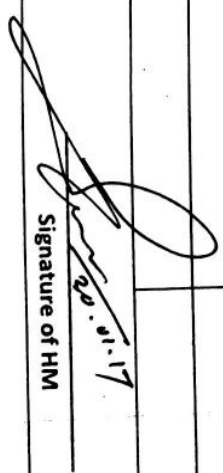


Teachers' training Status at School(as on date)

District: <u>Cuttack</u>		Block: <u>Niali</u>	UDISE Code: <u>21121001902</u>		
School: <u>S. S.P Bidyapitha</u>		HM's Mobile Number: <u>9437073009</u>			
HM's Name: <u>Present Bie Pradhan</u>					
S.N	Name of the Teacher	Demonstration of ICT Lab Equipments (Put tick, if attended)	AAMA.SCHOOL.COM TV Serial (Put tick, if viewed)	Face-to-Face teachers training (Usage of ERA, e Content) (Put tick, if attended)	Learning through ERA (OS-CIT for teachers) (Put tick, if enrolled)
1	<u>Present Bie Pradhan</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<u>Madan Mohan Jena</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<u>Subodha Panda</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	<u>Parna ak Sahoo</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<u>Sachidarananda Sahu</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	<u>Jaganmouli Mohapatra</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7	<u>Anandya ku Nayak</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8	<u>Mushikesh Jena</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9					
10					

Signature of HM


20.01.17

21121001909

30-01-2017
24-04-2014

District: **CUTTACK**
 Block: **NIALI**
 School: **S.S.P BIDYAPITHA**
 HM's Name: **PRASANT KU PRADHAN**
 HM Contact No. **9437073009** Gender **M**
 SC's Name: **JAPAN KU PATRA**
 SC Contact No. **9777622592** Gender **M**

S.no	LIST OF EQUIPMENT	WORKING	NOT WORKING	IF NOT WORKING, DATE SINCE NOT WORKING	REMARK
1	Desktop	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
2	Stand By Desktop	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3	Shared Computing Device	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
4	Web Cam	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
5	Headphones	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
6	Headphone Sharer	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
7	Integrated Computer Projector	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
8	Interactive White Board	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
9	Multi Function Printer	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
10	On Line UPS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
11	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12	Servo Stabilizer	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
13	Electrical Meter	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
14	Silent Generator Set	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Meter Reading for the current month		635		Earthing working properly :	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Generator Meter Reading for the current month		161		If not, then mention the date since not working :	

S.no	RECURRING SERVICE DETAIL	(Please tick whether received or not)		Mention the quantity received till date	REMARK	
1	Fault Log Register(200 pages)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	1		
2	Stock Register(200 pages)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	1		
3	Other Register(200(pages)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	1		
4	Blank Sheet of A4 Size(75 GSM)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	24		
5	New & Refills Cartridge	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	2		
6	USB Drives(Qty -2, 16 GB)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	4		
7	Blank DVDs Rewritable(Qty:50)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	10		
8	White Board Marker with Duster (Qty:12)	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	24		
OTHER DELIVERABLES				RECEIVED	NOT RECEIVED	REMARK
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	

