

MDM REGISTER - V

Food Tasting Roaster-cum-Student Opinion Daily Register

Name of the School :

Date:

Sl. No	Name of the Food Committee Member	Designation	Menu	Egg Served or not	Hands & Plates washed before and after Meals	Remarks on Quality of Food	Signature of the Teacher	
1	2	3	4	5	6	7	8	
Sl. No	Name of the Student	Class	Menu	Egg Served or not	Hands & Plates washed before and after Meals	Remarks on Quality of Food	Signature of the Student	
1	2	3	4	5	6	7	8	
Remarks of the HM:							Signature of the HM	