



**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 College:

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 VERIFICATION

1. Affiliation Type:

- Permanent affiliation
- Any other affiliation

2. College information:

a) Name & Address of the College: (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. : _____

Landline (+91): _____ **Mobile (+91):** _____

E-Mail : _____

Website : **http://www.**_____

Status of college : Co-Education Women's

Status of Affiliation : Govt. Autonomous

Govt. Autonomous Aided Unaided

If Autonomous duration from: (DD/MM/YYYY) _____ **to** (DD/MM/YYYY) _____

Year of Commencement of First batch : _____

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

Full Name : _____
(in CAPITAL LETTERS)

Date of Birth : _____ **Qualification :** **Doctorate** **Non – Doctorate**

Faculty (Ph.D in) : **Engineering** **Management** **Others**

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)

Date of Birth : _____ **Qualification :** **Doctorate** **Non – Doctorate**

Date of Appointment: _____ (DD/MM/YYYY)

Land line (+91) : _____ **Fax (+91) :** _____

Mobile (+91) : _____

E-Mail : _____ @ _____

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

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 of the Chairperson / Correspondent / Secretary of the Society: (in CAPITAL LETTERS)

Full Name : _____
(in CAPITAL LETTERS)

Date of Birth : _____ **Designation** : _____

Address : _____

City / Town : _____ **Mandal** : _____

District : _____ **State** : _____

Pincode : _____ **Fax (+91)** : _____

Landline (+91) : _____ **Mobile (+91)** : _____

E-Mail : _____ @ _____

- c) Whether the society has more than one college in the same premises: Yes No
If yes, give the details: (in CAPITAL LETTERS)

S. No.	Name of the College / Institution	Established Year (YYYY)	Affiliated University
1			
2			
3			
4			
5			

4. LAND:

a) Land Details of the College: (in CAPITAL LETTERS)

Extent of Land Area : _____ Acres

Land Type : Single Piece Two or Three pieces

Land Registration Type : Registered Sale Deed Registered Gift Deed Period of Lease Deed

If Leased, Period of Lease Deed : _____

Registered in the name of : Individual Society

Land Category : Rural Urban Tribal

b) Building Plan in the name of the proposed institution prepared by Licensed Surveyor and Certified

Municipal Corporation Municipality Gram Panchayat

c) Building Registered type : Own Leased

Compound Wall/Fencing: Yes No

Power Supply : Adequate Inadequate

Water Supply : Adequate Inadequate

Drinking Water : Municipal Water Borewell Water

Is Water Purified ? : Yes No

a) Anti – Ragging Committee:

S. No.	Names of the Members	Designation in the Committee

7. SPORTS FACILITIES:

Number of Playgrounds : _____ **Total Area:** _____

Sports Committee Members:

S. No.	Names of the Members	Designation in the Committee

ADDITIONAL INFORMATION:

Students Canteen Yes No

Health Care Centre Yes No

Conference Hall (if Yes, Capacity: _____) Yes No

Auditorium (if Yes, Capacity: _____) Yes No

NSS / NCC / YOGA club etc Yes No

Industry Institute Interaction Cell Yes No

MOU with Industry / R & D Units Yes No

Existing NSS Unit Yes No

DECLARATION

I _____ of _____
Society / College hereby declare that the details given above are true and correct to the best of my
knowledge.

I also understand that in case the particulars furnished in the Verification are found incorrect at any
juncture, the New NSS Unit permission may be withdrawn without information.

**Name and Signature of the
Chairperson / Secretary of the Society**

**Name and Signature of the
Head of the Institution**

Verification Officer Signature

Place:

Date: