

SPECIMEN PROFORMAS

NOTIFICATION OF SCHOOL COUNCIL

FORM-1

EMISCODE: _____ SCHOOL NAME _____ DISTRICT _____ TEHSIL _____ MARKAZ _____

MOZA _____ UC NAME _____ UC NO. _____ DATE OF NOTIFICATION _____ NOTIFICATION NO. _____

NAME & ADDRESS OF BANK BRANCH / POST OFFICE _____ SCHOOL COUNCIL A/C NO. _____

The name and detail of the persons elected by simple majority as School Council Members in school Council's session held on _____

Sr. No.	Name of School Council Member	Parentage/Married to	Designation	CNIC #	Member's Category	Signature Member

NOTE: The School Council members shall be authorized to perform their activities in the respective school in accordance with the rules and regulations of the School Council Policy Copy for information to:

- 1) E DO (Education) _____
- 2) Dy.DEO Stamp & Signature

- 3) Bank Manager / Incharge Post Office AEO
- 4) Copy for School Record

Notification for Cancellation of Membership

FORM-2

EMIS Code _____ Name of School _____ District _____ Tehsil _____

Markaz _____ Mouza _____ UC Name _____ UC Number _____ Date of Notification _____ Notification No. _____

The Meeting number being convened for the cancellation of membership of SC _____ dated _____ Mr./Mrs. _____

s/o/ w/o/d/o-----whose membership of School Council is being cancelled by two third majority of the School Council Members.

He/She is no more authorized to participate in any activity as a School Council member. The proceedings to fill the vacant seat by any other member will be completed soon. The said member shall not be eligible to become the member of the School Council for one year.

Signature and Stamp
Assistant Education Officer

Copy for information

1. The Deputy District Education Officer _____
2. Copy for record of School Council.

RECORD OF SCHOOL COUNCIL MEMBERS

FORM-3

Date of Notification	Notification No.	Name of Members	Parentage/ Married to	Phone	Residential Address	Gender	Designation (Chairperson /Co-Chairperson /member)	Member's Category (Teacher /Parent/ General)	Occupation	CNIC #	Date of Joining	Date of Cancellation of Membership	Signature (Chairperson /Co-Chairperson)

SCHOOL INSPECTION REGISTER FOR SCHOOL COUNCIL MEMBERS FORM-4

Date	Time	Name of Members	Designation	Observations	Recommendations	Signature of the Member

PROCEEDINGS OF SCHOOL COUNCIL MEETING

Date:..... Day Meeting No..... Starting Time of the Meeting

Ending time of the Meeting..... Total Members of the School Council..... No of Present Members

Proceedings of the Meeting: _____

The implementation status of the decisions made in the previous meeting and Remarks _____

Decisions made in the current meeting _____

Name of responsible members that have been assigned the responsibility to implement the decisions of School Council _____

Chairman: _____

Signature: _____

Co-Chairman: _____

Signature: _____

School Council Members attending the Meeting:

Sr. No.	Name of Member	Parentage/Married to	Designation	Signature/Thumb Impression

FORM -6

SCHOOL BASED ACTION PLAN (School Development Plan)

EMISCODE _____ SCHOOL NAME _____

DISTRICT _____ TEHSIL _____ MARKAZ _____

MOZA _____ UC NAME _____ UC NO. _____

Sr. No.	Needs of Schools	Priorities	Quantity/Quality	Estimated Cost	Responsibility

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Chairperson of School Council _____

Signature _____

Date _____

Co-Chairperson of School Council _____

Signature _____

Date _____

School Council Members attending the Meeting:

Sr. No.	Name of Member	Parentage/Married to	Designation	Signature/Thumb Impression

FORM	-7
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SCHOOL COUNCIL RESOLUTION

EMISCODE _____ SCHOOL NAME -----
DISTRICT _____ TEHSIL _____ MARKAZ -----
MOZA _____ UC NAME _____ UC NO. -----
Resolution No. _____ Date _____ Time _____ Total Members _____ Present Members in the meeting -----

PROCEEDING & DECISION OF THE MEETING: -----

Name of Chairman: _____

Signature: _____

Name of Co-Chairman: _____

Signature: _____

School Council Members attending the Meeting:

Sr. No.	Name of Member	Parentage/Married to	Designation	Signature/Thumb Impression

Total Income _____
Amount withdrawn during the current month _____
Closing Balance of Current month _____

Previous Balance _____
Amount withdrawn during the current month _____
Total Expenditures of Current month _____
Closing Balance of Current month _____

Contract for Temporary Appointment of A Teacher **FORM NO.9**

Mr./Mrs. ----- s/o/w/o -----

Whose temporary appointment in Government ----- School ----- as

Temporary Teacher for reasons: i) Non-Availability of Govt. Teacher ii) Excess in the Students

Number iii) Any other reason (state reasons) -----

with effect from (Date) ----- to ----- is hereby made.

Your appointment is of temporary nature and your responsibilities under this appointment are as under:

- 1) To be punctual as against the school timings
- 2) To teach in classes as per the head teacher's instructions
- 3) To provide friendly environment to children instead of the intense one.
- 4) To exchange your thoughts with teachers and members of the School Council for the betterment of the school.
- 5) To take care of the cleanliness and discipline of the students
- 6) To contact parents of students as per the instructions of the head teacher
- 7) To actively participate in co-curricular and extra-curricular activities in school as per the instructions of head teacher.

Salary

Your salary is fixed at rupees 1500/- per month which will be paid by the School Council. There shall be no increase in your salary. You will not be entitled to any other benefits. You will not be paid salary during summer vacations.

Leaves

You may avail a maximum of two leaves in a month and that too with the approval of the leave by the head teacher.

In case you avail leaves more than two in a month, there will be a deduction for additional leaves from your salary at a rate of rupees fifty (50) per day.

Contract Period

Your service will continue for a contract period stated above. However, in case of irresponsible attitude or appointment of a regular teacher, the School Council is empowered to cancel this contract of appointment on three (3) days notice without assigning any reason. The decision of the School Council shall not be appealable at any other forum.

Issued By

Signatures of the Chairperson -----

Dated -----

Signatures of the Co-Chairperson -----

Dated -----

(Acceptance of Appointment as Temporary Teacher)

I ----- s/o/ w/o ----- have accepted my appointment as Temporary Teacher after reading and understanding the conditions mentioned above. I am willing to work on these conditions as a Temporary Teacher(Non-governmental) in Government

----- School-----Tehsil ----- District -----²⁷

CNIC

Number ----- Signatures ----- Date -----