**PROJECT TITLE**

**A Community Service Project Report**

Submitted to the Faculty of Engineering of

**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA,**

**KAKINADA**

In partial fulfillment of the requirements for the award of the Degree of

**BACHELOR OF TECHNOLOGY**

In

**CSE (ARTIFICIAL INTELLIGENCE & MACHINE LEARNING)**

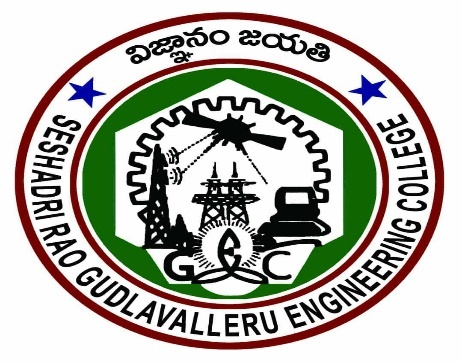
By

**Student name (Roll No.)**

Under the Enviable and Esteemed Guidance of

**Faculty Name, Qualification**

**Department of CSE(AI&ML)**

****

**DEPARTMENT OF CSE (ARTIFICIAL INTELLIGENCE & MACHINE LEARNING)**

**SESHADRI RAO GUDLAVALLERU ENGINEERING COLLEGE**

**(An Autonomous Institute with Permanent Affiliation to JNTUK, Kakinada)**

**SESHADRIRAO KNOWLEDGE VILLAGE**

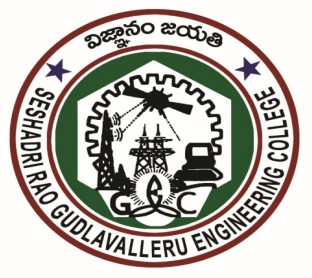
**GUDLAVALLERU – 521356**

**ANDHRA PRADESH**

**2024-25**

**Program Book**

**for**

 **Community Service Project**

**Name of the College :** Seshadri Rao Gudlavalleru Engineering College, Gudlavalleru

**Name of the Department :** CSE (AI & ML)

**Name of the Faculty Guide :**

**Duration of the CSP: From :**

**Name of the Student:**

**Programme of Study Year of Study:** B.Tech III Year

**Register Numbers :**

**Date of Submission :**

**Student’s Declaration**

We…………………………………. Reg. No ……………………of the Department of CSE (Artificial Intelligence & Machine Learning) College do hereby declare that we have completed the mandatory community service from ………. to ………. in Location under the Faculty Guideship of Faculty Name in College of Seshadri Rao Gudlavalleru Engineering College.

(Signature and Date)

# Endorsements

Faculty Guide

Master of Trainer(S):

Head of the Department :

Principal :

**Certificate from Official of the Community**

This is to certify that ………………………………

Reg. No …………………………… of Seshadri Rao Gudlavalleru Engineering College underwent community service in from ……………..to …………………..

The overall performance of the Community Service Volunteer during his/her community service is found to be (Satisfactory/Good).

(Authorized Signatory with Date and Seal)

**ACKNOWLEDGEMENTS**

The satisfaction that accompanies the successful completion of any task would be incomplete without the mention of people who made it possible and whose constant guidance and encouragements crown all the efforts with success.

We would like to express our deep sense of gratitude and sincere thanks to Faculty Name**, Qualification,** Designation, Department of CSE (Artificial Intelligence & Machine Learning) for his/her constant guidance, supervision and motivation in completing the project work.

We feel elated to express our floral gratitude and sincere thanks to **Dr. Y. Adilakshmi**, **M.Tech.,Ph.D.** Head of the Department, CSE(Artificial Intelligence & Machine Learning) for her encouragements all the way during analysis of the project. Her annotations, insinuations and criticisms are the key behind the successful completion of the project work.

We would like to take this opportunity to thank our beloved principal **Dr. B. Karuna Kumar**, **M.Tech. Ph.D.** for providing a great support for us in completing our project and giving us the opportunity for doing project.

I am thankful to the community and officials from the community for giving the necessary information and very thankful to the faculty members for their motivation and knowledge rendered though out our programme

I wish to thankful for all our friends, who have helped us in various stages and for giving valuable suggestions throughout the project. I wish to thank all the community people who helped in to do project in successful way.

**Student Name(Roll No.)**

# CHAPTER 1: EXECUTIVE SUMMARY

The community service project aims to ………………………….

**Learning Objectives:**

**Learning Outcomes:**

**CHAPTER 2: OVERVIEW OF THE COMMUNITY**

## CHAPTER 3: COMMUNITY SERVICE PART

Explanation

**Week 1:**

**Week 2:**

**Week 3:**

**Week 4:**

**Week 5:**

**Week 6:**

**Week 7:**

**Week 8:**

**ACTIVITY LOG FOR THE FIRST WEEK**

|  |  |  |  |
| --- | --- | --- | --- |
| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING**  **OUTCOME** | **Person In-charge Signature** |
| **Day –1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day –3** |  |  |  |
| **Day –4** |  |  |  |
| **Day –5** |  |  |  |
| **Day –6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 1 (From ….………..….. to ….………….…..)**

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| **The objective of the Activity Done**: |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE SECOND WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day – 1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day – 3** |  |  |  |
| **Day – 4** |  |  |  |
| **Day – 5** |  |  |  |
| **Day – 6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 2 (From ..………..….. to …………….…)**

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| **The objective of the Activity Done :** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE THIRD WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day 1** |  |  |  |
| **Day -2** |  |  |  |
| **Day –3** |  |  |  |
| **Day –4** |  |  |  |
| **Day –5** |  |  |  |
| **Day –6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 3 (From ………..….. to ………………)**

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| **The objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE FOURTH WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day –1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day –3** |  |  |  |
| **Day –4** |  |  |  |
| **Day –5** |  |  |  |
| **Day –6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 4 (From …………..….. to …………….…)**

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| **The objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE FIFTH WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day –1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day –3** |  |  |  |
| **Day –4** |  |  |  |
| **Day –5** |  |  |  |
| **Day –6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 5 (From ..………..….. to ……………..…)**

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| **The objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE SIXTH WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day –1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day –3** |  |  |  |
| **Day –4** |  |  |  |
| **Day –5** |  |  |  |
| **Day –6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 6 (From ………….….. to …………………)**

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| **The objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE SEVENTH WEEK**

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| --- | --- | --- | --- |
| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day –**  **1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day –**  **3** |  |  |  |
| **Day –**  **4** |  |  |  |
| **Day –**  **5** |  |  |  |
| **Day –**  **6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 7 (From ..………..….. to ………………)**

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| **The objective of the Activity Done:** |
| **Detailed Report:** |
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**ACTIVITY LOG FOR THE EIGHT WEEK**

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| **DAY**  **& DATE** | **BRIEF DESCRIPTION OF THE DAILY ACTIVITY** | **LEARNING OUTCOME** | **Person In-charge Signature** |
| **Day –1** |  |  |  |
| **Day - 2** |  |  |  |
| **Day –3** |  |  |  |
| **Day –4** |  |  |  |
| **Day –5** |  |  |  |
| **Day –6** |  |  |  |

**WEEKLY REPORT**

**WEEK – 8 (From Dt………..….. to Dt…………….)**

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| **The objective of the Activity Done:** |
| **Detailed Report:** |
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**CHAPTER 5: OUTCOMES DESCRIPTION**

**Details of the Socio-Economic Survey of the Village/Habitation. Attach the questionnaire prepared for the survey.**

**Describe the problems you have identified in the community.**

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| **Short-term and long term action plan for possible solutions for the problems identified and that could be recommended to the concerned authorities for implementation.**   |  | | --- | | The identified challenges in rice market linkages present an opportunity for transformative action. To address these issues effectively, a balanced short-term and long-term action plan has been devised, emphasizing creativity and sustainability | | Short-Term Action Plan: | |  | |  | |  | |  | |  | |  | |  | |  | | **Long-Term Action Plan:** | |  | |  | |  | |  | |  | |

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| **Description of the Community awareness programme/s conducted w.r.t the problems and their outcomes.** |
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**Report of the mini-project work done in the related subject w.r.t the habitation/village.**

**CHAPTER 6: RECOMMENDATIONS AND CONCLUSIONS OF THE MINI PROJECT**

**Recommendations and Conclusions:**

**Recommendations:**

**Conclusions:**

**Student Self-Evaluation for the Community Service Project**

Student Name:

Registration No: Period of CSP: From:

To:

Date of Evaluation:

Name of the Person in-charge: Address with mobile number:

**Please rate your performance in the following areas:**

**Rating Scale: 1 is lowest and 5 is highest rank**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1) Oral communication** | **1** | **2** | **3** | **4** | **5** |
| **2) Written communication** | **1** | **2** | **3** | **4** | **5** |
| **3) Proactiveness** | **1** | **2** | **3** | **4** | **5** |
| **4) Interaction ability with community** | **1** | **2** | **3** | **4** | **5** |
| **5) Positive Attitude** | **1** | **2** | **3** | **4** | **5** |
| **6) Self-confidence** | **1** | **2** | **3** | **4** | **5** |
| **7) Ability to learn** | **1** | **2** | **3** | **4** | **5** |
| **8) Work Plan and organization** | **1** | **2** | **3** | **4** | **5** |
| **9) Professionalism** | **1** | **2** | **3** | **4** | **5** |
| **10) Creativity** | **1** | **2** | **3** | **4** | **5** |
| **11) Quality of work done** | **1** | **2** | **3** | **4** | **5** |
| **12) Time Management** | **1** | **2** | **3** | **4** | **5** |
| **13) Understanding the Community** | **1** | **2** | **3** | **4** | **5** |
| **14) Achievement of Desired Outcomes** | **1** | **2** | **3** | **4** | **5** |
| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Student**

**Student Self-Evaluation for the Community Service Project**

Student Name:

Registration No: Period of CSP: From:

To:

Date of Evaluation:

Name of the Person in-charge: Address with mobile number:

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| **3) Proactiveness** | **1** | **2** | **3** | **4** | **5** |
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| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Student**

**Evaluation by the Person in-charge in the Community/Habitation**

Student Name: Registration No:

Period of CSP: From:

To:

Date of Evaluation:

Name of the Person in-charge: Address with mobile number:

**Please rate the student’s performance in the following areas:**

**Please note that your evaluation shall be done independent of the Student’s self-evaluation Rating Scale: 1 is lowest and 5 is highest rank**

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| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Supervisor**

**Evaluation by the Person in-charge in the Community/Habitation**

Student Name: Registration No:

Period of CSP: From:

To:

Date of Evaluation:

Name of the Person in-charge: Address with mobile number:

**Please rate the student’s performance in the following areas:**

**Please note that your evaluation shall be done independent of the Student’s self-evaluation Rating Scale: 1 is lowest and 5 is highest rank**

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| --- | --- | --- | --- | --- | --- |
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**Evaluation by the Person in-charge in the Community/Habitation**

Student Name: Registration No:

Period of CSP: From:

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Name of the Person in-charge: Address with mobile number:

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**Please note that your evaluation shall be done independent of the Student’s self-evaluation Rating Scale: 1 is lowest and 5 is highest rank**

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| **7) Ability to learn** | **1** | **2** | **3** | **4** | **5** |
| **8) Work Plan and organization** | **1** | **2** | **3** | **4** | **5** |
| **9) Professionalism** | **1** | **2** | **3** | **4** | **5** |
| **10) Creativity** | **1** | **2** | **3** | **4** | **5** |
| **11) Quality of work done** | **1** | **2** | **3** | **4** | **5** |
| **12) Time Management** | **1** | **2** | **3** | **4** | **5** |
| **13) Understanding the Community** | **1** | **2** | **3** | **4** | **5** |
| **14) Achievement of Desired Outcomes** | **1** | **2** | **3** | **4** | **5** |
| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Supervisor**

**Evaluation by the Person in-charge in the Community/Habitation**

Student Name: Registration No:

Period of CSP: From:

To:

Date of Evaluation:

Name of the Person in-charge: Address with mobile number:

**Please rate the student’s performance in the following areas:**

**Please note that your evaluation shall be done independent of the Student’s self-evaluation Rating Scale: 1 is lowest and 5 is highest rank**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1) Oral communication** | **1** | **2** | **3** | **4** | **5** |
| **2) Written communication** | **1** | **2** | **3** | **4** | **5** |
| **3) Proactiveness** | **1** | **2** | **3** | **4** | **5** |
| **4) Interaction ability with community** | **1** | **2** | **3** | **4** | **5** |
| **5) Positive Attitude** | **1** | **2** | **3** | **4** | **5** |
| **6) Self-confidence** | **1** | **2** | **3** | **4** | **5** |
| **7) Ability to learn** | **1** | **2** | **3** | **4** | **5** |
| **8) Work Plan and organization** | **1** | **2** | **3** | **4** | **5** |
| **9) Professionalism** | **1** | **2** | **3** | **4** | **5** |
| **10) Creativity** | **1** | **2** | **3** | **4** | **5** |
| **11) Quality of work done** | **1** | **2** | **3** | **4** | **5** |
| **12) Time Management** | **1** | **2** | **3** | **4** | **5** |
| **13) Understanding the Community** | **1** | **2** | **3** | **4** | **5** |
| **14) Achievement of Desired Outcomes** | **1** | **2** | **3** | **4** | **5** |
| **15) OVERALL PERFORMANCE** | **1** | **2** | **3** | **4** | **5** |

**Date: Signature of the Supervisor**

**PHOTOS AND VIDEO LINKS**