

MOST IMPORTANT.
DATE CASE

COUNCIL OF HIGHER SECONDARY EDUCATION: ODISHA.
NATIONAL SERVICE SCHEME BUREAU.
PLOT NO.C/2, SAMANTAPUR, BHUBANESWAR: 751013.
TEL.FAX.0674-2301152, Website- <http://ori.nic.in/chseonss>
Email- nsschseo1983@gmail.com

No.NSS 170 /CHSE, Dt. 15.03.2016

From
Dr. Ananta Kishore Jena, OES(I),
Programme Coordinator, NSS.

To
The Principals of all the institutions having NSS Unit(s).

Sub:-Submission of Reports & Returns for the year-2015-16 and Proposals for the year 2016-17.

Madam/Sir,

In inviting a reference to the subject cited above, I am to inform you to submit the following reports & returns pertaining to the NSS matters / activities of your NSS unit for the year-2015-16 and Regular, Special Camping Programme proposal for the year-2016-17 in the prescribed proformas to be downloaded from the NSS Bureau Website- <http://ori.nic.in/chseonss> latest by **20.04.2016** positively.

1. Annual Report -2015-16(Annexure-A)
2. Utilization Certificate for 2015-16 & Proposal for Regular grant for- 2016-17(Annexure-B)
3. Application for release of Out of Pocket Allowance-2015-16 (Annexure-C)
4. Project Proposal for organization of Special Camping Programme during - 2016-17 (Annexure-D)
5. Brief Activities Report Proforma for the year-2015-16 (Annexure-L)

SPECIAL CAMP SCHEDULE- 2016-17.

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

Duration			
1	2	3	4
05.07.2016 11.07.2016 (Rath Yatra Vanmahotsava)	to 13.10.2016 to 19.10.2016 (Puja Special Camp)	to 24.12.2016 to 30.12.2016 (Winter Special Camp)	to 21.01.2017 to 27.01.2017 (Republic Day Special Camp)

Contd.....P/2.

6. The volunteers enrolment list for the session-2016-17 to be submitted immediately after completion of admission for the academic session-2016-17 or by end of August-2016 which ever is earlier (Annexure-G).

In case any unit fails to submit above reports/ returns by 20.04.2016 and volunteer enrolment list for the session-2016-17 by 31.08.16 it will be presumed by the NSS Bureau, CHSE, Odisha that the concerned institution is no more interested to continue the NSS unit & activities in their institution. Accordingly the NSS unit of the concerned institution shall be withdrawn and allotted to other desirous institutions under intimation to the Govt. in Department of Higher Education, Odisha & Director, Higher Education, Odisha, Bhubaneswar.

Yours faithfully


15/02/16
Programme Coordinator.

Memo No. 171(4) /CHSE, Dt. 15.03.2016
Copy forwarded to S.L.O-Cum-Dy.Secy.to Govt., Deptt. Of Higher Education, Odisha, Bhubaneswar-1/Regional Director, Regional Directorate of NSS, Govt. of India, Kalinga Stadium, Bhubaneswar-751012 for kind information / 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.


15/02/16
Programme Coordinator.



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ଉଚ୍ଚ ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡ଼ିଶା

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Plot No. C/2, Samantapur, Bhubaneswar-751013

Tele-Fax :0674-2301152 Email: nsschseo1983@gmail.com



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(Annexure-A)

(Annual Report & Utilisation Certificate for the session)

1. Name of the Institution :
- Full Postal Address :
- E-mail ID :
2. Alphanumeric Code No. :
3. Name of the Principal & Contact No. :
4. Name of the Programme Officer & Contact No. :
5. No. of volunteers enrolled :
6. Name of adopted village :
7. No. of volunteers participated in 120 / 240 hours of NSS Regular Activities. :
8. Total No. of Regular activities. :
(Day/ date -wise Regular activities to be attached in a separate sheet).
10. No. of special camps organised during the session :
(With duration).
11. Date of submission of special camp final report :

Utilisation Certificate

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 last financial year :
- b) Grant received during the financial year :
(Mention the year of reporting)
Regular: Rs..... Special: Rs..... Total: Rs.....
Any Other source Rs.....
- c) Total expenditure :
- d) Unspent balance at the end of financial year : _____

I further certify that the list of works for the expenditure of Rs..... has been maintained in my office as per the statement given below.

Signature of Programme Officer.
(With seal)

Signature of Principal.
(With seal)

Date:

Date

Check List:

- 1) Detailed list of day-wise Regular Activities.
- 2) Some photographs of Regular Activities.
- 3) Account Statement.
- 4) Press clipping if any.



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(Annexure-B)

APPLICATION FOR REGULAR GRANT FOR THE SESSION

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

Utilisation Certificate

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 last financial year : | Rs..... |
| 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..... |

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

Signature of Programme Officer.

(With seal)

Date:

Signature of Principal.

(With seal)

Date

9. Action plan of Regular activities for the session (120 hours of service).
(The Volunteers who undertake various activities in adopted villages and urban slums for community service should put in 120 hours service in an academic year such as.
- 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.)

(Calendar of activities to be submitted) expended as per requirement.

Sl.No.	Name of the Programme.	No. of hours	Proposed date.

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

Countersigned by Head of the Institution with seal & date.

<u>FOR THE OFFICE USE OF CHSE,ORISSA,NSS BUREAU.</u>	
Unspent balance Rs.....	
Grant to be released Rs.....	
Sr.Asst-Cum-Accnt.	Programme Coordinator, NSS.
S.O.	

Check List:

- 1)Photo copy showing Cashbook entries of the financial year in both receipt and expenditure side.
- 2)Photo copy of Passbook clearing showing entries of the financial year.
- 3)Calendar of Activities prepared by Programme Officer.

DETAILS OF PROGRAMMES ORGANISED

SPECIAL (A UNIT SHOULD ORGANISE 01 SPECIAL CAMPING PROGRAMME)

Sl.No.	Special Camping Programme Duration	Adopted village

9. Details of Personal Bank Account of P.O.:
- a) S/B. Account No. _____
Name as appeared in passbook.
 - b) Name of the Bank _____
 - c) Name of Branch _____
 - d) Branch Code No. _____
 - e) IFSC Code No. _____

10. 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,ORISSA,NSS BUREAU.

Process for release of Rs..... As OPA from dtd..... to

Programme Coordinator, NSS.



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(Annexure-D)

(NSS SPECIAL CAMP 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 with Mobile No. & E-mail ID :
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 during camping period :
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.5000/-)
12. Number of participants. : a) Volunteers -
b) Non-Student Volunteers -
c) Teacher -
d) Total -
13. The agencies contacted to help : a)
Organise programmes in the camp b)
c)
d)

Contd.....P/2.

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/
Mobile No. & E-mail ID.
17. Name of the Head/any dignified person of :
adopted village with full postal address
and telephone/ Mobile 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 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 :
20. S.B.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 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 & forwarded to the S.L.O-Cum-Dy.Secy.to Govt.,Deptt. Of Higher Education, Govt. of Odisha, Odisha Secretariat, Bhubaneswar-1/Regional Director, Regional Directorate of NSS,, Govt. of India, Kalinga Stadium, Bhubaneswar-751012 for information.



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(Annexure-L)

BRIEF ACTIVITIES REPORT PROFORMA

1. Programme Details for the year :
2. Organised by : a) Name of the Institution :
b) Name of the Unit : Male / Female
3. Name of the Programme Officer :
4. No. of Regular Activities:-

PLANTATION

Sl.No.	No. of Banyan Trees planted	No. of Neem Trees Planted	No. of Palm Trees planted	No. of Fruit bearing trees	Others	Place
1						

BLOOD GROUPING / BLOOD DONATION

2	Nme of the Blood Bank	No. of Units of blood collected	Date of Organisation of blood donation camp	No of blood grouping camps organized with date	No. of persons benefited	Remarks

HEALTH CAMPS

4	No of Camps organised	Date of each camp	No. of participants in each camp	No. of beneficiaries in each camp

SURVEY OF SCHOOL DROPOUTS

5	Date of survey	Village	No. of Male children identified	No. of Female children identified	No. of NSS Volunteers involved in survey	Remarks

Contd....P/2

SWACHHA BHARAT ABHIYAN

6	Name of the Place(s)	No. of camps organized	No. of hours contributed	No. of volunteers participated	Remarks

AGRICULTURAL AWARENESS

7	Details of programme and date(s)	Place	No. of volunteers participated	No. of Beneficiaries	Remarks

CATTLE IMMUNISATION

8	Details of immunization programme organized with date(s)	No. of cattle immunized with place	No. of volunteers participated	Remarks

IMPARTING PRIMARY TEACHING BY NSS VOLUNTEERS

9	Details of Teaching Imparted by Volunteers (Indicated each programme)	No. of Volunteers participated	No. of beneficiaries	Remarks

Signature of the Programme Officer.**Signature of the Principal.****Date:****Date:**