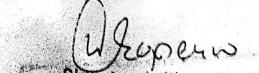
PROFORMA FOR SUBMISSION OF PROPOSAL FOR ESTABLISHMENT OF SELF FINANCING UNIT (SFU) UNDER NATIONAL SERVICE SCHEME (NSS)

| | | 1 | Name of II | |
|----|----------|-----------|---|--|
| | | ' | Name of the | Institute of Vocational Studies |
| | | | Institution/College/School with Phone No./Fax/Email | Phone No 011-29257793 |
| | | ĺ | Thorie No./Fax/Email | Fax- 29258335 |
| | | 2 | Postal address 600 | Email-info@awadh.org.in |
| | | | Postal address of the Institution | FC-31, Awadh Bhawan, Press Enclave Road, Sheikh Sarai, Ph-II, New Delhi- 110017 |
| | | 3 | Name of the Principal with contact | Dr. Niranjana Soperna |
| | | | No. & Email | Mob. No 9810165275 |
| | - | _ | | Email- niranjana.soperna@gmail.com |
| | <u> </u> | 4 | Name of the University/Directorate | GGSIPU |
| | | 5 | I otal strength of the | 100+100+50+50 =300 |
| | - | | Institution/College | |
| - | | <u>-</u> | Total strength of students in +2 level (applicable to schools only) | NA |
| | 7 | | The year of establishment of the | 2003 |
| | L | | Institution | |
| | 8 | 100 | Whether Institution is recognized? | Yes, by NCTE |
| | 9 | | Past experience of the Institution in social work | No, but every student of the institute is doing community service in form of campaigns on various issues from time to time |
| | 10 | 1 | Whether Institution already have Regular NSS units? If yes, indicate the No. of Unit(s) | No |
| | 11 | | No. of NSS Units required by the nstitution | One |
| | 12 | 1 | lame of the proposed NSS rogramme Officer. | Dr. Sangeet Sharma |
| 13 | | Aı | Whether the Institution publish nnual Report? If yes, please attach copy of current report | Yes (Attached) |
| 14 | | ea giv | pecify whether the Institution rlier had any NSS Unit. If yes, we reasons of discontinuation of Unit. | No |





Awadh Bhawan

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