



# ODISHA MADHYAMIK SIKSHA MISSION



## Half Yearly Progress Report on (e-Vidyalaya Project, Odisha)

Date of launching (DD-MM-YYYY): 02/09/2014

For the Period: 02/09/2014 to 01/10/2014

Name of the Agency: IFES Education & Technology Services Ltd.

UDISE code:	21220405906	Project Code:	OD26-RAYA-3408
School Name:	JAGANNATHPUR GOVT. NEW HIGH SCHOOL		
Village:	JAGANNATHPUR	Block:	
District:	RAYAGADA		

### 1. School coordinator attendance details:

Name: Mr/Ms. SAMMIT KUMAR GAMANGO

Sr. no.	Month	Total no. of working days	No. of days for which SC is present	No. of days for which SC is Absent	Total no. of Leaves taken
1	APRIL	21	21	0	0
2	MAY	0	0	0	0
3	JUNE	7	7	0	0
4	JULY	25	24	0	1
5	AUGUST	23	23	0	0
6	SEPTEMBER	24	24	0	0
Total for 6 months		100	99	0	1

### 2. Equipment Downtime Details

2.1	Are all equipment (Computer, UPS, Printer, Generator, IWB, Servo Stabilizer, ICP) are in working condition? If no, please mention in the table?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2.2	Is equipment Downtime $\geq$ 4 School Working Days?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2.3	If equipment is not working for more than 4 School working days, Please give details in Table no.1		

### 3. Training Details:

3	Is Refresher Training Program for Teachers done?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3.1	If yes, Please mention the date: <u>23/07/2017</u>		
	If No, Please mention date for conducting the same in next immediate month.		



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## 4. Educational content Details

4.1	Educational content are installed in all the Computers and K-Yan. Pls. mention the following details.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4.2	SMART Content with Educational software	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4.3	Stylus/ Pens	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4.4	Software CDs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4.5	User manual	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

## 5. Recurring service Details(for Six months):

		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Quantity Consumed/Remarks
5.1	ICT Lab Register (600 pages)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.2	Blank Sheet of A4 Size ( 75 GSM) (6 Packets Half yearly,500 sheets in each packet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.3	New & Refills Cartridge	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.4	USB Flash Drives(Qty -1 , 16 GB) half yearly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.5	Blank DVDs Rewritable(Qty:25)half yearly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.6	White Board Marker with Duster (Qty:06) half yearly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.7	Electricity bill paid by the agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.8	Internet connectivity available or not	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5.9	If Internet connectivity is not available, give reason there of	under process		

## Electrical meter reading and Generator meter reading

Equipment	Previous meter reading*	Present meter reading
Generator	00	315
Electrical meter	00	62

## 6. Equipment replacement details

6.1	Replacement of any Equipment by Agency	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
6.2	If Yes, Name of the Equipment	N-COMPUTING DEVICE	



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## 7. Theft/Damaged Equipment

7	Any equipment theft/damage	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
7.1	If Yes, Name the Equipment/s		

## 8. Lab Utilization details

Total no. of students in 9<sup>th</sup> Standard: 25

No. of students attending ICT labs in 9<sup>th</sup> standard: 25

Total no. of students in 10<sup>th</sup> Standard: 34

No. of students attending ICT labs in 10<sup>th</sup> standard: 34

Month	No. of hours for which the ICT lab has been utilized(weekly)			
	1st week	2nd week	3rd week	4th week
APRIL	8	7	5.45	12
MAY	0	0	0	0
JUNE	0	0	0	12
JULY	11.15	12.15	13.15	17
AUGUST	17	15	13	27
SEPT.	20	15	18	12





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Equipment	Total no. of downtime days	Is the equipment presently working? (Yes/No)	Complaint Logged Date	Complaint Closure Date	Complaint Logged Date	Complaint Closure Date	Complaint Logged Date	Complaint Closure Date
Standalone PC								
UPS								
Genset								
Integrated Computer Projector								
Printer								
IWB								
Servo Stabilizer								
Switch, Networking Components and other peripherals								
Remark of the Headmaster :								

\*For the first half-yearly report, the previous reading will be taken as reading at the time of installation

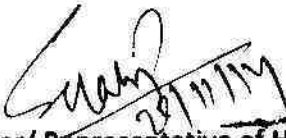
\*\*It refers to complete set up, monitor, headphone, headphone sharer, Key board and mouse



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This is to certify that the above mentioned details are as per the School Register maintained in the school and also to certify that we are satisfied with the services provided by the Agency:

  
Headmaster/ Representative of Headmaster  
Head Master  
Jagannathpur Govt NI high School  
P.O Jagannathpur Via Gunupur  
Dist Ravaqada

Name: Sudhiv Chiram  
Head Master  
Jagannathpur Govt NI high School  
P.O Jagannathpur Via Gunupur  
Dist Ravaqada

Signature with School Seal

Date: \_\_\_\_\_