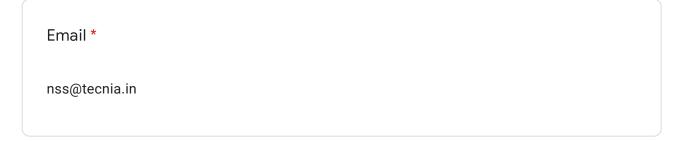
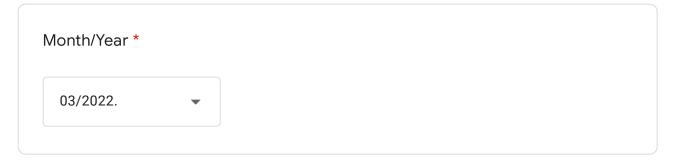
NSS ACTIVITIES-MONTHLY REPORT SUBMISSION FORM FOR FORWARDING TO NSSRC All Program Officers must update their NSS Activities on Monthly Basis. The same report

will be sent to the NSSRC, Ministry of Youth Affairs and Sport, GOI

nss@tecnia.in Switch account Draft saved * Required



Name of the State /UT * **DELHI**



Status of NSS Units / Volunteers: *
Self Financing Unit/s-SFUs Unit ▼
No. of Institution covered under NSS * 1
Total no. of NSS units (on the date of report) * 1
Total no. of Male Volunteer (on the date of report) * 60
Total no. of Male Volunteer enrolled (During the Month) * 20
Total no. of Female Volunteer (on the date of report) * 40

Total no. of Female Volunteer enrolled (During the Month) * 15
Total no. of Both Male & Female Volunteer enrolled (During the Month) * 100
Total no. of Both Male & Female Volunteer (on the date of report) * 100
No. of villages/slum Adopted (During the Month) *
No. of villages/slum Adopted (on the date of report) * 1
No. of Special camps Organized (During the Month) * NA

No. of Special camps Organized (on the date of report) * NA
Name of the place where camps were organized and details in a paragraph *
Total no. of Programme officer * 1
No. of Programme officer trained through Empanelled Training Is *
Activity done during the month * No activities Plantation Drive- Blood Donation Pulse Polio Immunization Participation in health/eye/ Thalassemia/ Immunization Camps etc Awareness Programmes/ Rallies/ campaigns Self -Defence training

!

	1	2	3	4	5	More than 10	More than 20	More than 50	More than 100
No. of activities	0	0	•	0	0	0	0	0	0
No. of Saplings Planted	0	0	0	0	0	0	0	0	0
No. of Blood Donation camps	0	0	0	0	0	0	0	0	0
No. of units of blood donated	0	0	0	0	0	0	0	0	0
No. of Volunteers Participated in Pulse Polio Immunziation	0	0	0	0	0	0	0	0	0
No. of children benefitted through Pulse Polio Immunziation	0	0	0	0	0	0	0	0	0
No. of camps for Participation in health/eye/ Thalassemia/ Immunization Camps	0	0	0	0	0	0	0	0	0
No. of Volunteers Participated Participation in health/eye/	0	0	0	0	0	0	0	0	0

Immunization Camps									
No. of Programmes conducted for Awareness Programmes/ Rallies/ campaigns	0	•	0	0	0	0	0	0	0
No. of Volunteers conducted for Awareness Programmes/ Rallies/ campaigns	0	0	0	0	0	0	0	•	0
No. of Programmes conducted for Saramdan	0	0	0	0	0	0	0	0	0
No. of Volunteers participated in Saramdan	0	0	0	0	0	0	0	0	0
No. of Volunteers trained under Self-Defence training	0	0	0	0	0	0	0	•	0
1									•

Activities in Progressive Total *										
	NIL	1	2	3	4	5 to 10	10 to 20	20 to 50	Mo tha 5(
No activities	0	0	0	0	0	0	•	0	C	
No. of Saplings Planted	0	0	0	0	0	0	0	•	C	
No. of Blood Donation camps	•	0	0	0	0	0	0	0	C	
No. of units of blood donated	•	0	0	0	0	0	0	0	C	
No. of Volunteers Participated in Pulse Polio Immunziation	•	0	0	0	0	0	0	0	C	
No. of children benefitted through Pulse Polio Immunziation	•	0	0	0	0	0	0	0	C	
No. of camps for Participation in health/eye/ Thalassemia/ Immunization Camps	•	0	0	0	0	0	0	0	C	
No. of Volunteers Participated in health/eye/ Thalassemia/	•	0	0	0	0	0	0	0	C	

Immunization Camps									
No. of Programmes conducted for Awareness Programmes/ Rallies/ campaigns	0	•	0	0	0	0	0	0	C
No. of Volunteers conducted for Awareness Programmes/ Rallies/ campaigns	0	•	0	0	0	0	0	0	C
No. of Programmes conducted for Saramdan	•	0	0	0	0	0	0	0	C
No. of Volunteers participated in Saramdan	•	0	0	0	0	0	0	0	C
No. of Volunteers trained under Self-Defence training	0	•	0	0	0	0	0	0	C
4									•

2.4 Other significant Achievement of the Month (Must): *

CONDUCTED EVENT ON THE TOPIC- WOMEN FLAG BEARERS OF INDIA

Name of Program Officer and College Name *

Ms VAISHALI PRASAD, TECNIA INSTITUTE OF

Mobile No. *

9717954689

Email ID *

nss@tecnia.in

List of NSS activities done mentioned (Date, time and venue) during the month *

Total no of activities-3.(1. International Womer

A copy of your responses will be emailed to the address you provided.

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