



# NATIONAL SERVICE SCHEME

ଜାତୀୟ ସେବା ଯୋଜନା  
ଉଚ୍ଚ ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡ଼ିଶା

CHSE, ODISHA

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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.