



राजस्थान स्कूल शिक्षा परिषद्

द्वितीय एवं तृतीय तल, ब्लॉक-6, डॉ० रामाकृष्ण शिक्षा संकुल परिसर
जवाहरलाल नेहरू मार्ग, जयपुर - 17
www.rajsmsa.nic.in

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क्रमांक : रा.स्कू.शि.प./जय/आईईडी/2019-20/

दिनांक :

अति-आवश्यक

मुख्य जिला शिक्षा अधिकारी एवं
पदेन जिला परियोजना समन्वयक,
समग्र शिक्षा अभियान,
समस्त-जिले

विषय :-समावेशी शिक्षा वार्षिक कार्ययोजना एवं बजट सत्र 2020-21 अन्तर्गत CWSN Data List PMS पोर्टल पर अपलोड किया जाना की Model Table (Elementry & Secondary) भिजवाने बाबत।

उपरोक्त, विषयान्तर्गत लेख है कि समग्र शिक्षा अभियान के समावेशित शिक्षा के अन्तर्गत वार्षिक कार्ययोजना एवं बजट 2020-21 तैयार किया जाना है। उक्त संदर्भ में CWSN Data List PMS पोर्टल पर अपलोड किया जाना है एवं डाटा अपलोड करने हेतु गाईडलाईन संलग्न कर भिजवायी जा रही है। साथ ही Model Table (Elemntry & Secondary) तैयार किया जाना है।

संलग्न प्रारूप में जिला स्तर से CWSN Student List PMS पोर्टल पर दिनांक 28.02.2020 तक आवश्यक रूप से अपलोड किया जाना सुनिश्चित करें एवं Model Table (Elemntry & Secondary) समावेशी शिक्षा के email- rajsmsaled@gmail.com पर दिनांक 28.02.2018 तक भिजवाया जाना सुनिश्चित करावें।

संलग्न-उपरोक्तानुसार

1129
19/2/20

(नसीम खान)
उपायुक्त
(समावेशी शिक्षा)

क्रमांक : रा.स्कू.शि.प./जय/आईईडी/2019-20/

दिनांक :

प्रतिलिपि :- निम्न को सूचनाार्थ -

1. निजी सचिव, आयुक्त, राजस्थान स्कूल शिक्षा परिषद्, जयपुर।
2. निजी सचिव, राज्य परियोजना निदेशक, राजस्थान स्कूल शिक्षा परिषद्, जयपुर।
3. निजी सहायक, अति० राज्य परियोजना निदेशक, (I & II) राजस्थान स्कूल शिक्षा परिषद्, जयपुर।
4. अतिरिक्त जिला परियोजना समन्वयक, समग्र शिक्षा अभियान, संबंधित जिले।
5. रक्षित पत्रावली।

www.rajteachers.com

उपायुक्त
(समावेशी शिक्षा)

CWSN Student List

[illegible]**Disability Type**

Disability Code	Disability Name
22	Acid Attack Victim
10	Autism Spectrum Disorder
1	Blindness
9	Cerebral Palsy
17	Chronic Neurological condition
14	Deafism
3	Hearing Impaired (deaf & HOH)
20	Haemophilia
15	Intellectual Disability
12	Leprosy Cured Person
5	Locomotor Disability
2	Low Vision
8	Mental Illness
11	Multiple Disability incl. DB
18	Multiple Sclerosis
16	Muscular Dystrophy
23	Parkinson's disease
21	Sickle Cell disease
13	Specific Learning Disability
4	Speech and Language
19	Thalassemia

* Mode of Transfer

- Mode of Transfer
1. Transfer to Aadhar Payment Bridge : Enter "A"
 2. Transfer through PFMS but non Aadhar : Enter "P"
 3. Electronic Fund Transfer directly through Bank: Enter 'g'
 4. Fund Transfer through other means Cash / Cheque Etc : Enter "C"

Table 2

Table 3. Details of Resource Rooms			
	Physical (No. of Rooms)	No. of Persons	No. of CWSN addressed
Resource Rooms	Schools		
	Clusters		
	Blocks		
	Districts		

[illegible][illegible]

S. No.	Name of the	No. of CWSN	Category of Disability

Table 7: State Level Training The Details of the Training on IE at State Level, as proposed by the state for 2019-20.				
S. No	Activities	Duration of Training	Participants to be trained (Teachers/RPs, Edu. Admin. Etc.)	No. of Participants To be trained by
	Curricular Adaptions			
	Technology Support for CWSN at BRC/CRC/Resource Rooms			
	Disability specific trainings			

Table 8:-Details of Teacher Training at Elementary level							
S No	Total number of teachers	No of teachers trained through annual IE training	% of teachers trained through annual IE training	Contents of the IE part in the in-service teacher training	No of teachers trained through 3-6 day training	Type of the 3 -6 day teacher training (Braille, sign Lang, Auslan, MD, etc)	Contents of the 3 -6 day teacher training

Table 9: Progress of 2019-20 Physical & Financial Achievement-2019-20									
Activities	Phy.	Unit cost	Phy. achievement	% Phy achievement	Fin. In Lakh. (Approved Budget)	Expenditure	% Expenditure	Month when this activity was undertaken	Remarks
Identification & Assessment									
Training for parents and guardians on therapy activities									
Required Aids & Appliances (Please state convergence)									
Corrective Surcetes									
Transport Allowances for 10 months									
Locort Allowances for 10 months									
Therapy services for CWSN									

Training of K.R.Ps (please specify no. of days)									
Cost of Assistive devices for CWSN									
Orientation of Principals, Educational administrators, parents / guardians etc									
Environment Building Programs									
Stipend for Girls with Special Needs (10 Months)									
Roster Allowance									
Braille Stationery Material									
Helper/Attendant									
Assistive Devices, Equipments and TLM & Technology Support in Resource Rooms									
Purchase/Development of Instructional Material									
Braille Books & Large Print Books									
In-service training of Special Educators									
In-service training of Teachers									
Sports &/or Exposure visits									
Home Based Education									
Any Others (please specify)									
Total (SOA)									
Financial Assistance for Special Educators/RPs									
Total (Financial Assistance)									
Grand Total for IE									
Rate at BRC/URC/CRC									

Table 6- KGBV's & Girls Hostels

Information of CWSN enrolled in KGBV's

S No	Name of the District	No. of CWSN girls enrolled in KGBV's	Category of Disability

Table 7- State Level Training
The Details of the Training on IE at State Level as proposed by the state for 2019-20:

S No	Activities	Duration of Training	Participants to be trained (Teachers RPs, Edu Admin Etc.)	No. of Participants	To be trained by
	Curricular Adaptions				
	Technology Support for CWSN at BRC/CR/Re source Rooms				
	Disability specific trainings				

Table 8- Details of Teacher Training at Secondary and Sr. Secondary level

S No	Total number of teachers	No. of teachers trained through annual IE training	% of teachers trained through annual IE training	Contents of the IE part in the in-service teacher training	No. of teachers trained through 3-6 day training	Type of the 3-6 day teacher training (Braille, sign Lang, Autism, MFD, etc)	Contents of the 3-6 day teacher training

Table 9- Progress of 2019-20

Physical & Financial Progress-2019-20

Physical & Financial Achievement-2019-20

Activities	Phy.	Unit cost	Phy. achievement	% Phy achievement	Fin. In Labh. (Approved Budget)	Expenditure	% Expenditure	Month when this activity was undertaken	Remarks
Identification & Assessment Camps									
Training for parents and guardians on therapy services									
Required Aids & Appliances (Please ensure convergence)									
Corrective Surgeries									

Important Procedures for Uploading CWSN Student Data through Excel File

1. Download the EXCEL Template file <cwsn_data.xls>
2. Rename the file cwsn_data.xlsx to <Put your 2 digit state code or 4 digit district code (if uploading from district)>.xlsx
3. Please don't change the column name
4. **Column Definition**
 - i. ID : put incremental serial number for each district in this column (example : For District code "0102" the ID will start from "1..2...3... and so on, for District Code "0103" the ID will start again from "1..2...3...4... and so on) <mandatory>
 - ii. Stcd : put first two digit of your UDISE code . (Example : If your UDISE code is 22100711641, than first 2 digit will be "22" <mandatory>
 - iii. dstcd : put first four digit of your UDISE code . (Example : If your UDISE code is 22100711641, than first 4 digit will be "2210" <mandatory>
 - iv. Udise_cd : 11 digit udise code of your school code <mandatory>.. It should be 11 digit , other wise data will be corrupted> . UDISE code for state Jammu and Kashmir, Uttrakhand, Uttar Pradesh, Himachal Pradesh, Punjab, Chandigarh, Haryana, Delhi, Rajasthan should start from "0"
 - v. year : put "2020-2021" in year <mandatory>
 - vi. Student Name : Name of Student (avoid special character using , . () etc)
 - vii. Father Name : Name of Father (avoid special character using , . () etc)
 - viii. Mother Name : Name of Mother (avoid special character using , . () etc)
 - ix. Class : Enter the class of student as (i.e 1,2,3,4,5,6,7,8,9,10,11,12)
 - x. Mobile : Enter 10 digit mobile number of Father / Mother
 - xi. Address : Enter the address of Student (avoid special character using , . () etc)
 - xii. Pin : Enter the Pin Code
 - xiii. AADHAAR ID : enter 12 digit aadhaar ID of the Student

xiv. Date of Birth : Enter Student Date of Birth

xv. Ty_pe : Enter Type of Student as mention Below

1. Day Scholar : 1
2. Hostler : 2
3. Not Applicable : 3

xvi. Disability Type : Enter the Disability Type of Student as mentioned below <Mandatory>

Disability Code	Disability Name
22	Acid Attack Victim
10	Autism Spectrum Disorder
1	Blindness
9	Cerebral Palsy
17	Chronic Neurological condition
14	Dwarfism
3	Hearing Impaired (deaf & HOH)
20	Haemophilia
15	Intellectual Disability
12	Leprosy Cured Person
5	Locomotor Disability
2	Low Vision
8	Mental illness
11	Multiple Disability incl. DB
18	Multiple Sclerosis
16	Muscular Dystrophy
23	Parkinson's disease
21	Sickle Cell disease
13	Specific Learning Disability
4	Speech and Language
19	Thalassemia

xvii. Accno : Enter the Bank Account Number<Mandatory>

xviii. IFSC : Enter IFSC code of Bank <Mandatory>

xix. Bank : Enter Bank Name in which student account was opened

xx. Seedid : Enter the value "Y" or "N" whether Aadhaar was seedid with bank account or not

xxi. M_transfer : Choose the Mode of Transfer used for transferring the funds to CWSN Students :

1. Transfer to Aadhar Payment Bridge : Enter "A"
 2. Transfer through PFMS but non Aadhar : Enter "P"
 3. Electronic Fund Transfer directly through Bank: Enter 'B'
 4. Fund Transfer through other means Cash / Cheque Etc : Enter "C"
- xxii. Stipend: Enter the value "Y" or "N" whether Stipend would be given to student or not
- xxiii. T_allowance : Enter the value "Y" or "N" whether Travelling Allowance would be given to student or not
- xxiv. Asst_dev : Enter the value "Y" or "N" whether Assistive Devices would be given to student or not
- xxv. Read_allow: Enter the value "Y" or "N" only for the students having Blind or Low vision disabilities only
- xxvi. Aid_appl : Enter the value "Y" or "N" only for the students having CP, Blind , Locomotor and Muscular Dystrophy, HI, Multiple Disability only
- xxvii. Escort Allowance : Enter the value "Y" or "N" only for the students having Moderate Severe and Profound disabilities only
- xxviii. Book_stat : Enter the value "Y" or "N" only for the students having Blind or Low vision disabilities only
- xxix. There_service: Enter the value "Y" or "N" for needing therapeutic services