**Scheme of Community Development through Polytechnics**

**(Western Region)**

**Summary of Physical Achievement Report**

**Year - ………………………**

**Name of Polytechnic : …………………………………………………………………………………………………………… State :……………………………………………..**

**Phone No. :…………………….…………. Fax No. …………………………………………………… E-mail :……………………………………………**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **Component of CDTP** | **Activities** | **Targets as per Operational Plan** | **Achievement actually made by the Polytechnic** | **Short fall from Operational Plan approved by NITTTR in review workshop** | **Reason for the shortfall, if any, in bullet from** | **Corrective measures proposed during this year to remove the short falls included in** |
|  | Need Assessment Surveys | No. of Survey Conducted |  |  |  |  |  |
| No. of Villages Covered |  |  |  |  |  |
|  | Skill Development Training Programmes | No. of Persons Trained during the Current Financial Year (Details to be provided in Annexure-A) |  |  |  |  |  |
| No. of Persons Wage/Self-Employed during the current Financial Year |  |  |  |  |  |
|  | Dissemination and Application of Appropriate Technologies | No. of technologies transferred |  |  |  |  |  |
| No. of Villages covered |  |  |  |  |  |
|  | Technical and Support Services | No. of Camps organised |  |  |  |  |  |
| Number of Villages covered |  |  |  |  |  |
|  | Total No. Of Extension Centres established from inception |  | | | | | |

Signature of Internal Coordinator Signature & Seal of Principal

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

Place :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annexure-A

**Scheme of Community Development through Polytechnics**

**(Western Region)**

**Year - ………………………**

**Name of Polytechnic : …………………………………………………………………………………………………………….. State :……………………………………………..**

**Details of Persons Trained during the Current Financial Year:**

|  |  |  |
| --- | --- | --- |
| S.No. | Name of the Trades | Total Persons Trained |
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Signature of Internal Coordinator Signature & Seal of Principal

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

Place :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_