



**Education Monitoring Authority (EMA)
Elementary & Secondary Education Department
Government of Khyber Pakhtunkhwa**



Annual School Census Questionnaire (2020-21)

1. School EMIS Code

2. School Name _____
(CAPITAL LETTERS)

3. Gender Male Female Mosque Primary Middle High H/Sec

4. School Level

5. School Type Regular JICA Community Model FCS / BCS (NMDs Only)

6 a. DDO Code

b. School Official Email Address: _____

7. District _____ 8. Tehsil / Town _____

9. UC Name _____

10. Village/Neighborhood Council Name _____
(Only for Settled Districts)

11. Village/City Name _____

12. Locality/Mohalla Name _____

13. Street Name/No. _____ 14. School Landline No. _____

15. Location: ☐ Urban ☐ Rural

16 The school is running in: ☐ Summer Zone ☐ Winter Zone
(The option may be selected on the basis of whether the longer vacations of the school is allowed in the summer or winter)

17. National Constituency (NA) No. _____ 18. Provincial Constituency (PK) No. _____

19. Circle (ASDEO) Office Name _____ 20. SDEO Office Name _____

21. Ownership of the building ☐ Government ☐ Donated ☐ Rented ☐ Sheltered
☐ Shelter-less
☐ Adjusted; ☐ In School: _____ (EMIS Code)
☐ Others: _____ (Name of Building)

1. **Government** means land & building is the sole property of the government.
2. **Donated** means the land/building is donated but ownership not mutated/transferred to the government.
3. **Rented** means that land and building is not the sole property of the government.
4. **Sheltered** (fabricated ceilings/tents)
5. **Shelterless** means that no building exists.
6. **Adjusted** (running in another school or building)
 - a. If a school is adjusted within the building of another schools then write down the Emis Code of that school
 - b. If a school is adjusted in another building (Hujra, Baithak Chowkidar's House, Teacher's House etc) then write down the name of that building

22 Type of Upgradation ☐ Developmental ☐ Non-Developmental

23. a. Year of Establishment

b. Year of Construction

c. i) Is the school building re-constructed (Yes / No) _____

ii) If Yes, please write year of re-constructed
(If more than 50% of the school building is re-constructed)

d. Year of Upgradation

Middle High H.Sec

24. Sanctioned Posts

Teaching Staff				Teaching Staff			
S#	Designation of Post	BPS	No. of Sanctioned Posts	S#	Designation of Post	BPS	No. of Sanctioned Posts
1	Principal (B-20)			44	Senior CT.		
2	Principal (B-19)			45	CT		
3	Principal (B-18)			46	Senior PET		
4	Vice Principal (B-18)			47	PET		
5	Senior Subject Specialist	English		48	Senior DM		
6		Urdu		49	DM		
7		Islamiyat		50	Senior AT		
8		Pak Study		51	AT		
9		History/Civics		52	Senior TT		
10		Economics		53	TT		
11		Statistics		54	Senior Qari / Qaria		
12		Pashto		55	Qari / Qaria		
13		Home Economics		56	CT (IT)		
14		Maths		57	PSHT		
15		Physics		58	Senior PST		
16		Chemistry		59	PST		
17		Biology		61	Elementary Teacher		
18		General		62	Pesh Imam		
19	Subject Specialist	English		63	Others		
20		Urdu		Non-Teaching Staff			
21		Islamiyat		S#	Designation of Post	BPS	No. of Sanctioned Posts
22		Pak Study		1	Hostel Superintendent		
23		History/Civics		2	Assistant		
24		Economics		3	S/Clerk		
25		Statistics		4	J/Clerk		
26		Pashto		5	Store Keeper		
27		Home Economics		6	Assistant Store Keeper		
28		Maths		7	Senior Lab Assistant		
29		Physics		8	Lab: Assistant		
30		Chemistry		9	Lab: Attendant		
31		Biology		10	Driver		
32		General		11	Naib Qasid		
33	Librarian			12	Cook		
34	IPE			13	Baheshti		
35	SIPE			14	WI		
36	CIPE			15	AWI		
37	SS (IT)			16	Work Shop Attendant		
38	Head Master/Mistress			17	Bearer		
39	SST (General)			18	Mali		
40	SST (Bio-Chemistry)			19	Mai/Caller		
41	SST (Math-Physics)			20	Chowkidar		
42	SST (IT)			21	Sweeper		
43	Senior CT			22	Others		

25. a. Other Facilities (1-Yes, 2- No)i. Hostel ☐ii. If Hostel exists, then write total boarders capacity? iii. Total no. of rooms in Hostel iv. Total Number of Occupants in Hostel **b. Whether the following exist (by nature of construction)? (1. Yes, 2. No)**Principal office ☐ii. Clerk office ☐iii. Store ☐iv. Examination Hall ☐**c. Does the school have ramp access for the following: - (1-Yes, 2- No)**i. School Entrance ☐ii. School Building ☐iii. Toilets ☐**d. DRM Facility (1-Yes, 2-No)**i. First Aid Kit (1. Yes, 2. No) ☐ii. SOS No: iii. No. of Teachers Trained: **Enrolment***(Total enrolment of section wise, age wise must be same)***26 Enrolment by Age Group (on the basis of admission register)**

Age	Boys														
	Nursery	Prep	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	Total
3+															
4+															
5+															
6+															
7+															
8+															
9+															
10+															
11+															
12+															
13+															
14+															
15+															
16+															
17+															
18+															
19+															
20+															
>=21															
Total															
Repeaters															
No. of Non-Muslims															
No. of Non-Pakistanis															

29. a. Number of Students with Disabilities: (Boys)

S.No	Disability Type	Severity	Classes												
			Prep	1	2	3	4	5	6	7	8	9	10	11	12
1	Difficulty in Seeing (Visual Disorder) Even after wearing glasses	Some difficulty													
		Cannot do at all													
2	Difficulty in Hearing (Hearing Disorder) Even after using hearing aid	Some difficulty													
		Cannot do at all													
3	Difficulty in Walking (Physical Disorder) or Climbing Steps (Leg / Foot)	Some difficulty													
		Cannot do at all													
4	Difficulty in remembering or concentrating (Psychological Issues)	Some difficulty													
		Cannot do at all													
5	Difficulty with ADL (self-care) such as washing all over or dressing (Hand / Arm)	Some difficulty													
		Cannot do at all													
6	Difficulty In Communicating using usual (customary) language (Speech Disorder)	Some difficulty													
		Cannot do at all													

29. b. Number of Students with Disabilities: (Girls)

S.No	Disability Type	Severity	Classes												
			Prep	1	2	3	4	5	6	7	8	9	10	11	12
1	Difficulty in Seeing (Visual Disorder) Even after wearing glasses	Some difficulty													
		Cannot do at all													
2	Difficulty in Hearing (Hearing Disorder) Even after using hearing aid	Some difficulty													
		Cannot do at all													
3	Difficulty in Walking (Physical Disorder) or Climbing Steps (Leg / Foot)	Some difficulty													
		Cannot do at all													
4	Difficulty in remembering or concentrating (Psychological Issues)	Some difficulty													
		Cannot do at all													
5	Difficulty with ADL (self-care) such as washing all over or dressing (Hand / Arm)	Some difficulty													
		Cannot do at all													
6	Difficulty In Communicating using usual (customary) language (Speech Disorder)	Some difficulty													
		Cannot do at all													

30. Security Measures

CCTV Camera (Y/N)	No. of Security Guards (Private)	No. of Weapons	No. of Metal Detectors	Barbed Wire (Y/N)	Glass Spikes (Y/N)	Entrance Blocks (Y/N)

31. Provision of Free Textbooks Record shown to Monitor: (Yes / No) * for additional textbooks, space is provided on the last page

Class (Prep to 12 th)	Subject	Books Demanded	Books Received	Students without FTB	Surplus Books	Books returned to Office

32. School Furniture in Numbers

Black / Green Board	White Board	Office / Teacher Tables	Office / Teacher Tables Required	Office / Teacher Chairs	Office / Teacher Chairs Required	Almirah

33. Total Land allocated/donated for school _____ (in Marlas as per record)

34. Total Covered Area of the Building (In Marlas)

35. Total uncovered area (in Marlas)

36. If the uncovered area is available, is it (1-Within Premises, 2-Adjacent, 3-Away from the School)?

If away from the school, then write distance in meters _____

37. No. of Rooms on (i) Basement (ii) Ground Floor
(iii) First Floor (iv) Second Floor
(v) Third Floor

38. Nature of Construction:

Nature of Construction	No. of Class Rooms	No. of Other Rooms	Total
Pakka (where both walls & roofs are Pakka/concrete)			
Kacha (where both walls & roof or any one of them is Kacha/non-concrete)			
Total			

39. Condition of Building: Whether the whole Building needs re-construction? (1-Yes, 2- No)

If 'No' then mention:-

i. No. of Classrooms requiring re-construction ii. No. of Other Rooms requiring re-construction

iii. No. of Classrooms requiring Major repair iv. No. of Other Rooms requiring Major repair

(Note:- A repair which can be made from school's own petty cash/account is minor. While major repair cannot be made from the school fund and where engineering work is involved.)

40. Whether IT Lab exist (1-Yes, 2-No)

i) Year of establishment of IT / Computer Lab

ii) Whether the lab is functional (1-Yes, 2-No)

iii) If the lab exists then whether established by (1.Government 2. Private Firm)

iv) If established by a private firm then write name of the firm _____

v) Total no. of computers in the lab vi) Total no. of functional computers

41. Internet facility available? (1 = Yes , 2 = No)

42. Commodities for students (Write Numbers)

S#	Name of Commodities	Available (Write Number)		Number of New Required
		Useable	Unusable	
1	Student Desks (Two Seaters)			
2	Student Desks (Three Seaters)			
3	Student Benches (Two Seaters)			
4	Student Benches (Three Seaters)			
5	Student Chairs			
6	Tablet Chair			
7	Jute Tats			
8	Carpet/Mat			
9	Fans			
10	TLM(Teacher Learning Material) Kit			
11	Any Other (Computer Lab Chairs / Science Lab Chairs etc)			

43. Parents Teachers Council (PTC)i. Is PTC established: (1.Yes ☐, 2.No ☐)

ii. Date of establishment: ____/____/____

iii. PTC members are trained (1.Yes ☐, 2.No ☐)

iv. PTC's Chairperson Name: _____

v. PTC's Chairperson Contact No: _____

vi. Bank Name/Bank Branch: _____

vii. Bank Account No. viii. Bank Branch Code:

ix. PTC last election held date: ____/____/____

x. Balance amount up to 30th June, 2020. Rs. xi. Balance amount up to 31st Oct, 2020 Rs. xii. Amount Received from government this financial year (1st July 2020 – 31 Oct 2020) Rs. xiii. Amount Received from other sources this financial year (1st July 2020 – 31 Oct 2020) Rs. xiv. Expenditure in this year (1st July 2020 – 31 Oct 2020) xv. No. of Meeting held in last month xvi. Bank Statement shown (1.Yes ☐, 2.No ☐)**44. Stipend (Nov – Dec 2019 & April – May 2020) Record Shown to Monitor: (Yes / No) Year _____**

Class	Prep	1	6	7	8	9	10	Total
No. of Eligible Students for First Installment								
No. of Students who Received First Installment								
No. of Eligible Students for Second Installment								
No. of Students who Received Second Installment								
No. Of Eligible Students for Third Installment (Battagram & Lakki only)								
No. of Student who Received Third Installment (Battagram & Lakki only)								
No. of Common Students who Received Both the Installments								
Remarks (if any):								

45. Infrastructure (By Nature of Use)

H/T Office	Science Lab	Staff Room	Library	Clerk Room	Home Economics Lab	Play Area	Play Ground	ECE Room	One screen/ interactive white board
1- Yes <input type="checkbox"/> 2- No <input type="checkbox"/>	1. Available <input type="checkbox"/> 2. Not Available <input type="checkbox"/>	1- Yes <input type="checkbox"/> 2- No <input type="checkbox"/>	1. Available <input type="checkbox"/> 2. Not Available <input type="checkbox"/>	1- Yes <input type="checkbox"/> 2- No <input type="checkbox"/>	1- Yes <input type="checkbox"/> 2- No <input type="checkbox"/>	1. Available <input type="checkbox"/> 2. Not Available <input type="checkbox"/>	1. Available <input type="checkbox"/> 2. Not Available <input type="checkbox"/>	1. Available <input type="checkbox"/> 2. Not Available <input type="checkbox"/>	1. Available <input type="checkbox"/> 2. Not Available <input type="checkbox"/>
	1. Equipped/ 2. Not equipped <input type="checkbox"/>		1. Equipped/ 2. Not equipped <input type="checkbox"/>			1. Functional/ 2. Non-Functional <input type="checkbox"/>	1. Functional/ 2. Non-Functional <input type="checkbox"/>	1. Functional/ 2. Non-Functional <input type="checkbox"/>	1. Functional/ 2. Non-Functional <input type="checkbox"/>
	1. Functional/ 2. Non-Functional <input type="checkbox"/>		1. Functional/ 2. Non-Functional <input type="checkbox"/>						Alternative Source available Solar <input type="checkbox"/> UPS <input type="checkbox"/> Generator <input type="checkbox"/>

46. Teacher guides are provided to the school? (1=Yes, 2=No) ☐**47. (a). Vacant Teaching Positions**

S.NO	Designation	BPS	No. of Posts

47. (b). Vacant Non-Teaching Positions

S.NO	Designation	BPS	No. of Posts

1) Teaching Staff ☐ Non-Teaching Staff ☐

i) Name _____ ii) Father's/Husband's Name _____
*(Married females should write their husband's name)

iii) Gender: _____ iv) Marital Status: _____ v) BPS _____ vi) Mobile No. _____

vii) Teacher's Email Address: _____

viii) AG/Accounts Office Personal No.

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ix) New N.I.C No.

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x) Date of Birth	___/___/___	xi) District of Domicile		xii) Union Council	
xiii) Highest Academic Qualification	(Level)	xiv) Highest Professional Qualification			
	(Subject)				
xv) Date of 1 st Appointment	___/___/___	xvi) Designation As 1 st Appointment		xvii) Present Designation	
xviii) Foreign Qualification	Yes / No	xxi) Foreign Degree Level		xx) Country of Foreign Qualification	

S.No	Name/Title of Training Attended	Training Received in Year	Duration of Training	Training conducted By	Training Attended as (Trainer/Trainee)

S.No	Post Held	School/Place of Posting	From	To

a) In case of Yes, type of disability:

1. Partial Visual	<input type="checkbox"/>	2. Partial Hearing	<input type="checkbox"/>
3. Partial Speech	<input type="checkbox"/>	4. Hand/Arm	<input type="checkbox"/>
5. Leg/Foot	<input type="checkbox"/>	6. Psychological Issues	<input type="checkbox"/>

b). Employed on Disability Quota? (1-Yes, 2-No)

<input type="checkbox"/>

Note: If the number of working teachers exceed from the above table, then use photocopy of this page

2) Teaching Staff ☐ Non-Teaching Staff ☐

i) Name _____ ii) Father's/Husband's Name _____
 *(Married females should write their husband's name)

iii) Gender: _____ iv) Marital Status: _____ v) BPS _____ vi) Mobile No. _____

vii) Teacher's Email Address: _____.

viii) AG/Accounts Office Personal No.

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ix) CNIC No.

						-										-	
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x) Date of Birth	___/___/___	xi) District of Domicile		xii) Union Council	
xiii) Highest Academic Qualification	(Level)	xiv) Highest Professional Qualification			
	(Subject)				
xv) Date of 1 st Appointment	___/___/___	xvi) Designation As 1 st Appointment		xvii) Present Designation	
xviii) Foreign Qualification	Yes / No	xxi) Foreign Degree Level		xx) Country of Foreign Qualification	

xviii) Training Record (Please mention only those training whose duration is at 3-days or more)

S.No	Name/Title of Training Attended	Training Received in Year	Duration of Training	Training conducted By	Training Attended as (Trainer/Trainee)

xix) Service History (Please furnish details of last three (3) postings, starting from the most recent (Including the current service))

S.No	Post Held	School/Place of Posting	From	To

xx) Any Disability? (1-Yes, 2-No) ☐

If Disability Yes,

- a) In case of Yes, type of disability: 1. Partial Visual ☐ 2. Partial Hearing ☐
 3. Partial Speech ☐ 4. Hand/Arm ☐
 5. Leg/Foot ☐ 6. Psychological Issues ☐

b). Employed on Disability Quota? (1-Yes, 2-No) ☐

[illegible]

