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12. RESPONDENT'S NAME:..... DESIGNATION: .....

YOUNG CHRISTIAN PROFESSIONAL NETWORK

SCHOOL SURVEY FORM

1. NAME OF THE SCHOOL.....

2. ESTD. (YEAR): .....BY: .....

3. VISION: .....

4. MISSION: .....

5. CLASSES OFFERED: from ..... to.....

6. STUDENTS STRENGHT: Girls.....Boys.....Total.....

7. STUDENTS DETAILS OF CLASS 8^{TH} TO 12^{TH}

   a) Class Viii: Girls: .....Boys: .....Total: .....
   b) Class ix: Girls: .....Boys: .....Total: .....
   c) Class X: Girls: .....Boys: .....Total: .....
   d) Class Xi: Girls: .....Boys: .....Total: .....
   e) Class Xii: Girls: .....Boys: .....Total: .....

8. ORPHAN OR SEMI ORPHAN: Girls: .....Boys: .....Total: .....

9. DIFFERENTLY ABLED CHILDREN: Girls: .....Boys: .....Total: .....

10. PARENTS OCCUPATION:

   a) Farmer: ..... Govt. Employed: .....Private: ..... Self employed: .....

11. EXPECTATION FROM YCPN: (If any): .....

Date: ..... Signature: .....