

**APPLICATION
FOR
ACCREDITATION OF QUALITY SCHOOL
GOVERNANCE**



**National Accreditation Board for Education and Training
Quality Council of India**

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General Instructions

1. All columns must be filled up in capital letters or typed.
2. Copies of all the relevant documents should be submitted with the application form.

A. GENERAL INFORMATION ABOUT THE SCHOOL

1. Name of School _____
2. Postal Address _____

_____ City _____
Pin Code _____ State _____
3. Phone No. with STD Code: _____
4. Fax No.: _____ Email: _____
5. Name of the Principal of school: _____
6. (a) Year of Establishment _____
(b) Total current No. of students _____
7. The school is imparting education at under mentioned levels (Please fill in specific relevant rows as applicable in your school)

Classes	Number of Students	Total No. of Sections
Below Class 1		
Classes 1-5		
Classes 6-8		
Classes 9-10		
Classes 11- 12		

8 (a). The school admits:
Only Boys Only Girls Is Co-educational

(b) Does your school admit children with special needs? Yes/ No

9. Medium of instruction in the school:

English

Hindi

Any Other

(please specify)

10. Does school have its own hostel facilities? Please tick appropriate box.

Day Boarding School

Limited hostel facility available

Fully Boarding School

School doesn't provide hostel facilities

B. DETAILS OF SCHOOL GOVERNANCE

11. School owned by

Government

Pvt. owner

Trust

Society

12. Is the Trust/ Society registered? Yes / No

13. If yes, under which Act? _____

14. Year of Registration _____ Registration No. _____

15. Period up to which Registration of Trust/ Society is valid _____

16. Owner/ President/Chairman/ Managing Trustee of the school

Name : _____

Designation: _____

Address: _____

Phone No. with STD Code: _____

Email address _____

(Note : Attach Registration Certificate as Annexure -1)

C. DETAILS OF RECOGNITION AND AFFILIATION

17. Is the School Affiliated with any Recognized Board? _____

18. If Yes, please mention the following:

a) Name of the Board (s) with which affiliated: _____

b) Affiliation No.: _____

c) Year of affiliation: _____

d) Is the affiliation permanent or temporary? _____

e) If the affiliation is temporary, up to what period? _____

19. State if there is any condition for affiliation?

(Note : Attach affiliation certificate as Annexure-2)

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D. DETAILS OF INFRASTRUCTURAL & ACADEMIC FACILITIES

20. Is the school located in a rented building or own building? _____

(Note : Attach rent agreement document as Annexure -3)

21. Physical Size

a) Area of school Campus (in sq mtrs.) _____

b) Built up Area in (in sq. mtrs.) _____

c) Playground area (in sq. mtrs)_____

22. Infrastructure Details:

(Note : Attach building approval document from competent authority as Annexure -4)

Educational Facilities (Rooms, Library and Laboratories, etc.)

S. No.	Item	Number of rooms
1.	Class Rooms	
2.	Staff Rooms	
3.	Physics Lab	
4.	Chemistry Lab	
5.	Biology Lab	
6.	Math's Lab	
7.	Computer Science Lab	
8.	Home Science Lab	
9.	Library	
10.	Auditorium	
11.	Other Rooms / Halls	
	Total	

23. Summary of Teaching Staff .

(Note : Attach detailed list of staff particulars in Annexure-5)

S. No.	Staff	Permanent Teachers	On Contract	Total
1.	Principal			
2.	Vice Principal/Head Master/ Head Mistress			
3.	PGTs (Post Graduate Teachers)			
4.	TGTs (Trained Graduate Teachers)			
5.	PRTs (Primary Teachers)			
6.	NTTs (Nursery Trained Teachers)			
7.	Untrained Teachers			
8.	Librarian Teacher			
	Total			

24. Does the school have teachers with competencies to handle students with special needs?
Yes/ No

25. Administrative support staff.

(Enclose list of staff indicating qualification, experience in Annexure -6)

S. No	Staff	Permanent	Temporarily / Part-Time	Total
1.	Office Managers			
2.	Clerks			
3.	Lab Attendants			
4.	Accountant			
5.	Peons			
6.	Others			

26. Other Facilities:

a) Number of Toilets: For Boys _____ For Girls _____ For Staff _____

b) Number of drinking water points available: _____

c) Is school in compliance with regulatory norms for

- drinking water Yes / No
- health and sanitary conditions Yes / No
- fire safety Yes / No
- building safety Yes / No

d) Are compliance to the above (c) certificated by the competent authority
Yes / No

(Please provide proof and attach))

Annexure - 7: Drinking Water Test Certificate

Annexure - 8: Health and Sanitary Conditions Compliance Certificate

Annexure - 9: Fire Safety Compliance Certificate by competent authority

Annexure -10: Building Safety Certificate (Structural and Non-Structural)

e) Facility of mid day meal: Yes / No

f) No of school's own buses: _____ No of buses sub-contracted (hired): _____

27. Library Facilities

a). Total no. of Books _____

b). No. of Magazine _____

c). No. of Dailies (newspapers) _____

d) Separate Library for Primary Section Yes/ No

28. Other Facilities available in the school

Sports & Games Dance Room Gymnasium
 Music Room Health and Medical Check up

29. Audio-Video facilities available in the school

Television VCR/VCP Tape Recorder
 Multimedia Computer

(Attach – Annexure -11: School Brochure)

E. OTHER RELEVANT INFORMATION

30. Does the school receive any grant from Govt. of India / State Government / Union Territory or any other source? Yes / No

(Attach – Annexure -12: Details of grants received in last 3 years;
Annexure -13: Audited Financial reports of last 3 years)

31. Does the school work in shifts (Yes / No)?

What are the working hours of the school for different shifts / batches of students?

Shift / Batch	Season : (From Date to Date)	From Time	To time	Remarks if any

32. Enrolment of the Students in the current session

(Attach details in below mentioned format as Annexure -14 for all classes and sections as per format below)

S. No.	Class	No of sections	Total No. of Boys	Total No. of Girls	Total No of students
1.					
2.					

33. Have you prepared Accreditation Documents? (Yes / No)
(Submit Accreditation Manual, including List of Processes, Matrix of list of Documents and Records with their controls, as Annexures- 15 A, 15 B, etc. within six months of this application for review by NABET and an onsite visit for assessing school readiness)

34. Names and details of any Resource person/ Organization used for developing Accreditation Manual, and Training.

35. Please mention the Demand Draft/Cheque (Delhi only) in favour of **Quality Council of India**, payable at New Delhi or NEFT/RTGS details towards the application fees:

S. No.	Particular	Transaction ID/DD No.	Date	Bank	Amount
1	NEFT/RTGS				
	OR				
2	Demand Draft				

Bank Details for RTGS/NEFT Transfer in QCI Account:

a. Name of Account Holder: Quality Council of India

b. Bank Details:

ICICI Bank, ITO, New Delhi | Express Building, 9-10, Bahadur Shah Zafar Marg, New Delhi-110002.

Account No: 038601002144 | RTGS/NEFT IFSC Code: ICIC0000386 | MICR Code of Bank: 110229059

36. Provide GST number of the school (if applicable) _____

Note: Mention "Not Applicable" (NA) if the school does not have GST number.

Declaration

I hereby declare the above information is true and correct as per my knowledge.

Authorised Signatory

Name: _____

Designation: _____

Date:

Place:

List of Annexure

Enclosed

- | | |
|---|----------|
| 1. Registration Certificate of Trust/ Society | Yes / No |
| 2. Copy of Affiliation Certificate | Yes/ No |
| 3. Rent Agreement | Yes/ No |
| 4. Building Approval Document | Yes/ No |
| 5. List of Teaching Staff –
Teaching Staff (indicating qualifications, designation, experience in years, Date of Joining, subject(s) taught, classes taught, No. of periods taught per week, and other responsibilities. | Yes/ No |
| 6. Administrative Support Staff (indicating qualification and Experience) | Yes / No |

Certificate for compliance for

- | | |
|--|---------|
| 7. Drinking Water | Yes/ No |
| 8. Health and Sanitary Conditions | Yes/ No |
| 9. Fire Safety | Yes/ No |
| 10. Building Safety Certificate (Structural and Non-Structural) | Yes/ No |
| 11. School Brochure | Yes/ No |
| 12. Details of Grants received in last 3 years | Yes/ No |
| 13. Details of Audited Financial Reports of last 3 years | Yes/ No |
| 14. Enrolment of Students in Current Session | Yes/ No |
| 15. Accreditation Manual, and Associated Documents | Yes/ No |

For Office Use Only (To be filled by NABET Office)

Application Number : _____

Name of School _____

Particulars	Date Completed	Name of Examiner
- Application Review		
- Document Review		
- Readiness Visit		
- Final Assessment		
- NABET Decision		
- Accreditation		