1,77,50,957	-	33,72,747.
	2016 - 2017	1,70,70,800	1,70,70,800	-	-
	2017 - 2018	2,39,38,975	2,58,23,264	-	18,84,288.

2. ENROLLMENT STATUS

Class No. of Sections No. of Students

C. NATURE AND AREA OF SCHOOL

1.	Medium of Instruction	ENGLISH
2.	Whether Malayalam is taught as a language for all students?	YES
3.	Type of School (Specify entry & exit classes)	ഇടം ക്ലാസ്സും ഊർവികാസ ക്ലാസ്സും
4.	If aided, the name of agency and percentage of aid	-
5.	Is the School Recognized	Affiliated to CBSE, Delhi No 930622
6.	If so, by which authority • Recognition Number	CBSE 930622
7.	Does the school have its own building or is it running in a rented building	OWN BUILDING
8.	Whether the school buildings or other structures or the grounds are used only for the purpose of education and skill development?	YES
9.	Total area of the School property (in sq meters) with Survey No./Village / Taluk / District	10036 - 203872
10.	Built in area of the school (in sq meters)	3145
11.	Specify whether shift or sessional system is followed	N.A

D. ENROLLMENT STATUS				
	Class	No. of Sections	No of Students	
			Boys	Girls
1.	Pre-Primary	-	-	-
2.	I-V	16	284	229
3.	VI-VIII	7	89	116
4.	No. of students from weaker and disadvantaged section admitted under section 12(1) (c) in pre-primary and class 1	2.	2	-
5.	Whether the Unique Identification Number and biometric details of each student is maintained in the school?	Yes	-	-

E. INFRASTRUCTURE DETAILS & SANITARY CONDITIONS			
	Room	Number	Average Size (in m ²)
1.	Classroom	36	20 x 20
2.	Office room – cum – Store Room - Cum - Headmaster Room	3	20 x 20
3.	Whether any classes are conducted in thatched buildings	-	-
4.	No. of rooms used for purposes other than teaching (different clubs and co-curricular activities)	1	20 x 60

5	Resource Room	1	20 x 20
6	Kitchen - Cum - Store	1	20 x 20
7	Area of playground (in m ²)	1	5369.74

F. OTHER FACILITIES

1.	Whether all facilities have barrier free access	YES
2.	Teaching Learning Material (attach list)	List Attached.
3..	Sports & Play equipments (attach list)	List Attached.
4.	Books in Library <ul style="list-style-type: none"> • Books (No. of books) • Periodicals/Newspapers 	3818 6 / 5
5.	Laboratory Facilities <ol style="list-style-type: none"> 1) Science 2) Information and Communication Technology (computers, LCD etc) 3. Language Laboratory 	List attached
6.	Type and number of drinking water facility	Well - 2 nos
7.	Sanitary Conditions	
	(i) Lavatories and Urinals	17
	(ii) Number of Urinals/Lavatories separately for boys with water supply	9 nos
	(iii) Urinals/Lavatories separately for girls with water supply	8 nos
8.	Specify facilities provided for disposal of waste (compost pit, biogas plant etc.)	Compost pit.

G. PARTICULARS OF TEACHING STAFF

1. Teachers in Primary/Upper Primary exclusively (details of each teacher separately)

Teacher Name (and UIN when available)	Father/Spouse Name	Date of Birth
Academic Qualification	Professional Qualification	Teaching Experience *
Class/ Subject Assigned	Appointment Date	Trained or Untrained
Basic knowledge/ in computer applications	Salary as signed <i>List Attached</i>	Whether the stipulations in Rule 21 (1) (2) are observed

2. Teachers in Both Elementary and Secondary (details of each teacher separately)

Teacher Name (and UIN when available)	Father/Spouse Name	Date of Birth
Academic Qualification	Professional Qualification	Teaching Experience
Class /Subject Assigned	Appointment Date	Trained or Untrained
Basic knowledge/ experience in computer applications	Salary as signed <i>List Attached</i>	Whether the stipulations in Rule 21 (3) and (4) are observed

3. Head Teacher			
Teacher Name (and UIN when available)	Father/Spouse Name	Date of Birth	
SAMEERA.V.K	MUHAMMED NISAR.	30-05-1974	
Academic Qualification	Professional Qualification	Teaching Experience	
M.A. Bed. SET		24 YEARS	
Class Subject Assigned	Appointment Date	Trained or Untrained	
X - Malayalam	18-05-2015	T	
Basic knowledge/ experience in computer application	Salary assigned	Whether the stipulations in Rule 21 (1) (2) and (5) are observed	
YES	Rs.53,000/-		

H. CURRICULUM AND SYLLABUS		
1	Details of curriculum & syllabus followed in each class (upto VIII)	C. B. S-E
2	System of Pupil Assessment	Assignment, Project, Pen Paper Test
3	Details of arrangements for remedial coaching and special training	Saturdays remedial coaching for weak students of I to V other classes during school hours.
4	Number of academic inspections by Assistant Education Officer/District Education Officer/ other educational authority during the last academic year	-

(i) Certified that the school has also submitted information in electronic form to the Assistant Education Officer and in the data capture format of District Information System of Education (DISE) of SSA along with this application.

(j) Certified that the school is open to inspection by any officer authorized by the State Government

(k) Certified that the school undertakes to furnish such reports and information as may be required by the Assistant Education Officer from time to time and complies with such instructions of the State Government and the Assistant Education Officer to secure the continued fulfillment of the condition of recognition or the removal of deficiencies in the working of the school;

(l) Certified that records of the school pertinent to the implementation of this Act shall be open to inspection by any officer authorized by the Assistant Education Officer and the school shall furnish all such information as may be necessary to enable the State Government or the Local Body to discharge its obligations to State Legislature / Grama Panchayath / Municipal Corporation as the case may be.

Declaration

I solemnly declare that all the information furnished above are true.

I further declare that this school which commenced functioning in the year.....1997.....has presented.....17 (seventeen).....number of batches of students of Class 10 for the Board Examination conducted by the ~~Kerala State Education Department~~/Central Board of Secondary Education/~~Indian Certificate of Secondary Education~~ from2007.....(here enter year) onwards.

Chairman/Manager

Managing Committee

ADMINISTRATOR

Crescent Public School
Chaliyam

Place : CHALIYAM

Date : 03 . 08 . 2018

ADMINISTRATOR
Crescent Public School
Chaliyam



Principal
Principal
Crescent Public School
Chaliyam-673301
Kozhikode, Kerala