

COUNCIL OF HIGHER SECONDARY EDUCATION:ODISHA.
NATIONAL SERVICE SCHEME BUREAU.
PLOT NO.C/2,SAMANTAPUR,BHUBANESWAR:751013.
TEL.FAX.0674-2301152,Website- **chseonss.ori.nic.in**

No.NSS 185 /CHSE,Dt. 22.03.2013

From
Dr. Ramesh Chandra Behera,
Programme Coordinator,NSS.

MOST IMPORTANT.

Last date:25.04.2013.

To
All the Principals having NSS Unit(s).

Sub:-Submission of Reports & Returns for the year-2012-13 and Proposals for the year-2013-14.

Madam/Sir,

In inviting a reference to the subject cited above, I am directed to request you to submit the reports & returns for the year-2012-13 & application, proposals for the year-2013-14 as per the details given below:-

1. Annual Report -2012-13(Annexure-A – Revised Proforma)
2. Application for release of Out of Pocket Allowance-2012-13 (Annexure-C)
3. Utilization Certificate for 2012-13 & Proposal for Regular grant for -2013-14 (Annexure-D – Revised Proforma).
4. Project Proposal for organization of Special Camping Programme during -2013-14 (Annexure-E)

N.B:-Annexure “A, D & E” are mandatory for submission by each unit.

SPECIAL CAMP SCHEDULE- 2013-14.

(One of the scheduled dates to be proposed for special camp as per convenience)

Duration.				
20.06.13 to 26.06.13.	05.07.13 to 11.07.13. (Banamahostav & Rath Yatra)	15.10.13 to 21.10.13	24.12.13 to 30.12.13	20.01.14 to 26.01.14.

NSS Unit Code No.

NSS Unit code of each institution is available in our Website. Please refer ‘P.O & colleges’ of the home page of our Website.

Forms:

The proformas to be downloaded from the NSS Bureau Website-**chseonss.ori.nic.in** and be submitted by 25th April-2013 positively.

Contd..P/2.

NSS Awards.

Intending Programme officers are requested to submit nominations for CHSE/State NSS Award / Indira Gandhi NSS Award-2012-13 as per the guidelines available in the website by 30th June,2013 to CHSE.

Enrolment.

The volunteers enrolment list for the session-2013-14 to be submitted immediately after completion of admission for the academic session-2013-14. (Annexure-F).

Please log on our website for other information.

For any clarification the undersigned to be contacted over telephone-0674-2301152.

The receipt of this letter may please be acknowledged.

Yours faithfully.

Sd/Dr.R.C.Behera.
Programme Coordinator.

Memo No. 186 /CHSE, Dt. 22.03.2013

Copy forwarded to Programme officers concerned / S.L.O-Cum-Dy.Secy.to Govt.,Deptt. Of Higher Education,Odisha, Bhubaneswar-1/Head of Office, NSS Regional Centre, Govt. of India, Plot No.754/1, Jayadev Vihar, Bhubaneswar-751013for favour of information & necessary action/ Director, NIC, Bhubaneswar with a request to kindly upload this letter along with enclosures in the NSS website) (<http://ori.nic.in/chseonss>) for information to general public/Special Camping Programme file /Regular Camping Programme grant file / Guard file NSS for record & reference.

Sd/-
Programme Coordinator.

(Annexure-A)

COUNCIL OF HIGHER SECONDARY EDUCATION;ODISHA.
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PLOT NO. C/2, SAMANTAPUR, BHUBANESWAR: 751013.

(Annual Report for the session)
(To be submitted by 15th April)

1. Name of the Institution :
Address :
2. Alphanumeric Code No. :
3. Name of the Principal :
4. Name of the Programme Officer :
5. Name of the adopted village :
6. No. of volunteers participated for 240 hours of social service :
7. Total No. of Regular activities. :
(Day-wise Regular activities to be attached in a separate sheet).
8. No. of special camps organised during the session :
(With duration).
9. Any participation of Programme Officer and Volunteers in State/National level programme (mention details) :
10. Grants received : (a) Regular. -
(b) Special. -
(c) Any other source. -
11. Total grant received (14 + 15) :
12. Expenditure incurred :
13. Unspent balance as on 31st March _____ : Rs.....

Signature of Programme Officer.
(With seal)

Signature of Principal.
(With seal)

Date:

Date:

(Annexure-C)

COUNCIL OF HIGHER SECONDARY EDUCATION;ODISHA.
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Note: 1. Out of Pocket Allowance should be claimed within 15th of April after each financial year.
2. If a P.O. has not organised any special camp along with regular activities, she/he is not entitled for any out of pocket allowance.

(APPLICATION FOR RELEASE OF OUT OF POCKET ALLOWANCE).

1. Name of the Institution :
- Address :
2. Alphanumeric Code No. :
3. Name of Programme Officer with Designation. :
4. Unit Category :
5. Period for claiming OPA : From Dt. _____ to Dt. _____
6. Amount claimed for Rs.....(Rupees).
7. Regular grant received :Rs.....,
Mention online or B.D receipt.
8. a) No. of regular camps organised during the :
Period.
b) No. of special camps organised.
(Indicated period of the special camp & amount released clearly)
9. Details of Personal Bank Account of P.O. :
a) S/B. Account No. _____ b) Name of the Bank _____
c) Name of Branch _____ d) Branch Code No. _____, e) IFSC Code No. _____
14. Full Signature of the Programme Officer :

Certificate by Principal.

Certified that the Programme Officer(s) for whom pocket allowance have been claimed for the period mentioned above have not availed study leave or She/He have not remained absent from institution except on casual leave/duty leave.

Principal.
(With Seal).

FOR THE OFFICE USE OF CHSE,ODISHA,NSS BUREAU.

OPA Admissible Rs.....

Programme Coordinator, NSS.

Sr.Asst-Cum-Accnt.

S.O.

**COUNCIL OF HIGHER SECONDARY EDUCATION:ODISHA.
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PLOT NO. C/2, SAMANTAPUR, BHUBANESWAR: 751013**

**UTILISATION CERTIFICATE FOR THE YEAR 20.....
AND PROPOSAL FOR REGULAR GRANT FOR THE YEAR 20.....**

1. Name of the Institution :
Address with Phone No. :
2. Alphanumeric Code No. :
3. Unit Category : (Male/ Female)
4. Name of the Principal :
Mobile No. :
5. Name of the Programme Officer :
Mobile :
6. Name of adopted village :

Utilization Certificate of last financial year 20.....

I certify that the grant placed at my disposal for expenditure towards NSS activities during the financial year as follows.

- a) Unspent balance at the end of previous financial yearRs.....
- b) Grant received during the financial year - Regular - Rs.....
Special - Rs.....
From any Other source - Rs.....
Total -Rs.....
- c) Total expenditure : Rs.....
- d) Unspent balance at the end of financial year Rs.....
- e) Minimum amount is required for passbook : Rs.....

I further certify that the list of works for the expenditure of Rs..... has been maintained in my office.

Signature of Principal.
(With seal)
Date

PROPOSAL FOR THE REGULAR GRANT FOR THE SESSION 20

50 volunteers enrolled into the unit should render 120 hours of regular activities during the financial year as per the details given below.

- i) Orientation of NSS volunteers-20 hours.(Lectures, discussions, field visit, audio-visuals).
- ii) Campus work/project involved in the projects for the benefit of institution & students- 30 hours.
- iii) Community service in adopted villages/urban slums- 70 hours.)

(A calendar of activities should be prepared by the Programme Officer)

DECLARATION

I hereby declare that the calendar of activities for the financial year_____ is prepared by the Programme Officer and it will be carried out as per NSS guidelines.

NSS Joint Account Details : a) S/B. Account No. _____
b) Name of the Bank _____
c) Name of Branch _____
d) Branch Code No. _____
e) IFSC Code No. _____

Full Signature of the NSS Programme Officer with seal & date.

Countersigned by Head of the Institution with seal & date.

Check List:

A)Photocopies of Passbook & Cashbook showing all the transactions clearly of the last financial year.

FOR THE OFFICE USE OF CHSE,ODISHA,NSS BUREAU.

Unspent balance Rs.....

Grant to be released Rs.....

Programme Coordinator, NSS.

Sr.Asst-Cum-Accnt. S.O.

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(NSS SPECIAL CAMP PROJECT PROPOSAL FORM)
(TO BE FILLED IN CAPITAL LETTERS ONLY)

1. Name of the institution :
Address with Phone, Fax, E-Mail
2. Alphanumeric Code No. :
3. Unit (Male / Female). :
4. Name of the Principal :
Telephone No. :
5. Name of the Programme Officer & Designation. :
Mobile No. & E-Mail :
6. Name of the Adopted Village. :
7. No. of population of adopted village. :
8. Place of Stay. :
9. Distance of the campsite from institution. :
(Within 8 Kms. to enable the Volunteers for follow up action)
10. Duration of the camp (From dt.....to dt.....) :
11. Full camp or Day Camp ? :
(Full camp Rs.11,250/- or Day camp Rs.3000/-)
12. Number of participants. : a) Volunteers -
b) Non-Student Volunteers -
c) Teacher -
d) Total -
13. The agencies contacted to help : a)
programmes in the camp b)
c)
d)

Contd.....P/2.

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14. Major projects to be undertaken : a)
(On community need basis). b)
c)
d)
15. Special topics/ issues to be discussed : a)
b)
c)
d)
16. Name of the Block Development Officer , :
full postal address with office telephone No.
17. Name of the Head/any dignified person of :
adopted village with full postal address
and telephone No.
18. Name of Volunteer leader :
(With contact No. if any)
19. Daily routine of the camp-(separate copy :
to be attached).
A) Route from the CHSE(O) to the camp site :
in detail with names of the Road, important
chhaka from which the diversion is to be made,
kilometres in total to be travelled.

B) Condition of the road is all weather/morrum :
road/ Kuchha road.

Full Signature of Programme Officer.
(With Seal)

Full Signature of Principal.
(With Seal)

N.B:- Copy of the proposal to be submitted to Programme Coordinator,NSS, CHSE,Odisha, Bhubaneswar-13/ the S.L.O-Cum-Dy.Secy.to Govt.,Deptt. Of Higher Education, Govt. of Odisha, Odisha Secretariat, Bhubaneswar-1/Head of Office, NSS Regional Centre, Govt. of India, Plot No. 754/1, Jayadev Vihar, Bhubaneswar-751013 for information.

FOR THE OFFICE USE OF CHSE,ODISHA,NSS BUREAU.

Grant to be released Rs.....

Programme Coordinator, NSS.

Sr.Asst-Cum-Accnt.

S.O.

RR