**FORM 3**

**Details of arrangements made before reopining of schools**

|  |  |
| --- | --- |
| School Number |  |
| No. of class rooms cleaning done |  |
| No. of class toilets cleaning done |  |
| Whether sanitizers obtained |  |
| Whether vitamin Zinc tabs received |  |
| Whether time table set after splitting section |  |
| Whether health screening schedule fixed |  |
| Whether arrangements made to start noon meal for class 10th (Govt/Govt aided) |  |

 Signature of Headmaster

School seal