









Sr. No	Name of the programme	Programme Unit	Physical Targets		Resource Mobilization from other Departments and Agencies			Name of Deptt. / Agencies coordinated	Name & Designation of VIPs attended Programme (e.g. Hon'ble MP/MLAs, officials of Development Depts., Agencies and other dignitaries)	No. of Youth Clubs Participated	Number of Participants/Beneficiaries from NYK affiliated Youth Clubs and Mahila Mandals																		
			Set (annual)	Achieved	Fund raised for activity	Name of Resource Persons, Trainers and Experts invited (Man day's value in Rs.)	(Value in Rs.)				Material, equipments, transport, etc.	SC			ST			Minority			OBC			Gen.			Grand Total		
												M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	Total
10.	Meetings of District Advisory Committee on Youth Programme (DACYP)	No. of Meetings									<ul style="list-style-type: none"> <li>Meetings chaired by .....</li> <li>No. of members attended meeting.....</li> <li>Special invitees attended the meeting.....</li> <li>Important decisions taken and follow up action initiated.....</li> </ul>																		
11.	Meetings of State Advisory Committee on Youth Programme (SACYP)	No. of Meetings									<ul style="list-style-type: none"> <li>Meetings chaired by .....</li> <li>No. of members attended meeting.....</li> <li>Special invitees attended the meeting.....</li> <li>Important decisions taken and follow up action initiated.....</li> </ul>																		
12.	Planning, Review and Follow-up meeting	No. of Meetings									<ul style="list-style-type: none"> <li>No. of Youth Coordinators and Dy. Directors attended meeting .....</li> <li>No. of Youth Coordinators and Dy. Directors not attended meeting..... and reasons thereof.....</li> <li><b>Important decisions taken and follow up action initiated .....</b></li> </ul>																		

- *\* It may be noted that these are not one time activities, therefore, it is expected to be undertaken during different months of the financial year and reported accordingly.*
- *The duration of the programme organized were the same as mentioned in NYKS Annual Action Plan 2015-16*
- *The District NYK wise information and particulars of beneficiaries/participants e.g. Name, Age, Residential Address, Contact Number, etc. are being kept in respective District and Zonal NYKS Office's Records for Physical Verification and Cross Checking. And it is certified that the same is being followed and ensured.*
- *Please convert the resource mobilization obtained in kind, equipments, transport, human resource, etc. into amount as per state/local market rate.*
- *Certified that the report given above and fund and resource mobilization information is true and correct.*
- *Total number of physically challenged Male ----- Female ----- Total----- benefitted under each of the reported programme.*

Note : Please use the same proforma.

\*Certified that the figures given in the report are true and correct

Prepared by : Name and Designation.....

Signature.....

(Name.....)

Date : \_\_\_\_\_

Signature of the Zonal Director with Office Stamp