

**PROFORMA - I**

**Monthly Report of the Extension Activities**

- 1) Name of college:  
2) Month:

1) Training Program / workshop organized (Minimum 3 days)

Sr. No.	Title	Place	Date/ Duration	No. of Participants	Name of the Staff member & Department involved
Farmers /youths					
1					
2					
Technical People/Professionals					
1					

2) Training/Workshop/Seminar/webinar etc. organized (Less than 3 days)

Sr. No.	Title	Place	Date / Duration	No. of Participants	Name of the Staff member & Department involved
Farmers /youths					
1					
Technical People/Professionals					
1					
2					

3) Farmers-Scientist meets / Kisan gosti organized / Awareness campaign organized / Celebration of National/ International days

Sr. No.	Event	Place	Date	No. of Participants	Name of the Staff member & Department involved
1					
2					

4) Faculty acted as Resource Person in Extension Work

Sr. No.	Event	Topic	Place	Date	Name of the Staff member & Department involved
Trainings/ workshop/ farmers meet etc for Farmers /youths					
1					
2					
Trainings/workshop/seminar etc for Technical People/Professionals					
1					

5) Animal health Camps/ vaccination camps/infertility camps/surgical camps / Dairy/Fishery / NSS camps organized

Sr.No.	Title	Place	Date	No. of cases treated	Name of the Staff member & Department involved
1					
2					

6) Agri/ Veterinary/Dairy/ Fishery Exhibitions / Livestock shows organized/Participated

Sr. No.	Title	Place	Date / Duration	No. of farmers visited	Name of the Staff member & Department involved
1					
2					
3					

7) On-Farm/In-Lab Demonstrations organized

Sr. No.	Title	Place	Date	No. of Participants	Name of the Staff member & Department involved
1					
2					

8) Extension Work done at adopted villages/ UBA villages ( **Not covered under point 1-7 and 9**)

Sr. No.	Activity	Place	Date	No. of Participants	Name of the Staff member & Department involved
1					
2					

9) Extension Work done exclusively for underprivileged class(SC/ST)/ Women empowerment ( **Not covered under point 1-8**)

Sr. No.	Activity	Place	Date	No. of Participants	Name of the Staff member & Department involved
1					
2					

10) Success Stories (Published in Newspaper/Magazine/MAFSU you tube channel/Publication)

Sr. No.	Name of Entrepreneur, Address and contact number	Year of establishment of farm	Category ( Dairy/Goat/ Poultry etc)	Name of guide (S)	Details of newspaper/Publication etc.
1					
2					

11) Farm-Field visits/Advisories/Livestock Farmers queries answered in person, mail, telephone etc.

A. Farm-Field visits

Sr. No.	Place of visit	Purpose of visit	Date	Name of the Staff member & Department involved
1				
2				

B. Farm Advisories

Sr. No.	Topic/ Subject	M-kisan portal/ Mobile / Newspaper / In person	Date	No of Beneficiaries	Name of the Staff member & Department involved
1					
2					

C. Total No. of Livestock Farmers queries answered in person, mail, telephone etc. during this month –

12) Publications for field officers/farmers –Books/ Manuals / Souvenir/ Extension reports/ University publications

Sr. No.	Authors / Editors	Year of Publication	Title	Name of Publisher	Total no. of Pages
1					
2					

## 13) Popular Articles/Articles in Souvenir / Manuals/Compendium for field officers/farmers

Sr. No.	Authors	Year of Publication	Title	Name of Publication	Vol. No. /Page No.
1					
2					

## 14) Radio Talks/TV talks

Sr. No.	Topic	Date of Broadcast/ Telecast	Name of Radio station/ TV channel
1			
2			

## 15) Extension material prepared (Leaflets/ folders/ charts/ Video Clips/ Podcasts)

Sr. No.	Authors / Editors	Year of Publication	Type of material developed	Title	Links of MAFSU/ Institutional You Tube Channel for video-clips
1					
2					

## 16) Extension scheme/Project executed / implemented

Sr. No.	Title of the Project	PI / Co-PI	Funding Agency	Year of Start	Total Budget (Rs.)
1					
2					

## 17) Revenue Generated through extension trainings/ extension activities

Sr. No.	Particular of Activity	Amount	Name of the Staff member & Department involved
1			
2	Total		

## 18) Extension Training / Workshop/ Seminars etc attended

Sr.No.	Title	Place of Training / Workshop	Duration From---- to	Name of the Staff member & Department involved
1				
2				

## 19) Awards

Sr. No	Name of Award	Year	Awarding Agency	National /State Level	Name of the Staff member & Department
1					
2					

## 20) Patents/ Copyrights obtained/ Mobile apps/ software developed

## A. Patents/ Copyrights obtained

Sr. No.	Title	Year	Patent/Copyright (Granted/Published)	Name of the Staff member & Department involved
1				
2				

## B. Mobile apps/ software developed

Sr. No.	Title	Year	Mobile apps/Software developed	Name of the Staff member & Department involved
1				
2				