

5.1.2 Capability enhancement and development schemes employed by the Institution for students:

Capability enhancement and development schemes:

1. Soft skills development
2. Language and communication skills development
3. Yoga and wellness
4. Analytical skill development
5. Human value development
6. Personality and professional development
7. Employability skills development



टेलीफोन / फॅक्स सं
Phone / Fax No.
044-29819704

ई-मेल / Email
nssrdchennai@gmail.com
chennai-nss@nic.in

भारत सरकार
Government of India
युवा कार्यक्रम एवं खेल मंत्रालय
Ministry of Youth Affairs & Sports
रा.से.यो.क्षेत्रीय निदेशालय
Regional Directorate of N.S.S.

शास्त्री भवन, बी विंग,
Shastri Bhawan, B Wing,
IV ब्लॉक, IV फ्लोर,
IV Block, IV Floor
हाडोस रोड, नुंगम्बाक्कम,
चेन्नै - 600 006.
Haddows Road,
Nungambakkam,
Chennai - 600 006.

F.No.2-111/SFU/2022-23/NSS

/897 - 899

Date: 07.06.2022.

To
The Principal,
Priyadarshini Dental College and Hospital,
No.1, VGR Garden, VGR Nagar,
Pandur, Thiruvallur - 631203.

Sub: Self Financing Unit (SFU) of NSS in Educational Institutions-Approval - reg.
Ref: Your Proposal Dt. 05.04.2022.

Sir/Madam,

I am to refer to the above and to inform the approval of Two NSS Unit to your Institution based on the recommendations by the Committee constituted for the purpose, subject to the following conditions:-

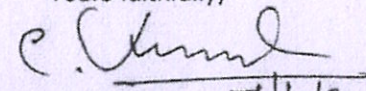
1. The Unit may be commissioned to function from the academic year 2021-22. Onwards **W.E.F. 13.06.2022.**
2. You are advised to run the Self Financing Unit as per the guidelines from Govt. of India which are updated from time to time (The NSS Revised Manual is available in <https://nss.gov.in/self-financing-unit>).
3. **Two NSS Unit** for your Institution is provisionally approved for **3 years up to May, 2025** subject to satisfactory performance of NSS activities. The same will be renewed by the Regional Directorate after three years on the basis of the recommendation of the University Advisory Committee.
4. Send your NSS Activities monthly/report NSS Volunteers data base in Excel Sheet to your NSS Coordinator and Regional Directorate of NSS (nssrdchennai@gmail.com)-regularly.

The Officer/ Official from this Directorate may visit your Institution and assess your NSS Unit (SFU) performance in near future.

You are therefore requested to adhere to the guidelines of Govt. of India as followed for the fully Government funded NSS Units. The Withdrawal of the SFU from your Institution is entirely rest with the Committee constituted for the purpose.

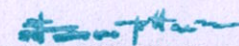
Encl: The Operational Guidelines (sent by e-mail)

Yours faithfully,


-1/6/22
(Dr.C.SAMUEL CHELLIAH)
REGIONAL DIRECTOR

Copy to:

1. The Programme Coordinator, NSS, The Tamil Nadu DR.MGR Medical University, Chennai.
2. The State NSS Officer, Tamil Nadu State NSS Cell, Chennai.


PRINCIPAL
PRIYADARSHINI DENTAL COLLEGE & HOSPITAL
PANDUR - 631 203.
THIRUVALLUR TK & DIST. TAMIL NADU.

Proforma

Proposal for Setting up of Regular NSS Unit

1.	Name of the Institution/College/School (with year of establishment)	Priyadarshini Dental College and Hospital, Thiruvallur District. (Estd. 2007)
2.	Address of the Institution (with Phone No. / Fax No./E-mail Address)	No. 1, VGR Garden, VGR Nagar, Pandur, Thiruvallur -631203. 9841697984 pdch.office@indiraeducational.org
3.	Name of the Principal (with Phone No. & E- mail Address)	Dr. B. Sivapathasundharam 9444074934 drsivapatham@yahoo.co.in drsivapatham.pdch@indiraeducational.org
4.	Name of the University/+2 Council, having jurisdiction over the Institution	The Tamilnadu Dr. MGR Medical University, 69, Anna Salai, Guindy, Chennai 600032
5.	Total Student Strength of the Institution/College/School	500
6.	Whether Institution has necessary Recognition/Affiliation? If so, details thereof. Also, please enclose a copy of the relevant document.	Yes
7.	Whether Institution already has Regular NSS units? If yes, indicate the No. of Unit(s).	No
8.	Whether Institution already has SFUs of NSS? If yes, indicate the No. of Unit(s).	No
9.	No. of NSS Units required by the institution, along with number of students proposed to inducted in such units [an institution having some SFUs can have additional SFUs].	2 units – 200 students
10.	Name of the proposed NSS Programme Officer(s)	Dr. B. Selvamani
11.	Proposed Source/Scale of funding of NSS Activities/ Programmes	Regular Funded

Date: 05.04.2022



Dr. B. Sivapatham
Signature of Principal

Head of the Institution (with Seal)

PRINCIPAL
PRIYADARSHINI DENTAL COLLEGE & HOSPITAL,
PANDUR - 631 203.
THIRUVALLUR TK & DIST. TAMIL NADU.

Proforma

Proposal for Setting up of Self Financing Unit (SFU) of NSS

1.	Name of the Institution/College/School (with year of establishment)	Priyadarshini Dental College and Hospital, Thiruvallur District. (Estd. 2007)
2.	Address of the Institution (with Phone No. / Fax No./E-mail Address)	No. 1, VGR Garden, VGR Nagar, Pandur, Thiruvallur -631203. 9841697984 pdch.office@indiraeducational.org
3.	Name of the Principal (with Phone No. & E- mail Address)	Dr. B. Sivapathasundharam 9444074934 drsivapatham@yahoo.co.in drsivapatham.pdch@indiraeducational.org
4.	Name of the University/+2 Council, having jurisdiction over the Institution	The Tamilnadu Dr. MGR Medical University, 69, Anna Salai, Guindy, Chennai 600032
5.	Total Student Strength of the Institution/College/School	500
6.	Whether Institution has necessary Recognition/Affiliation? If so, details thereof. Also, please enclose a copy of the relevant document.	Yes
7.	Whether Institution already has Regular NSS units? If yes, indicate the No. of Unit(s).	No
8.	Whether Institution already has SFUs of NSS? If yes, indicate the No. of Unit(s).	No
9.	No. of NSS Units required by the institution, along with number of students proposed to inducted in such units [an institution having some SFUs can have additional SFUs].	2 units – 200 Students
10.	Name of the proposed NSS Programme Officer(s)	Dr. B. Selvamani
11.	Proposed Source/Scale of funding of NSS Activities/ Programmes	Self Financed

#sin.tham

PRINCIPAL
PRIYADARSHINI DENTAL COLLEGE & HOSPITAL,
PANDUR - 631 203.
TK. & Dt. TAMILNADU

#sin.tham
Signature of Principal

Date: 12/5/2022



Head of the Institution (with Seal)

PRINCIPAL
PRIYADARSHINI DENTAL COLLEGE & HOSPITAL,
PANDUR - 631 203.
THIRUVALLUR TK & DIST. TAMIL NADU.



THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

No.69, ANNA SALAI, GUINDY, CHENNAI - 600 032.

Website : www.tnmgrmu.ac.in

Ph. : 22353574, 22353576 - 79, 22301760 - 63, 22353094

E-mail : mail@tnmgrmu.ac.in

Fax : 91-44-22353698

Dr.M.B.ASWATH NARAYANAN B.Sc. M.D.S.,
REGISTRAR

Ref: No. UCO(2)/18807/2022

Dated : 12.05.2022

To
The Director / Dean / Principals
of all the affiliated Colleges of this University

Sir/Madam,

Sub: UCO Section - The Tamil Nadu Dr.M.G.R. Medical University,
Chennai -32 - NSS - All Affiliated Colleges requested to remit
the Corpus Fund for the academic year 2020-21 & 2021-2022 -
Regarding.

It is mandatory for all the Affiliated Colleges are instructed to collect a fee of Rs.10/- each towards NSS Corpus fund at the time of admission from the 1st year students who are admitted in the Degree/Diploma courses for the academic year 2020-2021 2021-2022, Rs.5/- per student shall be retained by the Institutional NSS Unit, Rs.3/- per student shall be sent to this University in favour of "NSS Programme Co Ordinator, The Tamil Nadu Dr. M.G.R.Medical University, Chennai 32" by means of Demand draft.

And the remaining Rs.2/- per students shall be sent to the T.N. State NSS cell in favour of the State Co Ordinator NSS & Director of Collegiate Education, Chennai 6 by means of Demand draft should be forwarded directly to State Co Ordinator office address.

Hence, I request all the affiliated colleges with or without NSS units to take necessary action in this regard and kindly do the needful.

Copy to:
The System Analyst (UCC upload in the University Website)

M. [Signature]
for Registrar

[Signature]

PRINCIPAL
PRYADARSHINI DENTAL COLLEGE & HOSPITAL,
PANDUR - 631 203.
THIRUVALLUR TK & DIST. TAMIL NADU.

A/C. PAYEE ONLY

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श्री श्री ON DEMAND PAY NSS PROGRAMME CO-ORDINATOR THE T N MEDICAL UNIVERSITY - CH 32

₹ 300/-

श्री B. Selvamani

1164 - SB Chennai

T20/MDDC

959614 0000190001

15

9 8 7 6 5 4 3 2 1

Authorized Signatory (SS No) SR. 360 (Sign Signatory (SS No))

V. Ronguzhahar

PRINCIPAL
PRIYADASHINI DENTAL COLLEGE & HOSPITAL
PANDURIP...
This.....

Handwritten signature