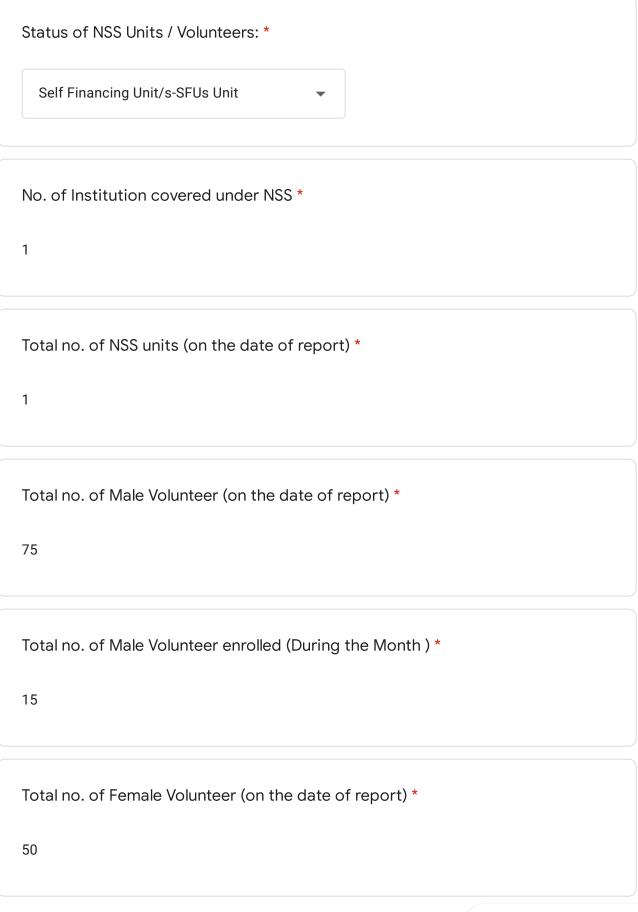
NSS ACTIVITIES-MONTHLY REPORT SU	BMISSION
FORM FOR FORWARDING TO NSSRC	
All Program Officers must update their NSS Activities on Monthly will be sent to the NSSRC, Ministry of Youth Affairs and Sport, GO	
vaishaliprasad89@gmail.com Switch account	
* Required	
Email *	
nac@taonia in	
nss@tecnia.in	
Name of the State /UT *	
DELHI 🔻	
DELIII	
Month/Year *	
0.1/0.00	
04/2022. ▼	
	Request edit acces

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Total no. of Female Volunteer enrolled (During the Month) *

10

Total no. of Both Male & Female Volunteer enrolled (During the Month) *

25

Total no. of Both Male & Female Volunteer (on the date of report) *

125

No. of villages/slum Adopted (During the Month) *

Your answer

(!) This is a required question

No. of villages/slum Adopted (on the date of report) *

0

No. of Special camps Organized (During the Month) *

1



No. of Special camps Organized (on the date of report) *

Name of the place where camps were organized and details in a paragraph *

BLOOD DONATION CAMP WAS ORGANIZED ON 20/04/22 AND TREE PLANTATION DRIVE WAS ORGANIZED ON EARTH DAY - 22/04/22 AT TECNIA INSTITUTE OF ADVANCED STUDIES

Total no. of Programme officer *

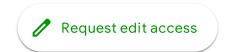
1

No. of Programme officer trained through Empanelled Training Is *

NA



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



Activity done (During the month) *										
	NIL	1	2	3	4	5	More than 10	More than 20	Mo tha 5(
No. of activities	0	0	•	0	0	0	0	0	C	
No. of Saplings Planted	0	0	0	0	0	0	0	0	•	
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	0	•	
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 Participation in health/eye/ Thalassemia/	•	0	0	0	0	0	O F	Request	edit access	

Immunization Camps	NSS A	O TIVITILO-I	WONTIET	ALFORT 30		T OKIVIT O	KT OKWAN	DING TO N	3380
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	0	•
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	0	•
4									•



Activities in Progressive Total *									
	NIL	1	2	3	4	5 to 10	10 to 20	20 to 50	Mo tha 50
No activities	0	0	0	0	0	0	0	•	(
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	0	•
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	Request	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	0	•	
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	0	•	
4									•	
2.4 Other significant Achievement of the Month (Must): *										
BLOOD DONATIO	N CAMF	WAS OF	RGANIZE	D ON 20/	/04/22					
								Request edit access		

 $https://docs.google.com/forms/d/1Ac9vK3tVpQknVHBEZIpPtq4TnMjzq5_mLrRZZQ-QWTw/viewform?edit_requested=true$

Name of Program Officer and College Name *

Ms VAISHALI PRASAD, TECNIA INSITUTE OF A

Mobile No. *

9717954689

Email ID *

nss@tecnia.in

Provide the List of NSS Activities done during this month. Brief Details required.

BLOOD DONATION CAMP WAS ORGANIZED OF

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

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Google Forms



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