

NATIONAL SERVICES SCHEME

HALF YEARLY REPORT OF THE COLLEGES/+2 LEVEL SCHOOLS
(TO BE SUBMITTED TO STATE NSS CELL AND NSS REGIONAL CENTRE)
REPORT FOR THE PERIOD ENDING SEPTEMBER/MARCH-200____.

BASIC INFORMATION ABOUT COLLEGE/+2 LEVEL SCHOOL

NAME OF THE COLLEGE/SCHOOL _____

STATE _____

UNIVERSITY/BOARD _____

NAME OF THE PRINCIPAL _____

OFFICE PHONE NO. / MOBILE NO. _____

NAME OF THE NSS PROGRAMME OFFICER _____

OFFICER PHONE NO. / MOBILE NO. _____

WHETHER PART-TIME/FULL TIME _____

DATE OF APPOINTMENT	<u>DAY</u>	<u>NIGHT</u>	<u>YEAR</u>
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DATE OF LAST MEETING OF COLLEGE/SCHOOL LEVEL ADVISORY COMMITTEE	<u>DAY</u>	<u>NIGHT</u>	<u>YEAR</u>
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TOTAL NO. OF NSS UNITS _____

TOTAL NO. OF NSS VOLUNTEERS STRENGTH	<u>MALE</u>	<u>FEMAL</u>	<u>TOTAL</u>
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TOTAL NO. OF NSS PROGRAMME OFFICER IN POSITION	<u>MALE</u>	<u>FEMALE</u>	<u>TOTAL</u>
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TOTAL NO. OF NSS PROGRAMME OFFICER TRAINED	MALE	FEMALE	TOTAL
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TOTAL NO. OF NSS PROGRAMME OFFICER UNTRAINED	MALE	FEMALE	TOTAL
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NO. OF ADOPTED VILLAGES/SLUMS _____

FUNDS FOR NSS REGULAR/SPECIAL PROGRAMME

FOR REGULAR ACTIVITIES

OPENING BLANCE FOR 31 MARCH 200____

DAY OF RECEIPT _____

AMOUNT RECEIVED _____

FOR SPECIAL CAMP

DAY OF RECEIPT _____

AMOUNT RECEIVED _____

SPECIAL CAMPING PROGRAMME

TOTAL NO. OF VOLUNTEERS PARTICIPATED _____

NO.OF CAMP ORGANISED _____

ACTIVITY DESCRIPTION:
(Column under which no activity has been conducted may be left blank)

LITERACY

NO. OF STUDENT VOLUNTEERS PARTICIPATED MALE _____ FEMALE _____

NO.OF VILLAGES/SLUMS ADOPTED FOR TOTAL LITERACY. _____

TOTAL NO. OF ILLITERATES MALE _____ FEMALE _____

NO.OF PERSONS MADE LITERATE MALE _____ FEMALE _____

NO. OF VILLAGES/ADOPTED AREAS MADE FULLY LITERATE:-
(Indicate literacy status/percentage attained in the adopted area) attach list.

ENVIRONMENT/WASTELAND DEVELOPMENT AND CONSERVATION

NO. OF CAMP ORGANISED _____

TREE PLANTATION (VAN) _____

RATE OF SURVIVAL _____
(NO. OF PLANTS SURVIVED/TOTAL NO.OF PLANTATION) X 100

AREA PROPOSED TO BE COVERED _____ HECTARES

ACTUAL AREACOVERED _____ HECTARES

ANY OTHER ENVIRONMENT PROGRAMME
AREA COVERED _____

NO. OF BENEFICIARIES _____

RECONSTRUCTION/REPAIR OF ROADS

DISTANCE LAID _____ KMS.

NO. OF DAY _____

WATERSHED CONSERVATION AND DRINKING WATER FACILITES

NO. OF CAMPS/CAMPING
ORGANISED ON THE ISSUE _____

NO. OF WELLS/CROSS BUNDS/
WATERSHED HARVESTING STRUCTURES/
IRRIGATION CANALS/ _____

NO. OF SUCH FACILITIES CREATED _____

HEALTH AND FAMILY WELFARE

IMMUNISATION/HEALTH CAMPS _____

IMMUNISATION/HEALTH CAMPS CONDUCTED _____

DETAILS OF HEALTH PROGRAMME ORGANISED & BENEFICIARIES

HEALTH PROGRAMME (SPECIFY)	MALE	FEMALE
_____	_____	_____
_____	_____	_____
_____	_____	_____

BLOOD DONATION CAMPS

NO. OF BLOOD DONATION CAMPS CONDUCTED _____

NO. OF UNITS BLOOD COLLECTED _____

POPULATION EDUCATION

IMMUNISATION/HEALTH CAMP CONDUCTED _____

NO. OF PERSONS COVERED MALE _____ FEMALE _____

NO. OF PERSONS COVERED MALE _____ FEMALE _____

ERADICATION OF DRUG ABUSE

NO. OF CAMPS/AWARENESS CAMPING HELD _____

NO. OF BENEFICIARIES MALE _____ FEMALE _____

PROGRAMME FOR WOMEN

NATURE OF PROGRAMME _____

NO. OF CAMPS ORGANISED _____

NO. OF BENEFICIARIES _____

CAMPAIGN AGAINST SOCIAL EVILS (IF ANY) _____

WORK IN HOSPITALS, ORPHANAGES & DESTITUTE HOMES

NO. OF CAMPS WORK IN HOSPITALS,
ORPHANAGES & DESTITUTE HOMES _____

NO. OF PERSONS BENEFITED _____

WORK DURING EMERGENCIES

TYPE OF WORK: CYCLONE/EARTHQUAKE
FLOODS/ DRAUGHT/RIOTS/OTHER AREAS (SPECIFY) _____

NO. OF PERSONS BENEFITED _____

AIDS AWARENESS (UTA)

NO. OF AIDS AWARENESS CAMP HELD _____

NO. OF PROGRAMME OFFICER TRAINED _____

NO. OF PEER EDUCATORS TRAINED _____

NO. OF BENEFICIARIES _____

ANY OTHER PROGRAMME NOT COVERED ABOVE,
PLEASE GIVE STATISTICAL DATA IN 50 WORDS.

PLACE: -

DATE:-

SIGNATURE OF THE
PROGRAMME OFFICER WITH SEAL

SIGNATURE OF THE
PRINCIPAL WITH SEAL

