

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

Name of the Institution with Phone No./Fax/Email	INSTITUTE OF VOCATIONAL STUDIES 011-29257793/94 FAX - 29258225 Email - info@cvv.adb.org.in
Postal address of the Institution	FC-31, Awadh Bhawan, Press Enclave Road Shyam Sarai, PH-II, New Delhi - 110017
Name of the Principal with Contact No. & E-mail S.EL.	Dr. Niranjana Sarker 9810165275 niranjana.sarker@gmail.com
Name of the University	GGSPU
Total strength of the institution	100+100+50+50 = 300
Total strength of students in +2 level	N/A
The year of establishment of the institution	2003
Whether Institution is recognized?	Yes, by NCTE
Past experience of the Institution in Social work	No, but every student of the Institute is doing community service in form of campaign on various issues from time to time
Whether Institution	
Already have Regular NSS Units?	
No. of NSS Units required by the Institution	One
Name of the proposed NSS Programme Officer:	Dr. Sangita Shukla
Whether the Institution Publish Annual Report ? If yes, please attach a copy of current report.	Yes (Attached)
Specify whether the Institution earlier had any NSS Unit / If yes, give reasons of discontinuation of the Unit.	No

Signature of Principal
Head of the Institution with seal