

ANNEXURE – O:
Sample ICR Sheet

ORISSA CHILD CENSUS - 2005

1. Name of Block/ULB 2. Name of Grampanchayat / Ward Number

3. Name of the Village / Local Area 4. Name of the Habitation / Street

5. House Hold No 6. Enumerator Code 7. Type of Family 8. Assembly constituency No 9. Polling Station No 10. Electoral Serial No

11. Name of the Father/Mother/Guardian/Head of the Family

12. Total No. of Members in the Family (Including Children)

13. No. of Children (0-14 age) in the family

Male Female Male Female

Particulars of 0-14 age group children (Born between 1-4-1992 and 30-9-2005)

14. SI. No	15. Name of the Child (0-14 age group only)	16. Relation of Head of Family	17. Date of Birth (Day/Month/Year) (DD/MM/YY)	18. Gender	19. Category	20. Religion	21. Educational Status	22. Institution Code (EMIS)	23. Reason for out of School	24. Class Drop Out	25. Mother Tongue	26. Disability Type
1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD / M M / Y Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD / M M / Y Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD / M M / Y Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD / M M / Y Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD / M M / Y Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

