**NAME OF THE COLLEGE :**

**ANUAL REPORT ON NSS AT THE COLLEGE LEVEL FOR THE PERIOD**

**FROM TO**

BASIC INFORMATION ABOUT THE COLLEGE

|  |  |  |  |  |  |  |  |  |  |  |
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| Name of the College address  ( In Capital letters) |  | | | College Phone Numbers / Mobile No. | | | | College  E Mail Address | | |
|  | | | |  | | |
| Name of the Principal  (In Capital letters) |  | | | M- | | | |  | | |
| 1. Name of the Programme Officer   Unit-I  **(Compulsory Mention the Po’s Personal Email ID**  **& College NSS Email ID** ) |  | | | M- | | | |  | | |
| **Date of appointment** |  | | | | | | | | | |
| Trained (for 7 / 10days) or Untrained |  | | | | | | | | | |
| 1. Name of the Programme Officer Unit -II |  | | | M- | | | |  | | |
| **Date of appointment** |  | | | | | | | | | |
| Trained (for 7 / 10days) or Untrained |  | | | | | | | | | |
| 1. Name of the Programme Officer Unit -III |  | | |  | | | |  | | |
| **Date of appointment** |  | | | | | | | | | |
| Trained (for 7 / 10days) or Untrained |  | | | | | | | | | |
| Composition of the College NSS Advisory Committee, and Names of the Members and their designation | 1.  2.  3. | | | | | | | | | |
| Date of last meeting of College NSS Advisory Committee |  | | | | | | | | | |
| Total No. of Students in the College |  | | | | | | | | | |
| NSS Strength allocated by the University to College |  | | | | | | | | | |
| Actual No. of NSS Volunteers enrolled | Male | Female | **Total** | | SC | ST | Others | | | **Total** |
|  |  |  | |  |  |  | | |  |
| Names of the adopted villages  / slums |  | | | | | | | | | |
| Funds received from the University for NSS Regular Activities and Special Camping Program me | Regular Activities | | | | Special Camping Program me | | | | | |
| **Rs.** | | | | **Rs.** | | | | | |
| Venue of the Special Camp |  | | | | **From** | | | | **To** | |
|  | | | |  | |
| Special Camping Programme  Total No. of Volunteers participated | Male | Female | **Total** | | SC | ST | Others | | | **Total** |
|  |  |  | |  |  |  | | |  |

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| **REGULAR ACTIVITIES PROGRAMMES / SHRAMADHAN** | | | | |
| **Sl. No.** | **Date** | **Duration of Session in Hrs.** | **No.of**  **Students attended** | **Quantum of work** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPECIAL ACTIVITIES** | | | | |
| **Sl. No.** | **Date** | **Duration of Session**  **in Hrs.** | **No. of**  **Students attended** | **Quantum of work** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DESCRIPTION OF ACTIVITIES** | | | | |
| **1.** | **LITERACY** | | | |
|  | 1. No. of student volunteers participated | Male | Female | **Total** |
|  |  |  |
| 1. Name of the village   / slum adopted for Total Literacy |  | | |
| 1. Total No. of illiterates | Male | Female | **Total** |
|  |  |  |
| 1. No. of Persons Made literate |  | | |
| 1. Name of the village / adopted area made fully literate |  | | |
| **2.** | **ENVIRONMENT / WASTE LAND DEVELOPMENT AND WATER CONSERVATION** | | | |
|  | 1. Tree Plantation (Formation of Vana) |  | | |
| 1. No. of saplings planted |  | | |
| 1. Rate of survival |  | | |
| 1. Area proposed to be covered |  | | |
| 1. Any other environment programe area covered |  | | |
| 1. No. of beneficiaries |  | | |
| **3.** | **CONSTRUCTION / RECONSTRUCTION / REPAIR OF ROADS / NEW ROADS ETC.,** | | | |
|  | 1. Repair of old roads ( in Kms) |  | | |
| 1. Construction of new Roads (in Kms) |  | | |
| 1. Construction of Sports Ground (in sq feet) |  | | |
| 1. No.of Cleaning the Ancient Temples / Monuments |  | | |
| 1. No.of Digging Toilet pits |  | | |
| 1. No.of Toilet Constructed |  | | |
| 1. Fence in Public places (in Mtrs) |  | | |
|  | 1. No.of school rooms Constructed |  | | |

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|  | 1. No.of School Compound constructed |  |
|  | 1. No.of Anganavadi building /rooms constructed |  |
| **4.** | **LEGAL AWARENESS PROGRAMME** | |
|  | 1. No. of legal awareness Programmes |  |
| 1. No. of Legal help / lok adhalath Programmes |  |
| 1. No. of beneficiaries |  |
| 1. Other Programmes |  |
| **5.** | **SOCIAL SECURITY SCHEMES BY CENTRAL / STATE GOVT.** |  |
|  | 1. No.of old age Pension beneficiaries |  |
| 1. No.of Widow Pension beneficiaries |  |
| 1. No.of Physically handicraft beneficiaries |  |
| 1. No.of old age Pension beneficiaries |  |
| 1. Details of Any other Beneficial Scheme |  |
| **6.** | **WATERSHED CONSERVATION AND DRINKING WATER FACILITIES :** | |
|  | 1. No. of cleaning the wells / Ponds/ Cross bunds / Watershed harvesting structure irrigation / canals / any other planned |  |
| 1. No. of such facilities created |  |
| **7.** | **HEALTH AND FAMILY WELFARE** |  |
|  | 1. Immunisation / Health Camp conducted |  |
| 1. Details of Health Programmes organized   (like Eye disease, heart disease, Cancer disease, Dental problem, and other General disease etc.,) |  |
| 1. No. of beneficiaries |  |
| 1. Approximate value of free medicines distributed |  |
| 1. No.of Volunteers Participated in Pulse Polio Programmes |  |
| 1. Organized Aids awareness Programmes |  |
| **8.** | **BLOOD DONATION PROGRAMMES** | |
|  | 1. No. of Blood donation camps conducted |  |
| 1. No. of units of blood Donated |  |
| 1. No. of blood Group Checkup Camps |  |
| 1. No. of Students / Publics blood Group Checkup |  |
| **9.** | **POPULATION EDUCATION** | |
|  | 1. No. of Campaigns conducted |  |
| 1. No. of persons covered |  |
| **10.** | **ERADICATION OF DRUG ABUSE** | |
|  | 1. No. of camps / awareness campaigns held |  |
| 1. No. of beneficiaries |  |

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| **11.** | **PROGRAMME FOR WOMEN** | |
|  | 1. Nature of programme |  |
| 1. No. of camps organised |  |
| 1. No. of beneficiaries |  |
| 1. Campaign against social evils (if any) |  |
| **12.** | **WORKING IN HOSPITALS, ORPHANAGES AND DESTITUTE HOMES** | |
|  | 1. No. of persons / beneficiaries |  |
| **13.** | **WORK DURING EMERGENCIES** | |
|  | 1. Type of work |  |
| 1. No. of persons benefitted |  |
| **14.** | **KNOWLEDGE / AWARENESS PROGRAMME** |  |
| 1. No. of Employment Information programmes |  |
| 1. No. of beneficiaries |  |
| 1. No. of Spoken English programmes |  |
| 1. No. of beneficiaries |  |
| 1. Any other awareness programme |  |

**Date:**

**Signature of the Signature of the**

**Programme Officer, NSS Principal**

**(with office seal) (with office seal)**