FORM I

SELF DECLARATION CUM APPLICATION

FOR GRANT OF RECOGNITION OF SCHOOL

(See rule -9)

To

The Deputy Director (Elementary Education)/ Block Elementary Education Officer

(Name of District and State) SOLAN (H.P.)

Sir/madam,

I am submitting self declaration/ application regarding compliance with the norms and standards specified in the Schedule of the Right of Children to Free and Compulsory Education Act, 2009 and the rules for the grant of recognition to UPPER PRIMARY (Name of the school) PRIME ROSE PUBLIC SCHOOL, PHASE-3, NEW NALAGARH.

With effect from the commencement of the school year 2024-25

Yours faithfully,

Enclosure :

Place /Date : NALAGARH.
28.2.2024

HOLY SOULS EDUCATIONAL AND CHARITABLE TRUST
Chairman of Managing Committee/Manager
MANAGING TRUSTEE

A. School Details

1.	Name of School	PRIME ROSE PUBLIC SCHOOL U-DISE CODE:- 02090416103
2.	Academic Session	2024-25
3.	District	SOLAN
4.	Postal Address	Near Maharani Lakshmibai Park Phase-3, New Nalagarh. District Solan (H.P.)
5.	Village/City	NEW NALAGARH.
6.	Tehsil	NALAGARH.
7.	Pin Code:	174101
8.	Phone No. with STD Code	98164-25961
9	Fax No.	-
10.	E-mail address if any	primerosenlg@gmail.com.
11.	Nearest Police Station	NALAGARH.

B. General Information

1.	Year of Establishment/ or to be established	2020-21.
2.	Date of First Opening of School	01-03-2020
3.	Name of Trust/Society/Managing Committee	HOLY SOULS EDUCATIONAL & CHARITABLE TRUST
4.	Whether Trust/Society/Managing Committee/ is registered	YES.
5.	Period upto which Registration of Trust/Society/Managing Committee is valid	
6.	Whether there is a proof of non-proprietary character of the Trust/Society/Managing Committee supported by the list of members with their address on an affidavit in copy	COPY ATTACHED

7.	Name and official address of the Manager/President/Chairman of the School	
	Name	GURCHARAN SINGH.
	Designation	CHAIRMAN
	Address	H.No. 206, Phase-1, Near Nalagarh District Solan (H.P.)
	Phone	(O) ..... (R) 94184-53030

8. Total Income & Expenditure during last 3 years surplus/deficit

Year	Income	Expenditure	Surplus/deficit

• Copies of Balance Sheets attached.

C. Nature and area of School

1.	Medium of Instruction	ENGLISH.
2.	Type of School (Specify entry & exit classes)	Day School (Co-Ed)
3.	If aided, the name of agency and percentage of aid	No.
4.	If School Recognized/affiliated earlier	Yes.
5.	If so, by which authority	BEEO NALAGARH.
	• Recognition number	
6.	Does the school has its own building or is it running in a rented building.	Rented Building

7.	Whether the school buildings or other structures or the grounds are used during the day or night for commercial or residential purposes (except for the purpose of residence of any employee of the school) or for political or non-educational activity of any kind whatsoever?	No.
8.	Total area of the school	922.08 m^2
9.	Built in area of the school	306.27 m^2

D. Enrolment Status

	Class	No. of Section	No. of Students
1.	Pre-primary	5	68
2.	I – V	5	31
3.	VI – VIII	—	—

E. Infrastructure Details & Sanitary Conditions

	Room	1. Class room	25
		2. Office room-cum-Store Room-cum-Headmaster room	3
		3. Kitchen-cum-store	1
	Numbers	32	
	Average Size	14' X 12'	

F. Other Facilities

Whether all facilities have barrier free access	Teaching Learning Materials (attach list)	Sports & Play equipments (attach list)	Facility books in library • Books (No. of Books) • Periodical / Newspapers	Type and number of drinking water facility	Sanitary Conditions • Type of W.C. & Urinals • Number of Urinals/Lavatories separately for Boys

					Number of Urinals/Lavatories separately for girls
(1)	(2)	(3)	(4)	(5)	(6)
		List attached			

G. PartG. Particulars of Teaching Staff

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

Teacher Name	Father Spouse Name	Date of birth	Academic Qualification	Professional qualification	Teaching Experience	Class assigned	Date of apptt.	Trained or un-trained
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9).
			Detail attached					

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

Teacher Name	Father/Spouse Nam	Date of Birth	Academic qualification	Professional qualification	Teaching experience	Class assigned	Date of apptt.	Trained or un-trained
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			Detail attached					

3. Headmaster

Teacher Name	Father/Spouse Nam	Date of Birth	Academic qualification	Professional qualification	Teaching experience	Class assigned	Date of apptt.	Trained or un-trained
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
			Detail	attached				

H Curriculum and Syllabus

Details of curriculum & syllabus followed in each class (up to VIII)	System of Pupil Assessment	Whether pupils of the school are required to take any Board exam upto class VIII ?
(1)	(2)	(3)

	Detail attached (CBSE Pattern)

I. Certified that the school has also submitted information in this data capture format of District Information System of Education with this application;

J. Certified that the school is open to inspection by any officer authorized by the appropriate authority;

K. Certified that the school undertakes to furnish such reports and information as may be required by the Deputy Director Education or Block Elementary Education Officer from time to time and complies with such instructions of the appropriate authority or the Deputy director Education Officer as may be issued to secure the continued fulfilment of the condition of recognition or the removal of deficiencies in 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 Deputy Director Education or Block Elementary Education Officer or appropriate authority at any time, and the school shall furnish all such information as may be necessary to enable the Central and / or State Government/ Local Body or the Administration to discharge its or his obligations to Parliament / Legislative Assembly of the state/Panchayat/Municipal Corporation, as the case may be.

Sd./-

HOLY SOULS EDUCATIONAL
AND CHARITABLE TRUST
Ahmedabad/Mehsana,

Managing Committee
MANAGING TRUSTEE
.....School

Nalagarh
Place Date 28-2-2024.

Gram : Phone: 9418453030

E-Mail: Fax: