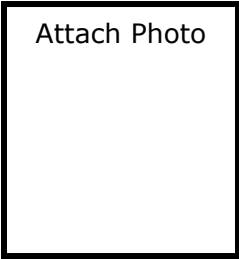


SNDT WOMEN'S UNIVERSITY, MUMBAI-20
DEPARTMENT OF STUDENTS WELFARE &
NATIONAL SERVICE SCHEME CELL

COLLEGE/PROGRAM OFFICERS PERSONAL DATA SHEET
2014-15



1. Name of the College - _____

2. Name of the POs - _____

3. Male/Female - _____
4. Contact details (Ph. /Mob) - _____
5. Email Id - _____
6. Your NSS Unit started in your College - Year _____
7. Your date of joining in NSS as a PO - _____
8. Years completed in NSS as a PO - _____
9. Previous Experience as a PO - _____

10. Total Teaching/ Administrative Exp. - _____
11. ETI Trained/Untrained- _____
12. Your of completing ETI Training - _____
13. Have ou had got any award in last five years in Teaching or Co-curricular Activities (Give details) - _____

14. Have you had conducted any Innovative Prog/Activity at your College/Institution in last 5 years (Give Details) _____

15. Are you willing to conduct _____
any Innovative Plan/activity _____
in next 3 years at your _____
College/Institution(Give Details)_____

16. Any Special _____ Yes/No
NSS Email ID in College _____ give details _____
e.g cbsshahnss@gmail.com If not then please create _____
(Please create)

17. Your College is submitting _____
Annual NSS Audit Report _____
within a given time _____
If yes, write the date of
submission

18. Your College/Institution is _____ Yes/No
Preparing NSS Annual
Activity plan at the beginning of the
Academic year

19. Has the College established _____
NSS Advisory Board _____ Yes/No

20. How many annual NSS Meetings are _____
conducted by the College? _____

21. Enrolment of NSS Volunteers in your _____
College/Institution _____
Regular Activities _____
Special Camp _____

22. Your College/Institution is
maintaining following records
of NSS (Please tick below)

- | | |
|--|--------|
| a. Enrollment register | Yes/No |
| b. Attendance Register of Regular Activities | Yes/No |
| c. Attendance Register of Special Camp | Yes/No |
| d. Stock Register | Yes/No |
| e. Daily Account Register | Yes/No |
| f. Inward/outward Register | Yes/No |
| g. Annual Budget | Yes/No |
| h. Annual Audit Report | Yes/No |
| i. Minutes of Advisory Board Meeting | Yes/No |
| j. Appointments of NSS Staff | Yes/No |

23. Are you willing to be a Zonal/Area Coordinator? Yes/No

Why
