

Appendix - I
Form of Application for Recognition

GOA BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION
ALTO BETIM - GOA.

APPLICATION FOR RECOGNITION

I hereby apply for first time recognition / continuation of recognition of

Secondary/ Higher Secondary School at _____ from the academic
year _____. The required information is given below :

- A. (i) Name of the School : _____
(ii) Address : _____
(iii) Working hours (a) School : from _____ to _____
(b) Office : from _____ to _____

- B. Name of the
(i) Managing Body of Society / Trust _____
(ii) Manager _____
(iii) Head of the school _____

C. Medium of Instruction

| | Medium | Standard |
|----|--------|----------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

D. Subjects of instructions for which recognition is sought.

| | Name of Subject | Standard |
|-----|-----------------|----------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |
| 8. | _____ | _____ |
| 9. | _____ | _____ |
| 10. | _____ | _____ |

E. Recognition / Approval by the Director of Education (earliest reference)
(Certified copies should be attached for first time recognition)

VIII/IX/X Letter No. : _____
Date : _____

XI/XII Letter No. : _____
Date : _____

F. Recognition by GBSHSE (latest reference)

VIII/IX/X Letter No. : _____
Date : _____

XI/XII Letter No. : _____
Date : _____

H. (1) Laboratory / Workshop

| Subject | Area | No. of students per batch | Total No. of students | Area per student | No. of chairs/tables/stools |
|---------|------|---------------------------|-----------------------|------------------|-----------------------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |
| 4) | | | | | |

(2) Attach list of equipments used in Lab/workshop (subjectwise) to conduct practicals.

- I. Library
- (1) Area _____
 - (2) No. of Tables _____
 - (3) No. of Benches/Chairs/Stools _____
 - (4) No. of Text Books _____
 - (5) No. of Reference Books _____
 - (6) No. of Magazines _____
 - (7) No. of Newspapers _____
 - (8) No. of Dictionaries _____
 - (9) No. of Encyclopediae _____

J. Staff Rooms

| Sr. No. | area | No. of tables | No. of chairs | No. of toilets | remarks |
|---------|------|---------------|---------------|----------------|---------|
| a) | | | | | |
| b) | | | | | |

K. Office

- 1) Area - sq. mtrs. _____
- 2) **Furniture**

No.

- i) Tables _____
- ii) Chairs _____
- iii) Almirahs _____
- iv) _____
- v) _____

3) Equipments

- (i) Typewriter Yes/ No
- (ii) Duplicating machine Yes/No
- (iii) Computers Yes/No
- (iv) Any other _____
- (v) _____

L. Office of the Head of the Institution

- (i) Area _____ Sq. mtrs.
- (ii) Furniture _____
- (iii) Toilet _____
- (iv) Any other _____

P. Staff position (including the Head)

Please prefer File name Proforma I for S.S.C. and Proforma (Gen.) & Proforma (Voc.) for H.S.C. (Excel format).

Remarks (if any):

Q. Physical Education

- (1) Area of Physical Education store room _____
(2) Equipments i) _____
ii) _____
iii) _____
iv) _____
v) _____
(3) Size of play ground i) _____
ii) _____
iii) _____
(4) Participation and achievement in games and sports meets _____

R. Financial position of the school

- 1) Reserve fund (permanent) _____ balance as on date.
2) Source of income other than fees.

| Sources | Amount |
|---------|--------|
| i) | |
| ii) | |
| iii) | |
| iv) | |

S. Amenities

- 1) Provision for safe drinking water _____

2) Toilets

- i) Boys: No. of urinals _____
ii) No. of lavatories _____
iii) Girls No. of lavatories _____

FOR OFFICE USE

1. The recognition for the year _____ is granted. The institution has to apply for continuation of recognition with prescribed fee by 31st _____ 200 _____.
2. The recognition is granted for _____ years. However, the institution has to submit annual report alongwith prescribed fees by 31st July of year up to _____.

(To be filled by the inspecting Team)

| | | |
|---|----|-----------|
| Academic Year | : | _____ |
| Date of Inspection | : | _____ |
| Name and Address of the Inspecting Team | : | _____ |
| | 1. | _____ |
| | | _____ |
| | | _____ |
| | 2. | _____ |
| | | _____ |
| | | _____ |
| Remarks: | 1. | _____ |
| | | _____ |
| | | _____ |
| Date: | | _____ |
| Session | | _____ |
| | | Signature |