

WORK DIARY OF NSS VOLUNTEER- 2024-2025 – Page 1

<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;">Photograph of the volunteer with the College seal</div> Name of the Volunteer <u>Sumit Sunilkumar Tiwari</u> Residential Address <u>C/2,08 ,Manek Nagar</u> <u>Borivali (West), Mumbai-400092</u> Contact details No. <u>8898452373</u> Name of the College <u>Thakur College Of Engineering and</u> <u>Technology</u> Class : <u>Electronics & CS</u> Div.: _____ Date of Birth <u>11/03/2005</u> Blood Group <u>A +ve</u> Year in NSS - Pl. tick – Ist / IInd Volunteer Enrolment Code - (as per Enrolment List) MH 09 _ _ _ _ _ Whether Volunteer registered on My Bharat: YES / NO <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Signature of the NSS Volunteer</div><div style="width: 45%;">Signature of the NSS Programme Officer</div></div>	<div style="text-align: center;"><u>YEAR – 2024-2025</u> UNIVERSITY NSS CELL USE ONLY</div> Dairy Checked by _____ Date : _____ Total hours completed by Volunteers :- _____ Comment if any : _____ _____ _____ _____ _____ _____ _____ _____ <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Seal</div><div style="width: 45%; text-align: center;">Signature Dist / Area Co-ordinator</div></div>
RESIDENTIAL SPECIAL CAMP (SEVEN DAYS) Year – 2024 - 2025 (The Camp must start by 12.00 noon. on 1st Day and it should conclude at 3.00 p.m. on 7th Day) Duration _____ Days, From _____ To _____ Camp Site _____ (Address) _____ _____ PRE CAMP ACTIVITIES (If any) :- _____ _____ _____ _____ <div style="text-align: center;"><u>DAILY ACTIVITIES OF THE CAMP</u></div> 1st Day _____ _____ _____ _____ 2nd Day _____ _____ _____ _____ _____	3rd Day _____ _____ _____ _____ 4th Day _____ _____ _____ _____ 5th Day _____ _____ _____ _____ 6th Day _____ _____ _____ _____ 7th Day _____ _____ _____ _____ Date: _____ _____ <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Name of the Volunteer</div><div style="width: 45%;">Signature of Volunteer</div></div>

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AREA-BASED PROJECTS – 1

DAILY WORK RECORD

Name of the Project /Theme: _____ **Date of Commencement :** _____

Proposed Schedule of Work-(minimum 20 maximum 60)

Sr. No	Date	Nature of Work कामाचे स्वरूप	Total Hours	Supervisor Sign
	15/8/2024	Har Ghar Tiranga: Flag Distribution		
	30/8/2024	Medical Checkup Campaign Survey in Singh Estate		
		Total No. of Hours		

AREA-BASED PROJECTS – 2

DAILY WORK RECORD

Name of the Project/Theme: _____ **Date of Commencement:** _____

Proposed Schedule of Work-(minimum 20 maximum 60)

[illegible]

[illegible][illegible]

Date : _____ Name of the Volunteer: _____ Signature of Volunteer: _____

**UNIVERSITY OF MUMBAI
NATIONAL SERVICE SCHEME****VEC NO. MH 09** _ _ _ _ _**WORK RECORD CARD – 2024 – 2025**

(to be filled by a volunteer for claiming the benefit of under O.229 at the end of respective Academic Year)

Class: - _____ Div. _____ Roll.No _____

Name of the Student: - (Full name in capital) _____

Name of the College: - _____

Sr. No.	Nature of work (Add only Project Names)	Hours	Total Hours
1.	Area Based Project – 1		
2.	Area Based Project – 2		
3.	University / District Level Activity		
4.	College Level & Other project		
	TOTAL HOURS -		

Mention the Year in which Residential Special Camp of 07 days' duration attended _____

(Note- Corresponding documents of attendance/reports of the above project mentioned in Work Record Card is available at College NSS Unit for verification of NSS scrutiny committee, if required)

Signature of the
NSS Volunteer_____
Signature of the
NSS Prog. Officer_____
Signature of the Principal
with College seal