

MONTHLY REPORT SUBMITTED BY THE UNIVERSITY

PROFORMA FOR SUBMISSION OF MONTHLY REPORT BY

UNIVERSITIES/DIRECTORATES FOR THE MONTH OF _____

(Period from 16th of Previous Month to 15th of Current Month)

Name of the University/Dte.: -----

Name of the PC, NSS: -----

Allocation of NSS Volunteers: -----

1.Actual Enrolment: Male: ----- Female:----- Total:-----

	O.C.			S.C.			S.T.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Allocation									
Enrolment									

2.Details of Special Camps conducted during the Month:

No. of Camps	No. of NSS Volunteers participated								
	O.C.			S.C.			S.T.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total

3.No. of Adopted Villages: -----

4.Details of the Achievements on the following areas during the Month:

Sl.No	ACTIVITY/ASSET CREATION	No. of Units/Saplings/Children Immunised/Structures/Roads/ Water bodies/Camps	No. of NSS Volunteers involved	Monetary Value(Rs.)
1.	Blood Donation			
2.	Plantation			
3.	Pulse Polio Immunisation			
4.	Rain Water Harvesting Structures(RWHs)			
5.	Repair & Laying of Roads			
6.	Desilting of Ponds			
7.	Construction of Toilets			
8.	Medical Camps			
9.	Veterinary Camps			
10.	Any other (specify)			

:2:

**5. Participation /Organising of Major Activities at University/
State/Regional/National Level during the Month:**

(NIC, Mega Camp, Adventure Camp, Pre R.D., Workshop etc.)

Name of the Activity	Venue	Dates	Outcome	No. of participants		
				Male	Female	Total

6. Deputation of NSS Programme Officers for Training in the ETI:

Male	Female	Total

7. Special Achievements (if any) during the month:

(Attach the details separately along with Action Photographs & Press Clippings)

Signature of the Programme Coordinator, NSS

MONTHLY REPORT SUBMITTED BY THE UNIT

**PROFORMA FOR SUBMISSION OF MONTHLY REPORT BY
THE NSS UNIT TO THE UNIVERSITY/DIRECTORATE
FOR THE MONTH OF _____**

(Period from 16th of Previous Month to 15th of Current Month)

Each NSS Unit should submit the report individually

Name of the University/Dte.: -----

Name of the PO, NSS: -----

Allocation of NSS Volunteers: -----

1. Actual Enrolment: Male: ----- Female:----- Total:-----

	O.C.			S.C.			S.T.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Allocation									
Enrolment									

2. Details of Special Camps conducted during the Month:

a) Venue of the Camp:

b) Dates of the Camp:

	No. of NSS Volunteers participated								
	O.C.			S.C.			S.T.		
No. of Camps	Male	Female	Total	Male	Female	Total	Male	Female	Total

3. Name of the Adopted Village & Address: -----

4. Status of the Training of NSS PO: Trained/Untrained

5. Date of joining of NSS PO: -----

:2:

- 6. Whether College Level NSS Advisory Committee Constituted and it's Meeting Regularly Convened: Yes/No.**
(attach Minutes of the Meeting)

7. Details of the Achievements on the following areas during the Month:

Sl.No	ACTIVITY/ASSET CREATION	No. of Units/Saplings/Children Immunised/Structures/Roads/ Water bodies/Camps	No. of NSS Volunteers involved	Monetary Value(Rs.)
1.	Blood Donation			
2.	Plantation			
3.	Pulse Polio Immunisation			
4.	Rain Water Harvesting Structures(RWHs)			
5.	Repair & Laying of Roads			
6.	Desilting of Ponds			
7.	Construction of Toilets			
8.	Medical Camps			
9.	Veterinary Camps			
10.	Any other (specify)			

8. Special Achievements (if any) during the month:

(Attach the details separately along with Action Photographs & Press Clippings)

Signature of the Programme Officer, NSS

QUARTERLY REPORT BY THE UNIVERSITY.

**PROFORMA FOR SUBMISSION OF QUARTERLY REPORT BY
UNIVERSITIES/DIRECTORATES FOR THE QUARTER ENDING-----**

Name of the Uni/Dte.:

1.ACTUAL ENROLMENT:

	O.C.			S.C.			S.T.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Allocation									
Enrolment During the Last Quarter									
Enrolment During the Quarter									
Progressive Total									

2.DETAILS OF SPECIAL CAMP CONDUCTED:

	No. of Camps	No. of NSS Volunteers participated								
		O.C.			S.C.			S.T.		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
No. of Special Camp conducted during the Last Quarter										
No. of Special Camp conducted during the Quarter										
Progressive Total										

3.No. of Adopted Villages: -----

:3:

5. Funds Released by Universities/Directorates to the Institutions*:

Release Of Grants	O.C.			S.C.			S.T.		
	Regular Activities	Special Camping Prog.	Total	Regular Activities	Special Camping Prog.	Total	Regular Activities	Special Camping Prog.	Total
Grants released during the Last Quarter									
Grants released during the Quarter									
Total									

* Please attach separately the list of Institutions and details of Grants released to them under Regular & Special Camping Programmes.

6. Details of University/Directorate Level NSS Advisory Committee Meeting (UAC):

- a Date of conduct of UAC Meeting:
- b Whether minutes of the Meeting sent to NSS R.C. & State NSS Cell: Yes/No

7. No. of Self Financing Units (SFUs) in the Uni./Dte. jurisdiction:

8. Details of Activities organised during the Quarter:

Name of the Activity	Organised by	Venue & Date	Outcome	Participants / Beneficiaries	Collaborating Agency if any
----------------------	--------------	--------------	---------	------------------------------	-----------------------------

1.					
2.					
3.					
4.					

--4/-

:4:

9. DETAILS OF THE ACHIEVEMENTS ON THE FOLLOWING AREAS DURING THE QUARTER:

Sl.No.	ACTIVITY/ASSET CREATION	No. of Units/Saplings/Children Immunised/Structures/Roads/Water bodies/Camps	No. of NSS Volunteers involved	Monetary Value(Rs.)
1.	Blood Donation			
2.	Plantation			
3.	Pulse Polio Immunisation			
4.	Rain Water Harvesting Structures(RWHs)			
5.	Repair & Laying of Roads			
6.	Desilting of Ponds			
7.	Construction of Toilets			
8.	Medical Camps			
9.	Veterinary Camps			
10.	Any other (specify)			

10. Details of the NSS Programme Officers:

a)	Total No. of Programme Officers:	Male	Female	Total
b)	No. of Trained Programme Officers:	Male	Female	Total
c)	No. of Untrained Prog. Officers:	Male	Female	Total
d)	No. of Programme Officers Trained in the E.T.I.during the Quarter:	Male	Female	Total

11. Details of Submission of Accounts/Audit Report/U.C. to the State Government:

a Accounts submitted up to which Year:

