**Annexure-7A**

**State Office to NYKS Hqr.**

**Nehru Yuva Kendra Sangathan**

**Core Programs Annual Action Plan 2021-22**

**State Level**

**Programme Distribution Pattern and three Categories (for arriving at number of Core Programs in a Category of District, please refer Distribution Chart given at Annexure - 1) :**

***Category: Category: 1)****Districts with 1-3 Blocks; Category****: 2)*** *Districts having 4-5 Blocks;* ***Category: 3)*** *Districts with 6-10 Blocks, Districts with 11-15 Blocks and 4) Districts with 16 and above Blocks*

**Name of State................................... Name of State Director.........................Full Time or Additional Charge................. Name of AO.....................................**

**In case of State – No. of Districts fall under Three Categories: *Category: 1)……….* , *Category: 2)…………., Category: 3)…………… and Category: 4 )……. Total: ……………..***

**No. of Youth Clubs……………………Membership: Male………….Female………… Total………….**

**No. of New Youth Clubs to be Formed: ………… No. of Youth Clubs to be Activated: …………… Total No. of NYVs in Position: …………………………**

| **S.No.** | **Name of Programme, Activity and Scheme** | **No. of Programs to be organized** Set (annual) | **Budget Per Program** (in Rs.) | **No. of Youth Participants** | **No. of Youth Clubs to be involved** | **S. No** | **Venue of Program** | **Time Line with Date ( from – to) of Each Program** | **Coordin ating Agencies** | **Total Budget for the Program** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **July** | **August** | **Sept.** | **Oct.** | **Nov.** | **Dec.** | **Jan****2022** | **Feb.** | **March** |
| **Core Programs** |
|  | **AatmaNirbhar Bharat - Youth Mapping, Skilling and Handholding**  |
|  | Orientation of youth  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Personal Contact Program and Facilitation Campaign  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Education in Basic Vocations  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Digital Felicitation - prepare a Cadre of Bank Mitras |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Career Guidance and Career Counseling  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | COVID 19 – Interventions  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Establishing Disaster Risk Reduction & Preparedness Teams  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Training of Youth in Wellness, Positive Life Style and Fit India** |
|  | Sports Material to Youth Clubs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Block level Sports Meets  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | District Level Sports Meets  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | District Level Promotion of Art & Culture  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Training of Youth on Clean Village- Green Village  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Training of Youth on Jal Jagran Abhiyan  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Youth Club Development Program – Formation of Action Plan  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Observance of Days of National Importance, National Youth Day & Week  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | District Youth Convention  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Celebration of 150th Birth Anniversary of Mahatma Gandhi** * Swachhata Awareness Evam Shramdaan (Swachhata Action Plan)
 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Awards to Outstanding Youth Clubs (District level &State Level) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Declamation Contest on Patriotism & Nation Building (District and State level) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Meeting of District Advisory Committee on Youth Programmes (DACYP) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Meeting of State Advisory Committee on Youth Programmes (SACYP ) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Planning, Review and Follow-up Meeting at State Level |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Prepared by

**Name & Designation**

**Date:………………….**

**(Signature)**

**Name of State Director**

**Date:……………………..**

**Office Stamp/ Seal**