



# Maulana Abul Kalam Azad University of Technology, West Bengal

formerly known as

West Bengal University of Technology  
Office of the Information Scientist  
BF-142, Saltlake, Sector -I, Kolkata- 700064  
Tel. No. 033 2321-7583

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No. - 001/NSS/IS/2015-16/1.1

Date 04-Sep-2015

## NOTICE

The Programme officers, NSS  
All Government Colleges affiliated to WBUT

You are requested to send report on important NSS Activities for the Quarter ended on 30<sup>th</sup> June, 2015 (01.04.2015 to 30.06.2015) in the attached proforma within 7 days positively to the undersigned. The sending of the report should be treated as necessary and urgent.

sd/-

Information Scientist,  
NSS Coordinator WBUT

**QUARTERLY REPORT FOR THE PERIOD FROM 01.04.2015 TO 31.06.2015**

Name of the University/+2 Council :

State : West Bengal

<b>1. Allocation : Target for the Year :</b>										
Enrolment during the last quarter	Enrolment during the quarter	Progressive Total of Enrolment								
		Male	Female	Total	Gen	SC	ST	OBC	Minority	
<b>2. Special Camp : Target for the Year :                      No. of Camps :                      No. of Volunteers :</b>										
Special Camp Conducted during the last Quarter	No. of Camps organized during the Quarter	Progres- sive Total	Participation in the Camps							
			Male	Female	Total	Gen	SC	ST	OBC	Minority
<b>3. No. of Villages/Slum Adopted (Submit names of Adopted Villages/ Slums against the unit of each college) :</b>										
<b>(3) Total No. of Colleges/+2 Schools under the University/Council :</b>										
<b>(4) Total No. of Colleges/+2 level Schools having NSS :</b>										
<b>(5) Total No. NSS Units existing :</b>										
<b>(6) (a) No. of Blood Donation Camps Organized :</b> (Please submit the name of colleges conducted Blood Donation Camps with date and place of camps)										
<b>(b) No. of Blood Donors :</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>(c) No. of Volunteers involved :</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>(7) (a) No. of Trees Planted :</b> (Please enclose list of Colleges taken up plantation programme with date and place of programme)										
<b>(b) No. of Volunteers involved :</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>(8) Pulse Polio Immunisation Programme :</b> (Please submit the name of colleges taken up Pulse Polio Programme with date and place)										
<b>(e) No. of Volunteers involved :</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>(f) No. of Beneficiaries :</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>10. No. of Programme Officers existing</b>										
<b>(e) No. of trained Programme Officers</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>(f) No. of Untrained Programme Officers</b>			<b>Male :</b>		<b>Female :</b>		<b>Total :</b>			
<b>11. Any other Activities Undertaken :</b> (Item wise list to be given in separate sheet)										
<b>12. Grant Received from State Government</b>				<b>Central Share (Rs.)</b>		<b>State Share (Rs.)</b>		<b>Total (Rs.)</b>		
<b>(a) Regular Activities</b>										
<b>(b) Special Camping Programme</b>										
<b>13. Grant released by University/Council to Colleges/+2 School :</b>										
<b>(e) List of Colleges and Amount released under Regular Activities</b>							<b>Rs.</b>			
<b>(f) List of Colleges and Amount released under Regular Activities</b>							<b>Rs.</b>			

<b>14. Grant Position at University/council :</b>	
<b>(a) Unspent Balance as on 31<sup>st</sup> March, .....</b>	
(i) Regular Activities	Rs.
(ii) Special Camping Programme	Rs.
(iii) Accrued interest during the year	Rs.
(iv) Total	Rs.
<b>(b) Grant Received from State Government during the Year</b>	
(i) Regular Activities	Rs.
(ii) Special Camping Programme	Rs.
<b>(c) Grant Available</b>	
(i) Regular Activities	Rs.
(ii) Special Camping Programme	Rs.
<b>(d) Grant Released</b>	
(i) Regular Activities	Rs.
(ii) Special Camping Programme	Rs.
<b>(e) Unspent Balance Position as on date</b>	
(i) Regular Activities	Rs.
(ii) Special Camping Programme	Rs.
<b>(f) NSS Account No. :</b>	
<b>(g) Name of Bank. :</b>	
<b>Name of Branch :</b>	
<b>Place :</b>	
<b>15. Date of last NSS Advisory Committee Meeting convened :</b>	

Date :

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Signature of the  
Programme Coordinator, NSS/  
State NSS Officer  
With Office Seal, Contact No. & E-mail ID