

**MA U.T CHANDIGARH**  
**NSS REPORT (01-4-2009 TO 31-12-2009)**

NAME OF STATE	CHANDIGARH						
REGULAR ACTIVITY	Allocation of volunteers	Actual Enrolment					
		Male	Female	OBC	SC	ST	Total
SPECIAL CAMPING PROGRAMME	Allocation of Camps	Actual Camps Held					
		Male	Female	OBC	SC	ST	Total
Adopted Village	Allocation	Actual No Of Villages & Slums Adopted					
NSV	Allocation	Actual No Of NSV's Deploys					
Training of PO's in TOC's/TORC's	Orientation	Male	Female	OBC	SC	ST	Total
	Refresher	Male e	Female	OBC	SC	ST	Total
Blood Donation	No Of Camp Organized	No Of Donors/Units		Male	Female	Total	
Plantation	No of sapling planted	Pulse Polio immunization	No of children immunized	No of volunteers involved.			
Any Other Special Programme							

Dated:

**NSS PROGRAMME OFFICER**

**PRINCIPAL**

## SPECIAL CAMPING QUARTERLY REPORT 009 TO 31.12.2009

I. NAME OF THE UNIVERSITY /+2 COUNCIL: \_\_\_\_\_

II. NSS VOLUNTEERS ALLOCATED:- \_\_\_\_\_

III. ACTUAL ENROLMENT:- MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ Total \_\_\_\_\_

### BIFURCATION OF RESERVED CATEGORIES

SC		ST		OBC	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE

### NSS SPECIAL CAMPS

Total no of camp held; \_\_\_\_\_

Participation: Male \_\_\_\_\_ female \_\_\_\_\_ total \_\_\_\_\_

Bifurcation of Reserved Categories: - \_\_\_\_\_

SC		ST		OBC	
MALE	FEMALE	MALE	FEMALE	MALE	FEMALE

IV Total No. of Adopted Villages/Slums: \_\_\_\_\_

V Total No, Blood Donors Camps held: \_\_\_\_\_

No. of Blood donors: Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

No, of units blood donated: \_\_\_\_\_ Units.

VI Total No. of Saplings Planted: \_\_\_\_\_

VII Total No. of NSS self financing Units: \_\_\_\_\_ 02 \_\_\_\_\_

VIII any other extraordinary achievement /success stories for publication in national level souvenirs/magazines (attach separate sheet)

- Quarterly report must be submitted to the NSS State CELL (U.T.) within 7 day of the completion of each quarter by E-mail at [nsschd9@yahoo.co.in](mailto:nsschd9@yahoo.co.in) followed by hard copy through post.
- (Telefax: 0172-2740695)

DATED \_\_\_\_\_

NSS PROGRAMME OFFICER

PRINCIPAL

E-mail address:-

Mobile No.

Fax No.

**STATE NSS CELL CHANDIGARH  
PULSE POLIO IMMUNIZATION REPORT 2009-2010**

SR.NO.	NAME OF THE UNIVERSITY/+2 COUNCIL	NSS VOLUNTEERS PARTICIPATED			BENEFICIARIES			REMARKS
		MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	

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**NSS PROGRAMME OFFICER**

**E-mail address:-**

**Mobile No.**

**Fax No.**

**PRINCIPAL**