



NEW LIFE EDUCATION TRUST
MATRUBHABAN, SRI AUROBINDO MARG, CUTTACK-753013
 E-mail: nlet.1978@gmail.com
 Website: www.motherorissa.com, Phone : 94370 23407

INFORMATION OF SRI AUROBINDO INTEGRAL EDUCATION CENTRE
ACADEMIC SESSION.....

1. Education Centre Code : _____ DISE Code : _____
2. Name of the Education Centre : _____
 Address : _____
 At : _____ P.O.: _____ Via : _____
 Dist : _____ P.S. _____ Pin :
3. School Mob/Phone No. with STD Code
 Mobile No. (Principal) (Secretary)
4. Fax No..... E-mail:
5. Date of establishment of the Education Centre :
6. Name of the Sri Aurobindo Pathachakra :

7. Is the Sri Aurobindo Pathachakra registered under Trust/Society/Not Registered :
 (With Regn. No. & Date)

8. Establishment status of the Education Centre : OWN BUILDING/RENTED/NOT OWN (rent free)

9. Students strength

Nursery	KG	STD-1	STD-2	STD-3	STD-4	STD-5	STD-6	STD-7	STD-8	STD-9	STD-10	College	Total

10. Up to which class the Education Centre is affiliated to NLET?
 (With affiliation no. & date)

11. Range of classes recognised by Government with recognition Letter No. & Date :

12. Does the Integral Education Centre have a hostel attached to it? Yes No
 Number of students in the hostel?

13. Do you have a Sales Centre ? Yes No

14. Do you have Computer Education facility? Yes No
15. Do you have a Library? Yes No
16. No. of books.
17. Type of drinking water facility.
 Filtered Water Bore well Municipality Supply Pond or Well Supply
18. Sanitary Conditions.
 (a) Lavatories separately for boys.
 (b) Lavatories separately for girls.
19. Whether there is First Aid facility in the Education Centre. Yes No
 (a) Whether there is a complete First aid box. Yes No
 (b) Number of Apa-Bhai who have received the First Aid training organised by Sri Aurobindo Medical Association.
 (c) Have you received Health Check-up form. Yes No
20. Annual contribution : Year :..... Date :.....
 Receipt No..... Rs.....
 (Student @ Rs.2/-, Apa-Bhai @ Rs.10, M.C. Member @ Rs.20)
21. Purnata Pathe : Year :..... Date :.....
 Receipt No..... Rs.....

Signature of the Secretary

Signature of the Principal

Date :

Date :

MEMBER OF SCHOOL MANAGING COMMITTEE

Sl. No.	Name	Designation	He/she has Study Circle at home	Name of the Magazine(s) Subscribed	Visit to Pondicherry
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

NAME OF THE APA / BHAI

SL. NO.	NAME	DATE OF BIRTH	DATE OF JOINING	QUALIFICATION	TRAINING (CT., B.ED. & NLET)	NAME OF THE MAGAZINE(S) SUBSCRIBED	VISIT TO PONDICHERRY	WHETHER STUDY CIRCLE IN HIS/HER HOUSE

N.B. : ★ Enclosures may be attached in separate sheets, if necessary.