

MONITORING FORM- LIBRARIES CREATION Form No: HS 5.1

General Information:

Primary Contact:

- Name: _____
- Designation: _____
- Mobile Number: _____
- Email Address: _____
- Name of the Club : _____
- RI/IW District: _____
- State: _____
- City/Town: _____

PROJECT DETAILS:

School Information:

1. Name of School _____
2. UDISE : _____
3. School Address: _____
4. Medium of Teaching:(please mention): _____
5. School Type:: Primary: Elementary Secondary Higher Secondary
6. Total No. of Students: No. of Students (Boys): _____ No. of Students (Girls): _____
7. Total No. of Teachers: ... Male _____ Female _____

Project Information:

1. Type of Library Traditional Classroom Both

(A library in a class with books and hanging book jacket)

2. Maintained Library Register Yes No

3. Information on Library Access:

No. of Students access library in each Class

SL No	Class	Total No of Students	Number of Books issued in a month for students
1	Nurser y		
2	I		
3	II		
4	III		
5	IV		
6	V		
7	VI		
8	VII		
9	VIII		
10	IX		
11	X		
12	XI		
13	XII		

Any other detail (within 300 words):

Name of Rotarian/Inner Wheel Member _____

Rotary/Inner Wheel Club: _____ Rotary/IW District: _____

Contact Details: Ph No _____ mail id _____

Signature: _____ Date: _____

