

FORMAT - I : SMC FOR SCHOOLS WITH ENROLMENT UP TO 100

To, The District Elementary Education Officer, Silchar, Cachar
 Through the proper channel
Sub: Prayer for approval of newly constituted School Management Committee (SMC)
Ref.: Your Letter No. DEO/NEP/1121/2026/8791-8798, Dtd. 21-08-2026
 Sir,

With reference to the subject cited above, I have the honour to furnish the details of the newly constituted School Management Committee (SMC) of School, constituted in the General Meeting held on ____/____/2026 in the premises of the said school, for approval from your kind end.

As per rules: 75% Parent / Guardian representation and the prescribed non-parent representation shall be maintained in accordance with the Government notification.

Sl. No.	Name of Member	Category	Gender	Qualificatio n	Designation in SMC	Name of Child & Class (for Parent/Guardian only)	Contact Number	Remarks
1		Parent / Guardian			Chairperson	Child: _____ Class: ____		
2		Parent / Guardian			Vice-Chairperson	Child: _____ Class: ____		
3		Parent / Guardian			Member	Child: _____ Class: ____		
4		Parent / Guardian			Member	Child: _____ Class: ____		
5		Parent / Guardian			Member	Child: _____ Class: ____		
6		Parent / Guardian			Member	Child: _____ Class: ____		
7		Parent / Guardian			Member	Child: _____ Class: ____		
8		Parent / Guardian			Member	Child: _____ Class: ____		
9		Parent / Guardian			Member	Child: _____ Class: ____		
10		Parent / Guardian			Member	Child: _____ Class: ____		
11		Parent / Guardian			Member	Child: _____ Class: ____		
12		Local Authority / PRI Member			Member	N/A		
13		Teacher Representative			Member	N/A		
14		Educationist / Alumni / etc.*			Member	N/A		
15		Head of Institution			Member-Secretary	N/A		

* Educationist / Alumni / etc.: Local Educationist / Subject Expert / Academician / Senior Student / Alumni of the School / AWW / ASHA / ANM, as applicable under the Government notification.

Representation / Compliance Details	
Total Women Members	_____
SC / ST / OBC / Other SEDG Representation	Yes / No Details: _____
Parent/Guardian of CwSN, if applicable	Yes / No Details: _____
Prescribed Parent/Guardian Representation Maintained	Yes / No

Enclo.: Copy of the Resolution of the General Meeting.

Signature of Chairperson
 Name: _____
 Date: _____

Signature of Member-Secretary / Head of Institution
 Name: _____
 Date: _____

FORMAT - II : SMC FOR SCHOOLS WITH ENROLMENT 100 TO 500

To, The District Elementary Education Officer, Silchar, Cachar
 Through the proper channel
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Ref.: Your Letter No. DEO/NEP/1121/2026/8791-8798, Dtd. 21-08-2026
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11		Parent / Guardian			Member	Child: _____ Class: ____		
12		Parent / Guardian			Member	Child: _____ Class: ____		
13		Parent / Guardian			Member	Child: _____ Class: ____		
14		Parent / Guardian			Member	Child: _____ Class: ____		
15		Parent / Guardian			Member	Child: _____ Class: ____		
16		Local Authority / PRI Member			Member	N/A		
17		Teacher Representative			Member	N/A		
18		Educationist / Alumni / etc.*			Member	N/A		
19		Educationist / Alumni / etc.*			Member	N/A		
20		Head of Institution			Member-Secretary	N/A		

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Prescribed Parent/Guardian Representation Maintained	Yes / No

Enclo.: Copy of the Resolution of the General Meeting.

Signature of Chairperson
 Name: _____
 Date: _____

Signature of Member-Secretary / Head of Institution
 Name: _____
 Date: _____

FORMAT - III : SMC FOR SCHOOLS WITH ENROLMENT ABOVE 500

To, The District Elementary Education Officer, Silchar, Cachar
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Prescribed Parent/Guardian Representation Maintained	Yes / No

Enclo.: Copy of the Resolution of the General Meeting.

Signature of Chairperson
 Name: _____
 Date: _____

Signature of Member-Secretary / Head of Institution
 Name: _____
 Date: _____