



NATIONAL SERVICE SCHEME

ଜାତୀୟ ସେବା ଯୋଜନା
ଉଚ୍ଚ ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡ଼ିଶା

CHSE, ODISHA

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

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



ଉଚ୍ଚ ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡ଼ିଶା

(Annexure-E)

SPECIAL CAMP FINAL REPORT.

(To be submitted to P.C.NSS,CHSE(O)/ S.N.O-Cum-Dy. Secy. to Govt./ Regional Director, Regional Directorate of NSS,, Govt. of India, Kharvel Nagar, Bhubaneswar within 15 days after completion of the camp).

1. Name of the Institution :
Address :
2. Alphanumeric Code No. :
3. Category of Unit (Male/Female) :
4. Name of the Programme Officer :
5. Name of adopted village :
6. Total No. of campers. :
(List of campers with their signature :
to be attached).
7. Duration of camp :
(Day-wise activities report to be
attached).
8. Date & method of information about:
commencement of the camp).
(By SMS/E-Mail/Fax/Telegram/Telephone).
9. Major agencies helped in the camp : a)
b)
c)
d)
10. Major projects undertaken : a)
b)
c)
d)
11. Special topics/Issues discussed : a)
b)
c)
d)

Contd.....P/2.

12. Name of VIPs visited : a)
(Xerox copy of visitors diary to be attached). b)
c)
d)
13. No. of action photographs attached :
14. Name of the Newspapers in which camp;
news was published .
(Copy of Newspaper clippings to be attached).
15. Total amount incurred in the camp :
(Details of account statement to be attached).
16. Suggestions if any :

Signature of Programme Officer
(With seal).

Signature of the Principal.
(With Seal).

Check list.

1. Forwarding letter.
2. Duly filled in report format.
3. List of campers.
4. Record of Day-wise activities.
5. Xerox copy of visitors diary.
6. Action photographs.
7. Press clippings (if any).
8. Account statement.
9. Utilisation Certificate.