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URGENT
By Fax/e-Mail/Speed Post

Government of Odisha
Higher Education Department

No. HE-COOD-MISC-0008-2016/5490 /HE, Dated 3-3-16

From

Dr. U. N. Sahu, OES (I)
SLO-cum-Deputy Secretary to Government.

To

The Principal, All Nodal Colleges of Odisha, (Self Defence)
The Principals (All Government & Non-Government Colleges)
All District Level Consultants (DLCs)

Sub:- **State Level Award Scheme for Self-defence Training Programme 2015-16.**

Ref:- **This Department letter No.4752/HE, dated 26.02.2016.**

Madam/Sir,

In continuation to this Department letter cited and subject mentioned above I am directed to enclose herewith nomination formats for self-defence award for further action at your end.

Yours faithfully,


03/03/16
SLO-cum-Deputy Secretary to Government.

Memo no. 5491 (4) /HE, dated 3-3-16

Copy forwarded to Director, Higher Education/all Regional Directors for information and necessary action.


03/03/16
SLO-cum-Deputy Secretary to Government.

Memo no. 5492 /HE, dated 3-3-16

Copy forwarded to PT Cell for information and necessary action. They are requested to up-load the formats in this Department web site.


03/03/16
SLO-cum-Deputy Secretary to Government.

**NOMINATION FORMAT FOR PRINCIPAL OF
STATE LEVEL SELF-DEFENCE AWARD, 2015-16**

Passport
Size photo

1. Name of the University/+2 Council :
2. Name of the Principal with address & Contact No. (in Block Letters) :
3. Status of the College (Nodal/Sub-Nodal/Individual) :
4. Name of the Programme Coordinator. :
5. Number of groups completed training in 2013-14, 2014-15, 2015-16 (Documentary Proof) :
6. Date of submission of yearly, half yearly and quarterly training reports to the State Advisor/SLO :
7. Status of fund utilization certificate 2013-14, 2014-15, 2015-16. :
8. Status of the training programme of the College/Nodal College : 2013-14 2014-15 2015-16
9. New initiatives of the Principal, his/her interest and achievements in providing leadership to achieve full target during 2013-14, 2014-15, 2015-16. :
10. Outstanding contribution, if any (Documentary Proof). :
11. Details of vigilance case/enquiry, if any, pending against the Principals. If yes, give details of the case and outcome. :
12. Feedback from Master Trainer :

Recommendation of DLC
With Seal

Signature of the Principal
with official seal

N.B.:

- a) Incomplete application will be summarily rejected and no correspondence thereon will be entertained.
- b) Success stories need to be supported by photograph/video clippings.

**NOMINATION FORMAT FOR DLC OF
STATE LEVEL SELF-DEFENCE AWARD, 2015-16**

Passport
Size photo

1. Name of the District :
2. Name of the DLC with Address and Contact No. (in Block Letter) :
3. Name of the Principal Nodal College Address and Contact No. :
4. Self-defence training status of Nodal College during 2013-14, 2014-15, 2015-16 :
5. Enrolment of Trainee during 3 years (College wise) :
6. Evaluation report year wise (2013-14, 2014-15, 2015-16) :
 - i. Number of Colleges visited :
 - ii. Number of training programme monitored :
 - iii. Number of meeting attend :
 - iv. Steps taken for achieving the target :
 - v. Steps taken to solve the problem faced by Master Trainers & Trainees. :
 - vi. Steps taken in disbursement and utilization of fund by Nodal College :
 - vii. Steps taken for submission of Utilization Certificate to Government :
7. Any innovative suggestions for smooth implementation of self-defence training :
8. Opinion regarding the performance of Nodal College Principal :

9. Opinion regarding the performance of Nodal College Programme Coordinator :
10. Whether he/she has been convicted by any court of Law or any case is pending against him/her. :
11. Other remarks if any :

*Signature of DLC
(with official seal)*

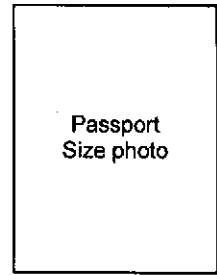
N.B.:

- Incomplete application will be summarily rejected and no correspondence thereon will be entertained.
- The completed nomination for the self-defence award will be sent to the following address through Speed Post / Registered Post.

To
The State Advisor (Self-defence Cell),
Department of Higher Education,
Government of Odisha,
Odisha Secretariat, Bhubaneswar-751001

Information related to nomination of State Award may be obtained through the following E-mail Id /Contact No.
E-mail ID- statensscellodisha@gmail.com
Contact No- 9861663616

NOMINATION FORMAT FOR PROGRAMME COORDINATOR OF STATE LEVEL SELF-DEFENCE AWARD, 2015-16



1. Name of the University/+2 Council :
2. Name of the Nodal College with full Address (in Block letters) :
3. Name of the College with full address (in Block Letters) :
4. Status of the College (Nodal/Sub-Nodal/Individual)
5. Name of the Principal with Address & Telephone No. :
6. Name of the Programme Coordinator : with Address & Contact Number
7. Date of Birth : (with documentary proof/copy of the HSC certificate)
8. Date of Commencement of Training : (Month & Year)
9. Details of Girl Students during 03 years (2013-14, 2014-15 & 2015-16) (Enclose list of trainees with their Class, Roll No. and Signature)

Year	Month	No. of Girl Students Trained (Class wise)	Total No. of Girl Students Admitted (Class wise)

10. Master Trainer List with Contact Number & Signature :
11. Date of Meeting with own college and other colleges, if any (List of members and copies of proceedings of meeting of last 02 years) :
12. Date of submission of Utilization Certificate (Last 03 years) :
13. Do you have any adopted slum/ village in Self-defence activities? :

14. If yes, give details of training activity :
organized.

15. Have you participated in Training Programme of other college, if so, give details:
(Please enclose details in separate sheet)

Name of the College	Name of the Training	Period (Date)	Venue

16. Have you attended State Level Meeting? If yes, :
enclose details in separate sheet.

17. Any innovative programmes undertaken by you :
during last three years. Give details.

18. Initiatives taken by you in strengthening the Self-
defence Training Programme. Please give details
with justification.

19. Date of submission of Report to the State Advisor :

- i) Enrolment
- ii) Action Plan
- iii) Activity Report
- iv) Quarterly/Half-yearly/Annual Report

20. Are you convicted by any Court of Law or is any :
case pending against you?

Place:

Date :

*Signature of the
Programme Officer*

*Signature of the Principal
with Official Seal*

NOMINATION FORMAT FOR MASTER TRAINER OF STATE LEVEL SELF-DEFENCE AWARD, 2015-16

Passport
Size photo

1. Name of the University/+2 Council :
2. Status of the College :
(Nodal/Sub-Nodal/Individual)
3. Name of the Nodal College :
4. Name of the College with full :
address (in Block Letters)
5. Name of the Principal :
6. Name of the Programme Coordinator :
7. Name of the Master Trainer :
(in block letters)
8. Date of Birth :
(with documentary proof/copy of the
HSC certificate)
9. Full address with contact No. and :
E-mail ID.
10. Number of hours & days completed :
during Master Trainer's training
(with documentary proof)
11. Number of training given during :
2013-14, 2014-15, 2015-16
(give details of each group duly attested
by concerned Principal/ Coordinator)
12. Self-defence training given to any :
girls other than college girls
(Certificate from appropriate
authority/agency)
13. Leadership qualities and other :
initiatives to motivate girls lifting
their motivation level and self-
confidence
14. Opinion regarding self-defence :
training programme of the College
15. Protesting physical assault if any :
with courage and confidence
(Documentary proof)

16. Whether she has been convicted by :
any court of Law or any case is
pending against her

17. Academic performance :

	Class	Year of passing	Subjects	% of maks	Achievements, if any

18. Any outstanding performance :
(attach separate sheet with full factual
details)

19. Other remarks, if any :

*Signature of the
Master Trainer*

*Recommendation of the
Self-defence Coordinator*

*Recommendation of the Principal
(with official seal)*

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Odisha Secretariat, Bhubaneswar-751001**

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Contact No- 9861663616

NOMINATION FORMAT FOR TRAINEE OF STATE LEVEL SELF-DEFENCE AWARD, 2015-16

Passport
Size photo

1. Name of the University/+2 Council :
2. Name of the Nodal College :
3. Name of the College with full address (in Block Letters) :
4. Name of the Principal :
5. Name of the Programme Coordinator :
6. Name of the Master Trainer with address and Contact No. :
7. Name of the Trainee (in block letters) :
8. Date of Birth (with documentary proof/copy of the HSC certificate) :
9. Full address with contact No. and E-mail ID. :
10. Number of hours and days completed during training (with documentary proof) :
11. Whether given training to girls other than college girls. If yes, submit certificate from appropriate authority/agency. :
12. Leadership qualities and other initiatives to motivate girls of your own college as well as outside of the college. :
13. Opinion regarding self-defence training imparted by Master Trainer :
14. Protesting physical assault if any with courage and confidence (Documentary proof) :
15. Whether she has been convicted by any court of Law or any case is pending against her. :

16. Academic performance :

Class	Year of passing	Subjects	% of maks	Achievements if any

17. Any outstanding performance :
(attach separate sheet with full factual details)

18. Other remarks if any :

*Signature of the
Trainee*

*Recommendation of the
Master Trainer*

*Recommendation of the
Self-defence Coordinator*

*Recommendation of the Principal
(with official seal)*

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