*To,*

*The Coordinator,*

*IQAC Cell,*

*Jaihind College of Engineering,*

*Kuran-410 511*

***Subject: Permission to organize Event in the month of OCT academic Year 2018-19.***

*Respected Madam,*

*With reference to above mentioned subject, Department of National service Scheme, wish to organize the* ***Blood Donations Camp*** *for 01 days with the following details.*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Sr.No*** | ***Name of Event*** | ***Level***  ***(State/National/Intern.)*** | ***No. of Days*** | ***Date of Conduction*** | ***Approx. Participants*** | ***Approximate Expenditure*** | ***Funding Agency*** | ***Name of Resource Person*** |
| *01* | *Blood Donations Camp* | *------------* | *01* | *01/10/18* | *300* | *500=00* | *SPPU* | *Dr. VILAS NAYKODI,La SACHIN BHOR,La SHITALM PATVA,La AJAY CHORDIYA* |

Kindly accept the same and do the needful.

Thanking You.

Name and Sign of Event coordinator Name and Sign of Head of Department

Prof.R.S.Kajabe Prof.R.S.Kajabe

|  |  |
| --- | --- |
| **For IQAC Cell Only** | |
| Date of Meeting |  |
| IQAC Coordinator | IQAC, Chairman |

*To,*

*The Coordinator,*

*IQAC Cell,*

*Jaihind College of Engineering,*

*Kuran-410 511.*

***Subject: Submission of “Blood Donation Camp “Event Report Conducted in the Month of OCT of Academic Year 2018-2019.***

*Respected Madam,*

*With reference to above mentioned subject, Department of National service Scheme, wish to submit the Report of* ***Blood Donations Camp*** *for 01 days with the attaching details.*

*Kindly accept the same and do the needful.*

*Thanking You.*

*Name and Sign of Event Coordinator*

*Prof.R.S.Kajabe*

**Event Name: Blood Donations Camp**

**Date-01/10/2018**

|  |  |  |
| --- | --- | --- |
| *Organizing Department* | *:* | *NSS* |
| *Event location* | *:* | *AT-JCOE,KURAN TAL-JUNNAR DIST-PUNE(LAIBRARY)* |
| *Duration in time/Days* | *:* | *01 DAYS* |
| 1. *No. of Students attendees* | *:* | *157* |
| 1. *No. of Faculty Attendees* | *:* | *17* |
| 1. *No. of Other Attendees* | *:* | *00* |
| 1. *Total attendance (a+b+c)* | *:* | *174* |
| *Funding body (if any)* | *:* | *SPPU* |
| *Total expenditure in INR* | *:* | *350=00* |
| *Fund allocated*   1. *By Institute* | : | *00=00* |
| 1. *By Funding Body* |  | *350=00* |
| 1. *Fund raised through other sources* | *:* | *00* |
| *Total Expenditure in INR* | *:* | *350=00* |
| *Promotional materials* | *:* | *nil* |
| *Event Summary Report with photos* | *Blood donation camp organize on birth date of hon.chairmen JCEI’S Tatyasaheb Gunjal.Blood donation camp Dr. Vilas Naykodi,la SachinB bhor,la Shital Patva,la Ajay Chordiya,Mr.Babu Pate ,JPP Principal Y.S. Gunjal, JCOE Pricipal Dr D.J Garkal ,CEO Prof D.S. Galhe, All HOD’s,NNS PO,SWO HEAD, IQAC Member Present.* | |

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Mr.Babushet pate, chairman Tatyasaheb Gunjal, Director, CEO, Principal, inaugurating the blood donation camp with cutting the red reban.

