

#### ADIKAVI NANNAYA UNIVERSITY RAJAMAHENDRAVARAM NATIONAL SERVICE SCHEME (NSS)



# VERIFICATION FOR NEW/EXISTING NSS UNIT PROFORMA- 2017-18

NSS Unit	:	New Unit 🗌	Existing Unit 🔲	
Name of the Colleg	e:			
College Address	:			
Academic Year	:			
College type	:	Intermediate 🔲	Degree 🔲	P.G 🔲
Course	:			
Reference No. Date	:			



NATIONAL SERVICE SCHEME ADIKAVI NANNAYA UNIVERSITY RAJAH RAJAH NARENDRA NAGAR RAJAMAHENDRAVARAM - 533296 ANDHRA PRADESH, INDIA

#### NSS UNIT PHYSICAL VERIFCATION

1.	Affiliation Type:	
	☐ Permanent affiliation	
	☐ Any other affiliation	
2.	Callaga information.	
2.	College information:	
	a) Name & Address of the Co	llege: ( in CAPITAL LETTERS)
	College Name :	
	Year of Establishment :	
	College Code :	(for existing college only)
	College Status :	☐ Minority ☐ Non-Minority
	College Location :	☐ Urban ☐ Rural ☐ Tribal
	Address :	
	City / Town :	Mandal :
	District :	State :
	Pin Code :	Fax (+91):
	Location :	Latitude Longitude
	Survey No. :	
	<b>Landline</b> (+91):	Mobile (+91):
	E-Mail :	
	Website :	http://www
	Status of college :	☐ Co-Education ☐ Women's
	Status of Affiliation :	Govt. Autonomous
		Govt. Autonomous
	If Autonomous duration from	(DD/MM/YYY) to (DD/MM/YYYY)
	Year of Commencement of First batch :	

UGC stat NBA NAAC College T	us conferred ype		: [	_ 	12B Yes Yes Engir	neering		2F No No Integ	rated Ca	mpus		Standalone /	PG Colle	ge
Courses o	offered by Col	llege	:											
		+2						UG				PG		
Hostel Av	zailahla							. <b>D</b> ı	Yes		No			
If yes	anabie							_	Boys		Gir	ls		
-	thin the camp	ous						· _	Yes	_	No			
	the Hostel Re		ion					. <b>-</b>	Yes	<u> </u>	No			
b) Info	ormation rega	arding	the	stuc	dent i	intake:								
	S.No				Nar	ne of th	e Cou	ırse				Sanctioned Intake		
											,	Approved	Admi	tted
	Note: Attach a	Senaro	ito s	hoo	t if ro	auired								
	on / Certificat						/Engi	neerin	g/Pharr	nacy				
S.No Name of the			ne of the	e of the Course					Sanctioned Intake					
											I	Approved	Admi	tted

S.No	Name of the Course	Sanctioned Intake			
		Approved	Admitted		

### Full Name : \_\_\_\_ (in CAPITAL LETTERS) : \_\_\_\_\_\_ Qualification : Doctorate Non - Doctorate Date of Birth Faculty (Ph.D in) : Engineering Ph.D Awarded From: \_\_\_\_\_\_University Year : \_\_\_\_\_\_(YYYY) Date of Appointment: \_\_\_\_\_(DD/MM/YYYY) Land line (+91): \_\_\_\_\_ Fax (+91): \_\_\_\_\_ Mobile (+91) : \_\_\_\_\_ : \_\_\_\_\_\_@\_\_\_\_ E-Mail d) **Details of Director:** (Please specify in CAPITAL LETTERS) Full Name : \_ (in CAPITAL LETTERS) : \_\_\_\_\_ Qualification : Doctorate Non - Doctorate Date of Birth **Date of Appointment:** \_\_\_\_\_ (DD/MM/YYYY) (+**91**): \_\_\_\_\_ Land line (+91) : \_\_\_\_\_ Fax Mobile (+91) : \_\_\_\_\_ : \_\_\_\_\_\_\_@\_\_\_\_\_ E-Mail

**Details of the Principal:** (in CAPITAL LETTERS)

c)

Name of the Society	:		
Year of Establishment	:(YYYY	Registered Number :	
Address D.No	:		
Street Name	:		
City / Town	:	Mandal :	
District	:	State :	
Pincode	:	Fax (+91) :	
Landline with (STD Code)	:	Mobile(+91) :	
E-Mail	:		
Website	: http://www		
b) Name & Address o	f the Chairperson / Correspond	ent / Secretary of the Society: (in CAPITAL LETTERS)	
Full Name :			
(in CAPITAL LETTERS)			
Date of Birth :		Designation :	
Address :			
City / Town :	1	Mandal :	
District	:	State :	
Pincode	:	Fax (+91):	
Landline (+91	):	Mobile (+91) :	
E-Mail		@	

3. a) Name & Address of the Educational Society: (in Capital Letters)

(	e) Whether the society h If yes, give the details			he same prem	ises: 🗖 Ye	es 🔲 No
S. No.	Name of the C	ollege / Institut	ion	Establish (YY		Affiliated University
1				`	,	
2						
3						
4						
5						
4.	LAND:					
<b>a</b> )	Land Details of the Coll	ege: (in CAPIT	AL LETTERS)	)		
Extent	of Land Area	:	A	Acres		
Land T	Type	: 🗖 Single F	Piece	Two or	Three pieces	
Land F	Registration Type	: Register	ed Sale Deed	Register	red Gift Deed	Period of Lease Deed
If Leas	ed, Period of Lease Deed	:				
Registe	ered in the name of	: 🔲 Individu	al	☐ Society		
Land (	Category	: 📮 Rural		urban		☐ Tribal
b) Bu	ilding Plan in the name o	f the proposed	institution pre	pared by Lice	ensed Surveyor	and Certified
	Municipal C	Corporation	Municipalit	y 📮 Gran	n Panchayat	
c) Building Registered type:						
	Compound Wa	ll/Fencing:	☐ Yes	Ç	□ <sub>No</sub>	
	Power Supply	:	Adequate	Ç	Inadequate	
	Water Supply	:	☐ Adequate	Ç	Inadequate	
	Drinking Wate	r :	☐ Municipal	l Water [	Borewell Wa	nter
	Is Water Purifi	ed ? :	☐ Yes	ζ	□ No	

## d) Particulars of Building Accommodation (Class rooms, Tutorial rooms, Computer Laboratories, Library, Seminar Halls, Computer Centre and etc.,)

S.No.	Building Door No. / Floor	Room No.	Dimensions (in feet)	Carpet Area (in sft.)	Purpose for which it is used

### 5. DETAILS OF STAFF MEMBERS (Teaching & Non-teaching)

	Name of the Faculty	Qualifications	Designation	Social Status	Permanent / Temporary / Part-Time / Contract	Teaching / Non  – Teaching /  Technical /  Library	Total Years of Service	
					<u> </u>			
	Mode of Payment of Sala	ry : 📮	Cash 📮 0	Cheque	Bank Trans	sfer 🔲 Other		
	• Total No. of Faculty	: Te	aching	Non-Tea	ching	Technical		
6.	6. LIBRARY FACILITIES: (Please specify in CAPITAL LETTERS)							
	Library Phone Number (Land line/Mobile) :							
	<b>Seating Capacity</b>	:						
	Working Hours of Library	:	From:		_(HH:MM) To:		(НН:ММ)	

S. No.	Names of the Members	<b>Designation in the Committee</b>
SPORTS F.	ACILILTIES:	
Number of	Playgrounds :	Total Area:
Sports Con	nmittee Members:	
S. No.	Names of the Members	Designation in the Committee
DITIONAL	INFORMATION:	
Students Ca	anteen	☐ Yes ☐ N
Health Car	e Centre	☐ Yes ☐ N
G e	W.W. COV.	
Conterence	Hall (if Yes, Capacity:)	☐ Yes ☐ N
Auditorium	(if Yes, Capacity:)	□ Yes □ N
NIGG / NIGG	/VOCA 11 4	ПуП
NSS / NCC	/ YOGA club etc	☐ Yes ☐ N
Industry In	stitute Interaction Cell	☐ Yes ☐ N
MOII with	Industry / R & D Units	☐ Yes ☐ N
MICO MILL	industry / K & D Ullits	Tes La r
Existing NS	SS Unit	📮 Yes 📮 1

If Yes Give	The NSS Unit Details:				
Existing NS	SS Unit started from :				
Existing NS	SS Unit Programme Officer Nam	ne:			
Programme	e Officer trained/untrained :	Trained	📮 Unti	rained	
If trained h	now many training programmes	he attended:			
How many	years he working as Programm	e Officer:			
NSS UNIT	ADVISORY COMMITTEE MI	EMBERS:			
S.NO.	NAME OF THE	COMMITTEE MEMBEI	R	DES	SIGNATION IN ADVISORY COMMITTEE
How many	Special camps, Mega caps, Skill	l Development progra	mmes and any pr	ogramm	e conducted details:
S.NO.	NAME OF THE CONDUCTED CAMPS	STARTING CAMP DATE	ENDING CAMP	DATE	CAMP CONDUCTED AT VILLAGE / SLUM

### **DECLARATION**

I		of
Society / College hereby	declare that the details given a	above are true and correct to the best of my
knowledge.		
I also understand	that in case the particulars fur	nished in the Verification are found incorrect at an
juncture, the New NSS I	Jnit permission may be withdra	awn without information.
	ignature of the	Name and Signature of the
Chairperson / Sec	retary of the Society	Head of the Institution
	Verification Office	r Signature
Place:		
Date:		