

(4)

शिक्षा निदेशालय उच्चतर शिक्षा

19 APR 2018

No-EDN-HE(21)B(15)38/2018-V  
Directorate of Higher Education  
Himachal Pradesh, Shimla-1  
Tel:0177-2653120Extn.234, E.mail:genbr@rediffmail.com; Fax:2812882

Dated Shimla-1 the April, 2018

To

All the Deputy Director of Higher Education,  
Himachal Pradesh

Subject:-

Regarding Incentives to School Teachers Under Weekly Iron Folic Acid Supplementation Programmes (WIFS).

This is with reference to the letter No.HFW-H(WIFS)Vol-III-2014-742 dated 29-03-2018 which has been received from the Deputy Mission Director, National Health Mission, Himachal Pradesh, on the above captioned subject.

In this regard, you are directed send the list of Nodal Teachers identified for Weekly Iron Folic Acid Supplementation Programme in the school alongwith their Bank account detail on the prescribed format attached alongwith this letter (Annexure-A) and send the same hard copy as well as through email [ddnrhmhp@gmail.com](mailto:ddnrhmhp@gmail.com) to Deputy Mission Director, National Health Mission, Himachal Pradesh, at the earliest.

oml  
21/05/18

DDHE

G.I

oml  
2/5/18

(Dr. Amarjeet K. Sharma),  
Joint Director of Higher Education(C),  
Himachal Pradesh

Endst. No. Even Dated Shimla-1 the April, 2018

Copy for information and necessary action is forwarded to:-

1. The Deputy Mission Director, National Health Mission, Himachal Pradesh, Shimla-9, w.r.t. above mentioned letter number and date.
2. Guard file.

872

Joint Director of Higher Education(C),  
Himachal Pradesh

पृष्ठांकन संख्या: शिक्षा-यू (जी-1) वीफस /2018/- 3641  
शिक्षा उप-निदेशक उच्चतर ऊना जिला ऊना (हि0प्र0)

दिनांक 5 मई 2018

- प्रतिलिपि:-
- 1 शिक्षा निदेशक हिमाचल प्रदेश शिमला को सूचनार्थ प्रेषित है ।
  - 2 समस्त प्रधानाचार्य/मुख्याध्यापक रा0व0मा0पा0/उच्च पाठशालाए जिला ऊना को सूचनार्थ प्रेषित तथा निर्देश दिए जाते है कि प्रपत्र के अनुसार सूचना तीन दिन के भीतर भेजी जाए ।

शिक्षा उप-निदेशक उच्चतर  
ऊना जिला ऊना (हि0प्र0)

**Annexure A: List of School Nodal Teacher (Block Wise)**

Name of District:

Sr.No	Name of the School	Education Block	Name of the Nodal Teacher	Mobile Number	Bank Account Number	IFSC Code

**Annexure-B: Incentive Delivery Format**

(To be maintained at BEO and DEO Office)

Name of District:

Name of Block:

No. of Schools in the Block:

No. of quarter (1/2/3/4):

Sr. No	Name of the School	Name of the Nodal Teacher	1 <sup>st</sup> month report submitted Yes=1 No=2	2 <sup>nd</sup> month report submitted Yes=1 No=2	3 <sup>rd</sup> month report submitted Yes=1 No=2	Eligible for the incentive Yes=1 No=2