Implementation Form
For Circulation of CACA Safety Workbook Series in a School

Form-A (2022-23)

Take image/picture scan of the duly filled form and send it by email to: implementation@projectcaca.org OR whatsapp to 09717392050 / 09205488401 OR send to our office address - Project CACA, Care of Edusynergies, B-20, 3rd Floor, Shubham Enclave, Paschim Vihar, Delhi - 110063

School Details

School Name ..........................................................................................................................................................................

School Short Name, if any ..........................................................Total Students’s Strength ..........................................................................................................................

Website ............................................................................................................E-mail ..........................................................................................................................

WEBINAR platform preference for workshops ..........................................................................................................................................................

Classes/Grades available in the school

KG-2 Primary (3-5) Middle (6-8) Sec. (9-10) Sr. Sec. (11-12)

New Academic Session Begins in


School Type, Board Wise: CBSE CISCE State

School Type, Gender Wise: Boys Girls Co-Ed

School Type, Boarding Wise: Day Residential Day cum Residential

School Address..........................................................................................................................................................................................

District..........................................................State..........................................................Pin Code

Principal Name ...................................................................................................................................................................................

E-mail ..........................................................Mobile Ph.

School Coordinator (for Project CACA) Name ..................................................................................................................................................

Designation: Counsellor Social Science Teacher Biology Teacher Life Skills / Value education Teacher

Head Mistress English Teacher Physical Education Teacher Other:

E-mail ..........................................................Mobile Ph.

Authorized Signature:...............................................................................................................................................................

Name:..........................................................................................................................................................................................

Date: DD MM YY

For Office Purpose Only

Order No:.................................

DOR:.......................................................
## CACA Workbooks Series Required by the School

<table>
<thead>
<tr>
<th>S. No</th>
<th>Book Title New Edition</th>
<th>Class</th>
<th>MRP</th>
<th>Quantity</th>
<th>Date Of Delivery</th>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>My Beginner’s Safety Workbook</td>
<td>UKG</td>
<td>220/-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>My First Safety Workbook</td>
<td>I</td>
<td>220/-</td>
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<td>c.</td>
<td>My Second Safety Workbook</td>
<td>II</td>
<td>220/-</td>
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<td>d.</td>
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<td>IV</td>
<td>220/-</td>
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<td>220/-</td>
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<td>My Ninth Safety Workbook</td>
<td>IX</td>
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**For Workshop Purpose**

- **Number of Teachers in the school**
- **Number of Non-Teaching / Support Staff**

**Note:** Specimen copy for teachers@ one per 75 students of each class.

**For Stakeholders** - Teacher, Parents and Non-Teaching (Support Staff) of a school, there is a resource page in each workbook. The resource page contains QR Codes that are to be scanned with a Smart-Phone by stakeholders to have access to their respective resources Booklets / Book.

- **Blue Booklet** - for parents and teachers in English, Hindi and various regional languages.
- **Green Booklet** - for parents and teachers in English, Hindi and various regional languages.
- **Red Booklet** - for Support Staff in English, Hindi and various regional languages.
- **Pink Book** - Teachers Manual in English for teaching the Safety Workbooks.

**Posters** - for students are embedded as web-links along with the various chapters of the workbook.

**Children Picture Books:** are available for classes UKG to 2 and are embedded as QR codes in the respective workbooks.

All the above free resources plus videos and workshops material can also be downloaded from the resource section of [www.projectcaca.org](http://www.projectcaca.org)

**Remarks:** ...........................................................................................................................................................................

**Payment Schedule, if *third party (Book Seller, etc.) is not applicable:** .................................................................

**Mode of Payment, if *third party (Book Seller, etc.) is not applicable**

- Cash
- Cheque
- DD
- Electronic Transfer

*Kindly Fill Page Number 3, if third party (Book Seller) is applicable.

All Payments to be made in favour of “Edusynergies”

**Authorized Signature:** ...................................................................................................................................................

**Name:** ..............................................................................................................................................................................

**Date:** [ ] [ ] [ ] [ ]

For Office Purpose Only

Order No.:..........................

DOR:.................................

**School Stamp**

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**Edusynergies**

B-20, 3rd Floor, Shubham Enclave, Paschim Vihar, Delhi - 110063 (India)

011-40074904, +91 9717392050, +91 9953622674 | implementation@projectcaca.org | www.projectcaca.org

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Third Party (Book Seller) Recommended By The School

Individual Name.................................................................

Designation ...........................................................................

E-mail ID..............................................................................

Address................................................................................

District.................................................. State ....................... Pin Code........................................

Company / Firm / Other

Name ..................................................................................

Mobile..............................................................................

E-mail ID..............................................................................

Address................................................................................

District.................................................. State ....................... Pin Code........................................

GST Number.................................................................

Authorized Signature .....................................................

Name ..................................................................................

__________________________________________________________

For office Purpose Only ..........................................................

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<tr>
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<td>AG</td>
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</tr>
<tr>
<td>7</td>
<td>DOR-Form A</td>
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