GOVERNEMENT OF INDIA

NSS REGIONAL CENTRE

HYDERABAD

PROFARMA FOR THE SUBMISSION OF **ACTIVITY REPORT**

**(**Monthly/ Quarterly/Half-Yearly/Annual Reports during 2013 - 2014)

Name of the College & Address :

With Pin code & Telephone No(s)

Name of the Principal & Tel Nos : (O)

(R)

Name of the Programme Officer & Tel Nos : (O)

(R)

Unit No :

**S.No. Name of the activity/event**  **Performance of the programme with facts & Figures**

**(Mention place, No. of participants, Quantum of work done)**

1. Tree Plantation :
2. Construction / Repairs of roads :
3. Provide of drinking water facility :
4. Desisting of Tanks :
5. Health Check-up Programme :
6. Water conservation Programme :
7. AIDS Awareness Programme :
8. Rallies / Processions :
9. Blood Donation / Blood grouping :
10. Animal Health check-up :
11. Literacy Programme :
12. Pulse Polio Immunization :
13. Youth Leadership Training :
14. Youth Festivals :
15. Observations Important days / Events :
16. Participation In NIC & Other :

National Level Programme

1. If any other :

(separate sheet may be attached )

1. Grand Released by University : Regular NSS Rs.

Special Camping Rs.

1. Whether special camp conducted? : YES/NO

(If No, State the reason for that)

Date :

SIGNATURE OF THE SIGNATURE OF THE

PROGRAMME OFFICER N.S.S PRINCIPAL & CHAIRMAN N.S.S

UNIT- (With P.O.Seal) (With office Seal)