

COMMUNITY SERVICE
PROJECT

Submitted in the partial fulfillment of the requirements for the award of
B.Sc Degree.

By

GANAGALLA HARIKA

2222001049027

Semester 2 (BZC)

Batch 2022-25

Under the Supervision

D.ADINARAYANA

Lecturer in Chemistry

GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



WEBSITE: WWW.gcmsklm.ac.in

ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete this Community Service Project. Special thanks to Mentor D.ADINARAYANA Sir who help me in stimulating suggestions and encouragement to complete this project.

I would like to thank all the staff from the department of Chemistry for their able guidance and support to complete this project.

I would also like to express my gratitude to our principal madam for her tremendous support to complete this project.

DECLARATION

I hereby declare that the community service report entitled "FOOD HABITS" Submitted by me to the Govt. Degree College (M), Srikakulam in partial fulfillment of the requirement for the award of the degree of BSc CBZ is a record of bonified project work carried out by me under the guidance of D. ADINARAYANA Sir, I further declare that the work reported in this project has not been submitted and will not be submitted either in part or in full, for the award of any other Degree in this institute or other institute of University.

Srikakulam

Date

G. Harika

Signature of the candidate

Name: *Ganagalla Harika*

CERTIFICATE

I certified that **G HARIKA** studying BSc CBZ group has completed and submitted the project report on "FOOD HABITS" further partial fulfilment of the requirements for the award of Batchelor of Science under my supervision during the academic year 2022-25.

Date:

Place:



project guide

D.ADINARAYANA

Lecturer in Chemistry

GDC(M), Srikakulam

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INTRODUCTION

Food habits and Nutritional Problems:

Food is essential for all humans for survival. Food Habits and imbalanced intake of diet by an individual results in the malnutrition or cause of many health problems. Especially women, children and pregnant women must be always cautious to take proper food intake with essential nutrients. Because poor diet and disease are caused by food insecurity. Somet by causing diarrhoea and other illness.

There is a saying 'you are what you eat' seems to be proven true. It is important to know what food to eat in order to stay healthy. Health depends to a large extent on Nutrition and Nutrition on food we take. Hence Nutrition and Health are two sides of the same coin and food is the most important factor for health and fitness.

Healthy Food Habits:

Healthy Food habits includes a variety of foods in adequate amounts and correct proportions to meet the requirements of all essential nutrients such as proteins, carbohydrates, fats, vitamins, minerals, water and fibre. This also includes proper Schedule for the intake of light and heavy foods, when to take and when not to take, health condition of the individual. For example person who is suffering from kidney stones should not often take calcium rich foods. We have to take foods that suits our age and health. The most common eating idiosyncracies include skipping meals, consuming fast foods in a routine way, avoiding fruits, and vegetables, frequent snacking. Hence it is essential for each and every individual to adopt proper food habits.

OBJECTIVE

The aim and objective of this project is to find out in a closed community about the following food habits and to analyse whether they are adopted to healthy food habits and if not to incorporate sound eating habits by creating awareness in them to recognise good eating habits followed with regular exercise.

- *About the type of foods most people are interested to take.*
- *Food intake in regular Time intervals.*
- *Main meal in view of the majority of the people.*
- *Whether interested to take fresh food or cooked & preserved food.*
- *Taking fresh fruits and vegetables.*
- *Sweets /junk foods.*
- *Whether drinking sufficient quantity of water.*
- *Regular weight check up.*
- *Monitoring individual food behaviour.*
- *Any form of eating disorders.*
- *Effect of socio-economic status on food habits.*

METHODOLOGY

1. Study site:

The place selected for the project was comes under K Matyalesam Village, Gara Mandal and Srikakulam Dist. Approximately 25 families were covered under this Village. This is a rural area with 75% of people were farmers. This area is used for cultivation of vegetables.

2. Quantitative study :

The quantitative study of my project includes about the Number of children, youngsters, elders women and men, pregnant women, with physical and mental ailments, their food intake on quantity per day and their food habits.

3. Qualitative study:

The qualitative study was carried out based on their cultural pattern food habits among various socio-economic, educational and age group.

4. Data Collection :

Initially socio-economic survey and other background survey was done and the data was collected from them.

Secondaly their food data was collected from the initially prepared questionnaire which consists of 14 questions to know about their food cooking methods, storage food, time intervals followed, and how much expenditure was spent on food in details.

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : G. Harika

Group : BZC

Registration Number : 2222001049027

Name of the Mentor : D. Adinarayana sir

Name of the Project : FOOD Habits [SOCIO Economic survey]

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9-5-2023 (Tuesday)	SOCIO Economic survey	5	G. Harika
10-5-2023 (Wednesday)	SOCIO Economic survey	6	G. Harika
11-5-2023 (Thursday)	SOCIO Economic survey	9	G. Harika
12-5-2023 (Friday)	SOCIO Economic survey	5	G. Harika
13-5-2023 (Saturday)	SOCIO Economic survey	5	G. Harika
14-5-2023 (Sunday)	SOCIO Economic survey	6	G. Harika
15-5-2023 (Monday)	SOCIO Economic survey	7	G. Harika
16-5-2023 (Tuesday)	SOCIO Economic survey	6	G. Harika



Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : *Ganagalla. Harika*

Group : *BSC (BZC)*

Registration Number : *22 22001049027*

Name of the Mentor : *D. Adinarayana*

Name of the Project : *Food habits [Awareness programme]*

Date & Day	Activity done	Number of Hours Spent	Signature of the student
<i>17-5-2023 (Wednesday)</i>	<i>Awareness programme on Dysinagia problem</i>	<i>6</i>	<i>G. Harika</i>
<i>18-5-2023 (Thursday)</i>	<i>Awareness programme on Dysinagia problem</i>	<i>7</i>	<i>G. Harika</i>
<i>19-5-2023 (Friday)</i>	<i>Awareness programme on Dysinagia problem</i>	<i>5</i>	<i>G. Harika</i>



Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Granagalla. Harika

Group : BSC(CBZ)

Registration Number : 2222001049027

Name of the Mentor : D. Adinarayana

Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20-5-2023 (Saturday)	Food Habits	8	G. Harika
21-5-2023 (Sunday)	Food Habits	7	G. Harika
22-5-2023 (Monday)	Food Habits	6	G. Harika
23-5-2023 (Tuesday)	Food Habits	5	G. Harika
24-5-2023 (Wednesday)	Food Habits	6	G. Harika
25-5-2023 (Thursday)	Food Habits	6	G. Harika
26-5-2023 (Friday)	Food Habits	7	G. Harika
27-5-2023 (Saturday)	Food Habits	5	G. Harika
28-5-2023 (Sunday)	Food Habits	6	G. Harika

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : *Ganagana Harika*

Group : *BSC (CBZ)*

Registration Number : *2222001049027*

Name of the Mentor : *D. Adinarayana*

Name of the Project : *Food habits*

Date & Day	Activity done	Number of Hours Spent	Signature of the student
<i>29-5-2023</i> <i>(Monday)</i>	<i>project writing</i>	<i>9</i>	<i>G. Harika</i>
<i>30-5-2023</i> <i>(Tuesday)</i>	<i>Food habits project writing</i>	<i>10</i>	<i>G. Harika</i>
<i>31-5-2023</i> <i>(Wednesday)</i>	<i>Food habits project writing</i>	<i>5</i>	<i>G. Harika</i>
<i>01-6-2023</i> <i>(Thursday)</i>	<i>Food project writing</i>	<i>6</i>	<i>G. Harika</i>
<i>2-6-2023</i> <i>(Friday)</i>	<i>Food habits project writing</i>	<i>11</i>	<i>G. Harika</i>
<i>3-6-2023</i> <i>(Saturday)</i>	<i>Food habits project writing</i>	<i>9</i>	<i>G. Harika</i>
<i>4-6-2023</i> <i>(Sunday)</i>	<i>Food habits project writing</i>	<i>8</i>	<i>G. Harika</i>
<i>5-6-2023</i> <i>(Monday)</i>	<i>Food habits project writing</i>	<i>11</i>	<i>G. Harika</i>
<i>6-6-2023</i> <i>(Tuesday)</i>	<i>Food habits project writing</i>	<i>10</i>	<i>G. Harika</i>
<i>7-6-2023</i> <i>(Wednesday)</i>	<i>Food habits project writing</i>	<i>6</i>	<i>G. Harika</i>



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : *Ganagalla Harika*

Group : *BZC*

Name of the Mentor : *D. Adhi narayana*

Name of the Project : *Food habits*

Ward/ Habitat		Panchayat	<i>K matyalesam</i>	Post Office	<i>Kalingapatram</i>
Mandal	<i>Gara</i>	District	<i>Srikakulam</i>	Pin Code	

1. Total Number of Houses in the Habitat/Ward: *25*

2. Number of Houses Caste-wise:

SC _____ ST _____ OC _____ BC-A *25* BC-B _____ BC-C _____ BC-D _____

3. Common Health problems in the Habitat/Ward:

(i) *Typhoid fever*

(ii) *sugar*

(iii)

4. Number of White Ration Cards: *25*

5. Number of Illiterates in the Ward/ Habitat/ Village: *17*

6. Number of Graduates in the Ward/ Habitat/ Village: *2*

7. Number of Job Holders: *13*

8. Number of PWD People: *1*

9. Number of DWACRA Groups in the Ward/ Habitat/ Village: *3 - groups*

10. Road connectivity to the Ward/ Habitat/ Village: Yes / No

11. Bus facility available: Yes / No

12. Problems identified in the Ward/ Habitat/ Village:

(i) *water Leakage from municipal taps*

(ii) *Electricity van off*

(iii) *drainage problem.*

(iv)

Signature of the Mentor

Signature of the Student



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla. Harika

Group : BSC (B2C)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-35	Habitat / Ward	1	Panchayat / Municipality	K. Matyalesam
Post office	Kalinga Pathan	Mandal	Gota	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Bondi. Parakrishna	M	59	10 th	sea man	35,000
2.	Bondi. Rajeswari	F	49	9 th	housewife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No ✓

(viii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: NO

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 7702205610

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) Drainage problem

(ii) water problem

(iii)

Place: K. matya kesam

Date: 9-5-2023

G. Shalika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (A), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student : *Gionaganu Harika*

Group : *B.Sc (CBZ)*

Registration Number : *2222001049027*

Area of the Survey conducted: *K. Matyalesam*

House No.	<i>1-299</i>	Habitat / Ward	<i>1</i>	Panchayat / Municipality	<i>K. Matyalesam</i>
Post office	<i>Chinnapalanku</i>	Mandal	<i>GARA</i>	District	<i>Srikakulam</i>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/Monthly)
<i>1</i>	<i>Myapilli Poleru</i>	<i>M</i>	<i>45</i>	<i>2th</i>	<i>Fisher men</i>	<i>5,000</i>
<i>2</i>	<i>Myapilli Rajeswari</i>	<i>F</i>	<i>42</i>	<i>3th</i>	<i>House wife</i>	
<i>3</i>	<i>Myapilli Uma</i>	<i>F</i>	<i>25</i>	<i>None</i>	<i>-</i>	
<i>4</i>	<i>Myapilli Dipu</i>	<i>M</i>	<i>24</i>	<i>None</i>	<i>-</i>	
<i>5</i>	<i>Myapilli Vendra</i>	<i>M</i>	<i>72</i>	<i>ITI</i>	<i>-</i>	

2. Social Status details:

(i) Community: *SC/ST/BC-A-B-C-D/OC* (ii) Sub-Caste: (iii) Religion: *Hindu*

3. Economic Status details:

(i) Type of House: *Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow*

(ii) House status: (*Own/ Rented*):

(iii) Drinking Water facility: *Well/ Bore-well/ Govt. Tap connection*

(iv) Availability of Agricultural land: *Yes/ No*

(v) Extent of Agricultural land: *_____ Acres*

(vi) Livestock resources: Cows *_____* Oxen *_____* Buffaloes *_____* Sheep/Goats *_____*

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: NO

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 8374738210

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) water


(ii) Road

(iii)

Place: K. Matyalesam

Date: 9-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla. Harika

Group : B.SC (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-306	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Calingapatnam	Mandal	Gara	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	A. Parasaramudu	M	70	10th	EX. ARMY	
2.	A. Jayalakshmi	F	60	-	-	15000

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Vadab^{ji} (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
 (viii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

- (i) Ailments in family: NO
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 95 73 60 70 74
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is Internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

- (i) water
 (ii) Road
 (iii)

Place: K. Matyalesam

Date: 9-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : *Gnanagalla Harika*

Group : *B.SC (CBZ)*

Registration Number : *2222001049027*

Area of the Survey conducted: *K. Matyalesam*

House No.	<i>1-66</i>	Habitat /Ward	<i>1</i>	Panchayat /Municipality	<i>K. Matyalesam</i>
Post office	<i>Calingapatnam</i>	Mandal	<i>GARA</i>	District	<i>Srikakulam</i>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<i>1.</i>	<i>Gulla. Srinu</i>	<i>M</i>	<i>38</i>	<i>10th</i>	<i>sen men</i>	<i>25,000</i>
<i>2.</i>	<i>Gulla. Mani</i>	<i>F</i>	<i>33</i>	<i>7th</i>	<i>house wife</i>	
<i>3.</i>	<i>Gulla. laxmidevi</i>	<i>F</i>	<i>60</i>			

2. Social Status details:

(i) Community: *SC/ST/ BC-A-B-C-D/ OC* (ii) Sub-Caste:

(iii) Religion: *Hindu*

3. Economic Status details:

(i) Type of House: *Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow*

(ii) House status (*Own*/ Rented):

(iii) Drinking Water facility: *Well/ Bore-well/ Govt. Tap connection*

(iv) Availability of Agricultural land: *Yes/ No*

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vii) Do you have own toilet? Yes/No

(viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: NO

(ii) Treatment in which Hospital: Govt/Private

(iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

(i) Do You have TV: Yes/No

(ii) Do you have Mobile: Yes

(iii) Mobile Number: 8125871088

(iv) Do you have Computer/Laptop: Yes/No

(v) Is Internet available at home: Yes/No

6. Any specific problems identified in the village/ Ward:

(i) water


(ii) Road

(iii)

Place: K. Matyalesam

Date: 10-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : *Gnanagalla Harika*

Group : *B.Sc (CBZ)*

Registration Number : *2222001049027*

Area of the Survey conducted: *K. Matyalesam*

House No.	<i>1-6</i>	Habitat /Ward	<i>1</i>	Panchayat /Municipality	<i>K. Matyalesam</i>
Post office	<i>Colingapatam</i>	Mandal	<i>GARA</i>	District	<i>Srikakulam</i>

2. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<i>1.</i>	<i>seekotu laxna</i>	<i>M</i>	<i>34</i>	<i>10th</i>	<i>medicen</i>	<i>12,000</i>
<i>2.</i>	<i>seekotu laxmi</i>	<i>F</i>	<i>28</i>	<i>-</i>	<i>company</i>	

2. Social Status details:

(i) Community: *SC/ST/ BC-A-B-C-D/ OC* (ii) Sub-Caste: (iii) Religion: *Hindu*

3. Economic Status details:

(i) Type of House: *Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow*

(ii) House status (*Own/ Rented*):

(iii) Drinking Water facility: *Well/ Bore-well/ Govt. Tap connection*

(iv) Availability of Agricultural land: *Yes/ No*

(v) Extent of Agricultural land: *_____ Acres*

(vi) Livestock resources: Cows *_____* Oxen *_____* Buffaloes *_____* Sheep/Goats *_____*.

- (iii) Do you have own toilet? Yes/No ✓
- (iv) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓
- (v) Do you have white Ration Card? Yes/No ✓
- (vi) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Illments in family: No ✓
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Aarogy Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 9963958429
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

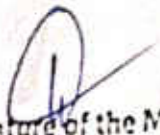
6. Any specific problems identified in the village/ Ward:

- (i) Road
- (ii) water
- (iii)

Place: K Matyalesam

Date: 10-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.Sc (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-223	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Calinapatnam	Mandal	GAYA	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	Durmu Ramarao	M	50	10th	Fishing	
2.	Durmu Jayalaxmi	F	40	5th	—	18,000

2. Social Status details:

(i) Community: SC/ST/ BC/A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: NO

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9652271136

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) Road


(ii) water

(iii)

Place: K. Matyalesam

Date: 10-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIYAKKULAM
COMMUNITY SERVICE PROJECT
SOCIO-ECONOMIC SURVEY

Name of the Student : Ganagalla Harika
Group : B.SC (CBZ)
Registration Number : 2222001049027
Area of the Survey conducted: K. Matkalesam

House No.	<u>1-298</u>	Habitat / Ward	<u>1</u>	Panchayat / Municipality	<u>K. Matkalesam</u>
Post office	<u>Calingapatra</u>	Mandal	<u>GOTO</u>	District	<u>Sriyakkulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	<u>Komara. Shivareddy</u>	<u>M</u>	<u>39</u>	<u>10th</u>	<u>Fisher men</u>	
2.	<u>Komara. Chinnaiah</u> <u>udu</u>	<u>F</u>	<u>34</u>	<u>8th</u>	<u>-</u>	<u>10,000</u>
3.	<u>Komara. Chuniya</u>	<u>F</u>	<u>6</u>	<u>U-KG</u>	<u>-</u>	
4.	<u>Komara. Sobith</u>	<u>M</u>	<u>5</u>			

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste:

(iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
 (viii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

- (i) Ailments in family: NO
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 7659039537
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is internet available at home: Yes/No ✓

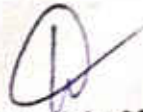
6. Any specific problems identified in the village/ Ward:

- (i) water
 (ii) power
 (iii)

Place: K. Matyalesam

Date: 11-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.SC (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K Matyalesam

House No.	1-861	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Calingapatna	Mandal	GARA	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	D. Eswaramma	F	60	—	—	5,000
2.						

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

(i) Ailments in family: NO

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 8008979113

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) karent


(ii) water

(iii)

Place: K. Matyalesam

Date: 11-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO-ECONOMIC SURVEY

Name of the Student : Ganagalla Harika
Group : B.Sc (CBZ)
Registration Number : 2222001049027
Area of the Survey conducted: K. Matyalesam

House No.	<u>1-228</u>	Habitat /Ward	<u>1</u>	Panchayat /Municipality	<u>K. Matyalesam</u>
Post office	<u>Calingapatnam</u>	Mandal	<u>GARA</u>	District	<u>SRIKAKULAM</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	<u>PUKKIA YARRANA</u>	<u>M</u>	<u>60</u>	<u>Dntex</u>	<u>Ex-Army</u>	<u>10,000</u>
1.	<u>PUKKIA TULASI</u>	<u>F</u>	<u>50</u>	<u>7th</u>	<u>-</u>	

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
(ii) House status (Own/ Rented):
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
(iv) Availability of Agricultural land: Yes/ No
(v) Extent of Agricultural land: _____ Acres
(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓

(viii) Do you have white Ration Card? Yes/No ✓

(ix) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Allments in family: No ✓

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9502796428 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) Road

(ii) water

(iii)

Place: K. Matyalesam

Date: 11-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.Sc CCBZ

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-177	Habitat / Ward	1	Panchayat / Municipality	K. Matyalesam
Post office	Calirajalnam	Mandal	GOTO	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	MOSA. ESWAY TAO	M	54	10th	EX-ARMY	15,000
2.	MOSA. IYMI	F	42	7th	-	
3.	MOSA. SANDHA	F	26	Degree	-	

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: NO ✓

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 8106186003 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) water


(ii)

(iii)

Place: K. Matyalesam

Date: 12-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Granagalla. Harika

Group : B.Sc(CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-44	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Calingapatnam	Mandal	Gara	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Gulla. Ramarao	M	62	Inter	Fisher men	90,000
2.	Gulla. Laxmi	F	45	-	House wife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/OC

(ii) Sub-Caste:

(iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____.

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____

(ix) Do you have white Ration Card? Yes/No ✓

(x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Ailments in family: NO

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do You have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9703785418 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) water


(ii) drainage

(iii)

Place: K. Matyalesam

Date: 12-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalia Harika
Group : B.SC (CBZ)
Registration Number : 2222001049027
Area of the Survey conducted: K. Matyalesam

House No.	<u>1-29</u>	Habitat /Ward	<u>1</u>	Panchayat /Municipality	<u>K. Matyalesam</u>
Post office	<u>Calingapatnam</u>	Mandal	<u>GARA</u>	District	<u>SRIKAKULAM</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	<u>Bondi. Srinivasan</u>	<u>M</u>	<u>38</u>	<u>7th</u>	<u>Auto driver</u>	<u>10,000</u>
2.	<u>Bondi. GUNA</u>	<u>F</u>	<u>33</u>	<u>7th</u>	<u>housewife</u>	

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste:

(iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented): Own

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 9100815099 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓


6. Any specific problems identified in the village/ Ward:

- (i) street Light
- (ii) water
- (iii)

Place: k. matyalesam

Date: 12-5-2023

G. Harika
Signature of the Student


Signature of the Mentor

- (iv) Do you have own toilet? Yes/No ✓
- (vii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: No ✓
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 9100815099 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) Street Light
- (ii) water
- (iii)

Place: k. matyalesam

Date: 12-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULATA

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla. Harika

Group : B.SC(CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-20	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Calingapatnam	Mandal	Gota	District	Sriakulata

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Week/ Monthly)
1.	Varadi. Raju	M	34	9th	Drill work	
2.	Varadi. Lavanya	F	30	Degree	-	10,000
3.	Varadi. Appara	M	70	-	-	
4.	Varadi. Vairamma	F	61	-	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____.

- (vi) Do you have own toilet? Yes/No ✓
 (vii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 8106429277 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) water
 (ii) Road
 (iii)

Place: K. matyalesam

Date: 13-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Gnanagalla. Harika
Group : B.Sc (CBZ)
Registration Number : 2222001049027
Area of the Survey conducted: A. Matyalesam

House No.	<u>1-214</u>	Habitat /Ward	<u>1</u>	Panchayat /Municipality	<u>K matyalesam</u>
Post office	<u>Colingapatnam</u>	Mandal	<u>Giara</u>	District	<u>Srikakulam</u>

2. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>Varadi. Ganesh</u>	<u>M</u>	<u>39</u>	<u>10th</u>	<u>Fishermen</u>	<u>15,000</u>
<u>2.</u>	<u>Varadi. Appa</u>	<u>M</u>	<u>70</u>	<u>-</u>	<u>-</u>	
<u>3.</u>	<u>Varadi. Varada</u>	<u>F</u>	<u>60</u>	<u>-</u>	<u>-</u>	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: _____ (iii) Religion: Hindu

3. Economic Status details:

- (i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow
(ii) House status (Own/ Rented):
(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
(iv) Availability of Agricultural land: Yes/ No
(v) Extent of Agricultural land: _____ Acres
(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vi) Do you have own toilet? Yes/No ✓
- (vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____
- (viii) Do you have white Ration Card? Yes/No ✓
- (ix) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 9823501890 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) Road
- (ii) Drainage
- (iii)

Place: K. Matyalesam

Date: 13-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.SC (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-256	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Calingapatnam	Mandal	Gara	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Pukkalla Ramkumar	M	53	10th	Cooking	
2.	Pukkalla Rajyalaxmi	F	38	10th	house wife	5,000
3.	Pukkalla Laxmi	F	19	Dnter	-	
4.	Pukkalla Gravatri	F	14	9th	-	
5.	Pukkalla Lelakrishna	M	11	6th	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____.

- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Xerosene/ Wood/ others specify _____ ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 8297598146 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

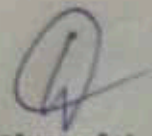
6. Any specific problems identified in the village/ Ward:

- (i) Drainage problem
- (ii) Road problem
- (iii)

Place: K. Matyalesam

Date: 13-5-2023

Gi-Harika
Signature of the Student


Signature of the Mentor

- (vi) Do you have own toilet? Yes/No
- (vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____
- (ix) Do you have white Ration Card? Yes/No
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle _____

4. Health Details:

- (i) Ailments in family: NO
- (ii) Treatment in which Hospital: Govt/Private
- (iii) Any PWD Persons in family: Yes/No

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No

5. Other Details:

- (i) Do You have TV: Yes/No
- (ii) Do you have Mobile: Yes
- (iii) Mobile Number: 8297598146
- (iv) Do you have Computer/Laptop: Yes/No
- (v) Is internet available at home: Yes/No


6. Any specific problems identified in the village/ Ward:

- (i) Drainage problem
- (ii) Road problem
- (iii)

Place: K. Matyalesam

Date: 13-5-2023

G. Harika
Signature of the Student


Signature of the Mentor

- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

- (i) Ailments in family: NO
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 8297598146 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) Drainage problem
- (ii) Road problem
- (iii)

Place: K. Matyalesam
 Date: 13-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : *Ganagalla. Harika*

Group : *B.Sc (CBZ)*

Registration Number : *2222001049027*

Area of the Survey conducted: *K. Matyalesam*

House No.	<i>1-258</i>	Habitat /Ward	<i>1</i>	Panchayat /Municipality	<i>K. Matyalesam</i>
Post office	<i>Chingapatham</i>	Mandal	<i>Gara</i>	District	<i>Srikakulam</i>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<i>1.</i>	<i>Varadi. Koriayya</i>	<i>M</i>	<i>35</i>	<i>10th</i>	<i>Electrical</i>	
<i>2.</i>	<i>Varadi. Bhanu</i>	<i>F</i>	<i>28</i>	<i>inter</i>	<i>housewife</i>	<i>10,000</i>
<i>3.</i>	<i>Varadi. Garamma</i>	<i>F</i>	<i>55</i>		<i>—</i>	

2. Social Status details:

(i) Community: *SC/ST/ BC-A-B-C-D/ OC* (ii) Sub-Caste: (iii) Religion: *Hindu*

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vi) Do you have own toilet? Yes/No ✓
 (vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 8179333064 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) Drainage Problem
 (ii) Road Problem
 (iii)

Place: K. Matyale sam

Date: 14-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B-SC (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	<u>1-251</u>	Habitat / Ward	<u>1</u>	Panchayat / Municipality	<u>K. Matyalesam</u>
Post office	<u>Chinnabatham</u>	Mandal	<u>Gaya</u>	District	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>Uppada. dhamayanti</u>	<u>F</u>	<u>52</u>	<u>6th</u>	<u>Govt. employ</u>	<u>6,10,000</u>
<u>2.</u>	<u>Uppada. Lavanya</u>	<u>F</u>	<u>27</u>	<u>Degree</u>	<u>-</u>	

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
 (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 9101138182 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) Drainage problem
 (ii) Road problem
 (iii)

Place: K. Matyalesam

Date: 14-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO-ECONOMIC SURVEY

Name of the Student : Ganagalla-Harika
Group : BSC (CBZ)
Registration Number : 2222001049027
Area of the Survey conducted: k. matyalesam

House No.	1-255	Habitat /Ward	1	Panchayat /Municipality	K.matyalesam
Post office	calingaPatnam	Mandal	Gara	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Rukanala-Sonkar	M	36	Degree	Sea men	
2.	Rukanala-Sandhya	F	30	11 th	house wife	17,000
3.	Rukanala-SarSwathi	F	60	5 th	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 8142365008 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

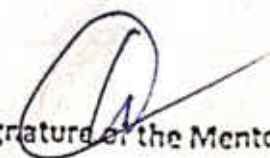
6. Any specific problems identified in the village/ Ward:

- (i) Drainage Problem
- (ii) Road Problem.
- (iii)

Place: k. matyalesam

Date: 14-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.Sc (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted: K. Matyalesam

House No.	1-496	Habitat /Ward	1	Panchayat /Municipality	K. Matyalesam
Post office	Mingapatham	Mandal	GARA	District	SRIKAKULAM

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Ganagalla Sandhya	M	38	7th	Fisher men	
2.	Ganagalla Jothi	F	37	10th	house wife	10000
3.	Ganagalla Karthik	M	7	2th		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
 (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 8096009032 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is internet available at home: Yes/No ✓

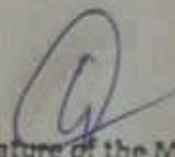
6. Any specific problems identified in the village/ Ward:

- (i) water
 (ii) Drainage
 (iii)

Place: K. Matyalesam

Date: 15-5-2023

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- (vi) Do you have own toilet? Yes/No ✓
 (vii) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 8096009032 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is Internet available at home: Yes/No ✓


6. Any specific problems identified in the village/ Ward:

- (i) water
 (ii) Drainage
 (iii)

Place: K. Matyalesam

Date: 15-5-2023

G. Harika
 Signature of the Student


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GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student : *Ganagalla - Harika*

Group : *B.Sc (CBZ)*

Registration Number : *2222001049027*

Area of the Survey conducted: *K.Ma*

House No.	<i>0-36</i>	Habitat /Ward		Panchayat /Municipality	<i>k.matyalesam</i>
Post office	<i>alingapatham</i>	Mandal	<i>Gara</i>	District	<i>srikakulam</i>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<i>1.</i>	<i>Rukanala. srinu</i>	<i>M</i>	<i>43</i>	<i>8th</i>	<i>seamen</i>	
<i>2.</i>	<i>Rukanala. laxmi</i>	<i>F</i>	<i>30</i>	<i>10th</i>	<i>house wife</i>	<i>15000</i>
<i>3.</i>	<i>Rukanala. varshini</i>	<i>F</i>	<i>13</i>	<i>8th</i>	<i>-</i>	

2. Social Status details:

(i) Community: *SC/ST/ BC-A-B-C-D/ OC* (ii) Sub-Caste: (iii) Religion: *Hindu*

3. Economic Status details:

(i) Type of House: *Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow*

(ii) House status (*Own/ Rented*):

(iii) Drinking Water facility: *Well/ Bore-well/ Govt. Tap connection*

(iv) Availability of Agricultural land: *Yes/ No*

(v) Extent of Agricultural land: *_____ Acres*

(vi) Livestock resources: Cows *_____* Oxen *_____* Buffaloes *_____* Sheep/Goats *_____*

- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 9573485870 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

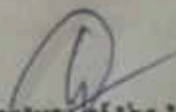
6. Any specific problems identified in the village/ Ward:

- (i) Drainage problem
- (ii) Road problem
- (iii)

Place: k. Matyalesam

Date: 15-5-2023

G. Harika
Signature of the Student


Signature of the Mentor

(vi) Do you have own toilet? Yes/No ✓

(vii) Do you Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓

(viii) Do you have white Ration Card? Yes/No ✓

(ix) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

(i) Allments in family: NO ✓

(ii) Treatment in which Hospital: Govt/Private ✓

(iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

(i) Do you have TV: Yes/No ✓

(ii) Do you have Mobile: Yes ✓

(iii) Mobile Number: 9573485870 ✓

(iv) Do you have Computer/Laptop: Yes/No ✓

(v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

(i) Drainage problem


(ii) Road problem

(iii)

Place: K. Matyalesam

Date: 15-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.Sc (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted:

House No.	11-13	Habitat /Ward	1	Panchayat /Municipality	K.Matyaleswari
Post office	Calingapatnam	Mandal	GARA	District	SRIKAKULAM

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	MYIAPILLI SUNDARAO	M	56	BED	SEA MEN	25,000
2.	MYIAPILLI SAVITRI	F	45	7th	HOUSE WIFE	
3.	MYIAPILLI RAJSEKAR	M	30	PINTER	SEA MEN	
4.	MYIAPILLI SRI RAM	M	26	BBM	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC

(ii) Sub-Caste:

(iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 9515700991
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is Internet available at home: Yes/No ✓


6. Any specific problems identified in the village/ Ward:

- (i) water
- (ii) street Light
- (iii)

Place: K. Matyalesam

Date: 15-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.Sc (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted:

House No.	1-47	Habitat /Ward	1	Panchayat /Municipality	Kmatyalesam
Post office	CalingaPatnam	Mandal	Gara	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	M. Kalavathi	F	52	7th	-	
2.	M. Ramakrishna	M	30	Inter	sea men	20,000
3.	M. Dhanalakshmi	F	27	10th	house wife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____.

- (vii) Do you have own toilet? Yes/No ✓
 (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 9849886980 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is Internet available at home: Yes/No ✓

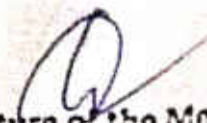
6. Any specific problems identified in the village/ Ward:

- (i) Drainage
 (ii) water
 (iii)

Place: K. Matyalesam

Date: 16-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student : Ganagalla Harika

Group : B.Sc (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted:

House No.	<u>1-43</u>	Habitat /Ward	<u>1</u>	Panchayat /Municipality	<u>K. Matyalesam</u>
Post office	<u>Calingapatnam</u>	Mandal	<u>Gara</u>	District	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	<u>DUMMU. Sithamma</u>	<u>F</u>	<u>69</u>	<u>-</u>	<u>-</u>	<u>-</u>
2.	<u>DUMMU. Sonthosh</u>	<u>M</u>	<u>35</u>	<u>Inter</u>	<u>sea men</u>	<u>20,000</u>
3.	<u>DUMMU. Nishitha</u>	<u>F</u>	<u>25</u>	<u>Degree</u>	<u>house wife</u>	<u>-</u>

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste:

(iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/No ✓
 (viii) Type Cooking fuel used: (LPG/Kerosene/Wood/others specify) _____ ✓
 (ix) Do you have white Ration Card? Yes/No ✓
 (x) Do you have vehicle? Two-wheeler/Auto/Car/Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 7032188790 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is Internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) power [street lights]
 (ii) water
 (iii) _____

Place: K. Matyalesam

Date: 16-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Ganagalla. Harika

Group : B.Sc (CBZ)

Registration Number : 2222001049027

Area of the Survey conducted:

House No.	1-3A	Habitat /Ward	1	Panchayat /Municipality	K.Matyalesam
Post office	alingaratham	Mandal	GARA	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Ganagalla. Surya	M	42	10th	coocking	15,000
2.	Ganagalla. Sarathi	F	38	7th	house wife	
3.	G. Magazijuna	M	13	8th	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: (iii) Religion: Hindu

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (vii) Do you have own toilet? Yes/ No
- (viii) Type Cooking fuel used: LPG/ Kerosene/ Wood/ others specify _____
- (ix) Do you have white Ration Card? Yes/ No
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle

4. Health Details:

- (i) Ailments in family: **NO**
- (ii) Treatment in which Hospital: Govt/ Private
- (iii) Any PWD Persons in family: Yes/ No

S.No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have Govt. Arogya Sri Card: Yes/ No

5. Other Details:

- (i) Do You have TV: Yes/ No
- (ii) Do you have Mobile: Yes
- (iii) Mobile Number: **7337246308**
- (iv) Do you have Computer/Laptop: Yes/ No
- (v) Is internet available at home: Yes/ No


6. Any specific problems identified in the village/ Ward:

- (i) **Drainage problem**
- (ii) **water**
- (iii)

Place: **K. Matyalesam**

Date: **16-5-2023**

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(i) Do you have any other family members with disabilities? Yes
 (ii) Do you have any other family members with disabilities? No
 (iii) Do you have any other family members with disabilities? No

4. Health Details
 (i) Presence in family: No
 (ii) Treatment in which hospital: Government
 (iii) Are any persons in family: Yes

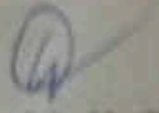
S No.	Name of the Person	Gender	Age	Nature of Disability

(iv) Do you have bank Account for Cash: Yes
 5. Other Details
 (i) Do you have TV: Yes
 (ii) Do you have Mobile: Yes
 (iii) Mobile number: 7337246309
 (iv) Do you have Computer/Laptop: Yes
 (v) Is internet available at home: Yes

6. Any specific problems identified in the village/ Ward:
 (i) Drainage problem
 (ii) water
 (iii)

Name: K. Matheesam
 Date: 16-5-2023

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- (vii) Do you have own toilet? Yes/No ✓
- (viii) Type Cooking fuel used: LPG/Kerosene/ Wood/ others specify _____ ✓
- (ix) Do you have white Ration Card? Yes/No ✓
- (x) Do you have vehicle? Two-wheeler/ Auto/ Car/ Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO
- (ii) Treatment in which Hospital: Govt/Private ✓
- (iii) Any PWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
- (ii) Do you have Mobile: Yes ✓
- (iii) Mobile Number: 7337246308
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is Internet available at home: Yes/No ✓


6. Any specific problems identified in the village/ Ward:

- (i) Drainage problem
- (ii) water
- (iii)

Place: K. Matyalesam

Date: 16-5-2023

G. Harika
Signature of the Student


Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM
COMMUNITY SERVICE PROJECT
SOCIO - ECONOMIC SURVEY

Name of the Student : *Ganagalla Harika*

Group : *B.Sc (CBZ)*

Registration Number : *2222001049027*

Area of the Survey conducted:

House No.	<i>1-87</i>	Habitat /Ward	<i>1</i>	Panchayat /Municipality	<i>K. Matyalesam</i>
Post office	<i>Calinga Patham</i>	Mandal	<i>GARA</i>	District	<i>Srikakulam</i>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
<i>1.</i>	<i>Guntu-Gunuprasad</i>	<i>M</i>	<i>42</i>	<i>Dinter</i>	<i>Sea men</i>	<i>15,000</i>
<i>2.</i>	<i>Guntu.venu</i>	<i>F</i>	<i>37</i>	<i>7th</i>	<i>house wife</i>	
<i>3.</i>	<i>Guntu.laxmidexi</i>	<i>F</i>	<i>60</i>	<i>—</i>	<i>—</i>	

2. Social Status details:

(i) Community: *SC/ST/BC-A-B-C-D/OC* (ii) Sub-Caste: (iii) Religion: *Hindu*

3. Economic Status details:

(i) Type of House: Hut/ Semi Pucca/ Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented):

(iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Cows _____ Oxen _____ Buffaloes _____ Sheep/Goats _____

- (iii) Do you have own toilet? Yes/No ✓
 (iv) Type Cooking fuel used: LPG/Kerosene/Wood/ others specify _____ ✓
 (v) Do you have white Ration Card? Yes/No ✓
 (vi) Do you have vehicle? Two-wheeler/Auto/Car/Any other vehicle ✓

4. Health Details:

- (i) Ailments in family: NO ✓
 (ii) Treatment in which Hospital: Govt/Private ✓
 (iii) Any FWD Persons in family: Yes/No ✓

S.No.	Name of the Person	Gender	Age	Nature of Disability

- (iv) Do you have Govt. Arogya Sri Card: Yes/No ✓

5. Other Details:

- (i) Do You have TV: Yes/No ✓
 (ii) Do you have Mobile: Yes ✓
 (iii) Mobile Number: 8895860711 ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is internet available at home: Yes/No ✓

6. Any specific problems identified in the village/ Ward:

- (i) Dringage problem
 (ii) water problem
 (iii)

Place: K. Matyalesam
 Date: 16-5-2023

G. Harika
 Signature of the Student


 Signature of the Mentor

Socio - Economic survey



AWARENESS REPORT

Drainage problem:

This is the most common problem existing in every area.

This is caused due to **improper maintenance of drainage system**.

During the time of **monsoon**, this drainage water gets mixed with rain water and remains as standing water on roads for many days.

This standing water consists of some **hazardous bacteria** such as **E.coli, Salmonella, Streptococcus, Mycobacteria** etc., which leads to cause many diseases.

I informed this problem to our Community President to have a look on this issue.

I even spoke to my community people about the causes and preventions of this issue and made them aware as much as I can

AWARENESS REPORT

Drainage problem:

This is the most common problem existing in every area.

This is caused due to **improper maintenance of drainage system.**

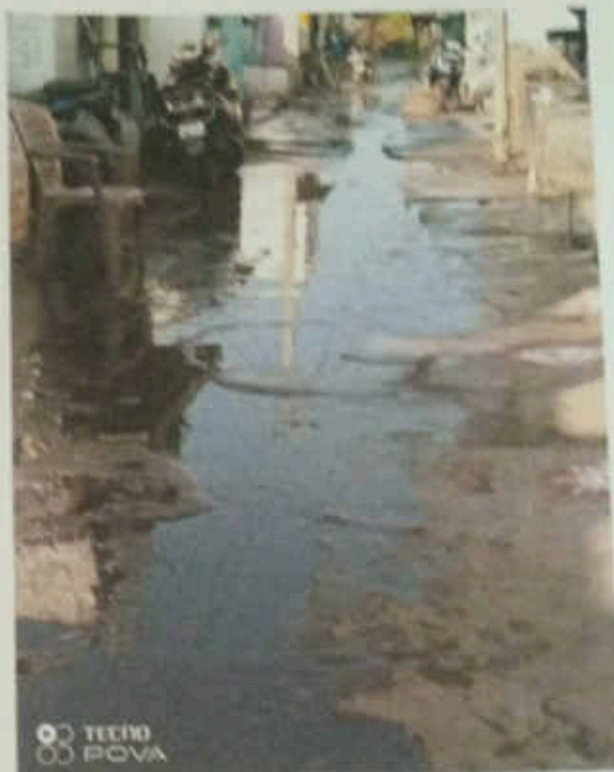
During the time of **monsoon**, this drainage water gets mixed with rain water and remains as standing water on roads for many days.

This standing water consists of some **hazardous bacteria** such as **E.coli, Salmonella, Streptococcus, Mycobacteria** etc., which leads to cause many diseases.

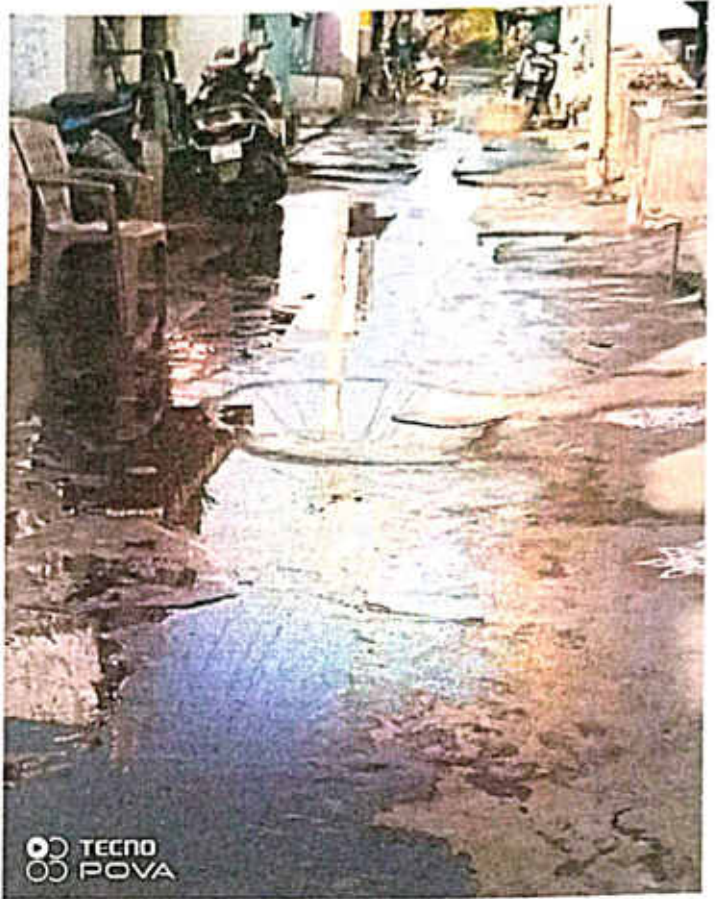
I informed this problem to our Community President to have a look on this issue.

I even spoke to my community people about the causes and preventions of this issue and made them aware as much as I can

== 44 Awareness program 44 ==



= || Awareness program || =





GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>1-87</i>	<i>Guntu Venu</i>	<i>K. Matyalesah</i>	<i>Gara</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *yes*
- b. I experienced feeling of hunger during the day - *yes*
- c. I eat meat. - *yes*
- d. I eat vegetables. - *yes*
- e. I eat fruits. - *yes*
- f. I eat dairy products - *yes*
- g. I eat sweets. - *yes*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

75 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Fish, Eggs, Biryani, Chicken lollipop

14. How much do you think a healthy diet affects?

Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla. Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhinarayana
Name of the project : Food habits

Case No	Name of the person	Village / Ward	Mandal	District
-298	Komara.Chinnammudu	K. Matyalesam	Gaya	Srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast -yes
 - I experienced feeling of hunger during the day -yes
 - I eat meat. -yes
 - I eat vegetables. -yes
 - I eat fruits. -yes
 - I eat dairy products -yes
 - I eat sweets. -yes
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:


Several times a day once a day several times a week

less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 54 kg
12. Have your ever been on a diet, if so, what kind?
 NO
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 meet, eggs, milk, nudily

14. How much do you think a healthy diet affects?
- | | | |
|-------------------|---|---|
| Restful sleep | <input checked="" type="radio"/> B. little impact | <input type="radio"/> c. big impact. D. none |
| a. No impact. | | |
| Health | <input type="radio"/> B. little impact | <input checked="" type="radio"/> c. big impact. D. none |
| a. No impact. | | |
| Weight. | <input checked="" type="radio"/> B. little impact | <input type="radio"/> c. big impact. D. none |
| a. No impact. | | |
| Mental condition. | <input type="radio"/> B. little impact | <input checked="" type="radio"/> c. big impact. D. none |
| A. No impact. | | |

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla. Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-66	Gulla. Mani	k. matyalesam	Gara	Srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - YES
b. I experienced feeling of hunger during the day - YES
c. I eat meat. - NO
d. I eat vegetables. - YES
e. I eat fruits. - YES
f. I eat dairy products - YES
g. I eat sweets. - YES

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch dinner d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

yes

11. Do you know your current body mass index?

40 kg

12. Have your ever been on a diet, if so, what kind? NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

chiken, vegitables, fruits, pani puri

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla. Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>1-306</i>	<i>A. Parasaramudu</i>	<i>k. Matyalesam</i>	<i>Gara</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *Yes*
- b. I experienced feeling of hunger during the day - *Yes*
- c. I eat meat. - *Yes*
- d. I eat vegetables. - *Yes*
- e. I eat fruits. - *Yes*
- f. I eat dairy products - *Yes*
- g. I eat sweets. - *Yes*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- A. Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?

90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?

90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

Yes

11. Do you know your current body mass index?

60 kg

12. Have your ever been on a diet, if so, what kind? NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Mutton, chicken, milk, pizza, samosa

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



• GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla. Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>1-6</i>	<i>seekoti. laxmi</i>	<i>k. Matyalesam</i>	<i>Gara</i>	<i>srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *yes*
- b. I experienced feeling of hunger during the day - *yes*
- c. I eat meat. - *yes*
- d. I eat vegetables. - *yes*
- e. I eat fruits. - *yes*
- f. I eat dairy products - *yes*
- g. I eat sweets. - *yes*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

40 kg

12. Have your ever been on a diet, if so, what kind? NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

fruits, vegetables, meet, samosa

14. How much do you think a healthy diet affects?

Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


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GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Gianagalla Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-223	Dummu Ramarao	K. Matyalesam	Gara	Srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - YES
- b. I experienced feeling of hunger during the day - YES
- c. I eat meat. - YES
- d. I eat vegetables. - YES
- e. I eat fruits. - YES
- f. I eat dairy products - YES
- g. I eat sweets. - YES

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- A. Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
- less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
- less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
NO

11. Do you know your current body mass index?
62 kg

12. Have you ever been on a diet, if so, what kind? NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
meat, fruits, milk, pizza

14. How much do you think a healthy diet affects?

Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
 a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagaalla Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-299	mylapilli Poicu	k. matyalesam	Gara	srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast -yes
- b. I experienced feeling of hunger during the day -yes
- c. I eat meat. -yes
- d. I eat vegetables. -yes
- e. I eat fruits. -yes
- f. I eat dairy products -yes
- g. I eat sweets. -yes

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
- less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
- less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

63 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

milk, eggs, fruits, BURGER

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Gnanaganika Narika*
Group : *B.Sc (CIS)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
1-258	<i>Varadhi Bhanu</i>	<i>K. Malayalam</i>	<i>Gara</i>	<i>Srikakulam</i>

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - *Yes*
 - I experienced feeling of hunger during the day - *Yes*
 - I eat meat. - *Yes*
 - I eat vegetables. - *Yes*
 - I eat fruits. - *Yes*
 - I eat dairy products - *Yes*
 - I eat sweets. - *Yes*
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch*
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

45 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

milk, fruits, pani puri, chat.

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact.

B. little impact

c. big impact. D. none

Health

a. No impact.

B. little impact

c. big impact. D. none

Weight.

a. No impact.

B. little impact

c. big impact. D. none

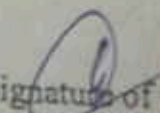
Mental condition.

A. No impact.

B. little impact

c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



Name of the

Group

Name of the

Name of the

House No

1-251

UPP

1. H

2. P

a.

b.

c.

d.

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3. V

a.

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I

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

45 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

milk, fruits, pani puri, chat.

14. How much do you think a healthy diet affects?

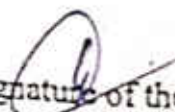
Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-251	Uppada Dhamayanti	K. Matyalesam	Gara	Srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - YES
 - I experienced feeling of hunger during the day - YES
 - I eat meat. - YES
 - I eat vegetables. - YES
 - I eat fruits. - YES
 - I eat dairy products - YES
 - I eat sweets. - YES
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

50 Kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
chicken, meet, milk, totakura, pani puri

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla. Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>1-255</i>	<i>RUKANALA. Sandya</i>	<i>k. matyalesam</i>	<i>Gara</i>	<i>srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *YES*
- b. I experienced feeling of hunger during the day - *YES*
- c. I eat meat. - *YES*
- d. I eat vegetables. - *YES*
- e. I eat fruits. - *YES*
- f. I eat dairy products - *YES*
- g. I eat sweets. - *YES*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

49 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
Fruits, vegetables, chat, pizza

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

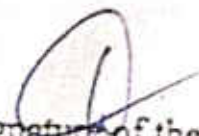
Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
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Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



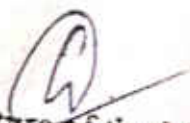
Name of the student : Ganagalla - Harika
Group : BSC (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-496	Ganagalla. Jowthi	K. Matyalesam	Gara	Srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - Yes
 - I experienced feeling of hunger during the day - Yes
 - I eat meat. - Yes
 - I eat vegetables. - Yes
 - I eat fruits. - Yes
 - I eat dairy products - Yes
 - I eat sweets. - Yes
- What meal would you consider to be your main meal of the day?
 - Breakfast lunch c. dinner d. others
- What does your main meal consist of and how it is prepared?
 Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?
Sweet foods:
Several times a day once a day several times a week
less often never
Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 48 kg
12. Have your ever been on a diet, if so, what kind?
 NO
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 Fish, Eggs, milk, Biryani, Noodles
14. How much do you think a healthy diet affects?
- | | | | |
|--|---|---|---------|
| Restful sleep | | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. | D. none |
| Health | | | |
| <input checked="" type="radio"/> a. No impact. | B. little impact | c. big impact. | D. none |
| Weight. | | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. | D. none |
| Mental condition. | | | |
| A. No impact. | B. little impact | <input checked="" type="radio"/> c. big impact. | D. none |

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Gnanagalla. Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food Habits*

House No	Name of the person	Village / Ward	Mandal	District
0-36	Rukanala. laxmi	k.matyalesam	Gaya	srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - *yes*
 - I experienced feeling of hunger during the day - *yes*
 - I eat meat. - *yes*
 - I eat vegetables. - *yes*
 - I eat fruits. - *yes*
 - I eat dairy products - *yes*
 - I eat sweets. - *yes*
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:


Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 55 kg
12. Have your ever been on a diet, if so, what kind?
 NO
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 Fish, meet, vegetables, chat.
14. How much do you think a healthy diet affects?
- | | | |
|---|--|---|
| Restful sleep | | |
| <input checked="" type="checkbox"/> a. No impact. | <input type="checkbox"/> B. little impact | <input type="checkbox"/> c. big impact. D. none |
| Health | | |
| a. <input type="checkbox"/> No impact. | <input checked="" type="checkbox"/> B. little impact | <input type="checkbox"/> c. big impact. D. none |
| Weight. | | |
| a. <input type="checkbox"/> No impact. | <input checked="" type="checkbox"/> B. little impact | <input type="checkbox"/> c. big impact. D. none |
| Mental condition. | | |
| A. <input type="checkbox"/> No impact. | <input checked="" type="checkbox"/> B. little impact | <input type="checkbox"/> c. big impact. D. none |

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla Harika*
Group : *B3C (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>11-13</i>	<i>mylapilli savitri</i>	<i>k. matyalesam</i>	<i>Giara</i>	<i>srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *Yes*
- b. I experienced feeling of hunger during the day - *Yes*
- c. I eat meat. - *Yes*
- d. I eat vegetables. - *Yes*
- e. I eat fruits. - *Yes*
- f. I eat dairy products - *Yes*
- g. I eat sweets. - *Yes*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
- less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
- less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 60 kg
12. Have your ever been on a diet, if so, what kind?
 NO
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 meet, Fish, chicken, biryani, nudiles
14. How much do you think a healthy diet affects?
- | | | | | |
|-------------------|---------------|---|---|---------|
| Restful sleep | a. No impact. | B. little impact | <input checked="" type="checkbox"/> big impact. | D. none |
| Health | a. No impact. | <input checked="" type="checkbox"/> little impact | c. big impact. | D. none |
| Weight. | a. No impact. | <input checked="" type="checkbox"/> little impact | c. big impact. | D. none |
| Mental condition. | A. No impact. | B. little impact | <input checked="" type="checkbox"/> big impact. | D. none |

G. Harika
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-47	mylapilli kalayathi	K. Matyalesam	Gara	srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - YES
- b. I experienced feeling of hunger during the day - YES
- c. I eat meat. - YES
- d. I eat vegetables. - YES
- e. I eat fruits. - YES
- f. I eat dairy products - YES
- g. I eat sweets. - YES

3. What meal would you consider to be your main meal of the day?

- a. Breakfast lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

62 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Fish, egg, vegetables, Pizza, Burge

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



• GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla. Harika*
Group : *B SC (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
1-39	<i>Ganagalla. Barathi</i>	<i>k Matyalesam</i>	<i>Gara</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *YES*
- b. I experienced feeling of hunger during the day - *YES*
- c. I eat meat. - *YES*
- d. I eat vegetables. - *YES*
- e. I eat fruits. - *YES*
- f. I eat dairy products - *YES*
- g. I eat sweets. - *YES*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?

90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?

90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

Yes

11. Do you know your current body mass index?

50 kg

12. Have you ever been on a diet, if so, what kind?

No

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

Eggs, Fruits, Chicken, chat.

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact big impact. D. none

Health

a. No impact. little impact c. big impact. D. none

Weight.

a. No impact. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor

House No

1-35

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

YES

11. Do you know your current body mass index?

50 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
EGGS, FRUITS, CHICKEN, CHAT.

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact big impact. D. none

Health

a. No impact. little impact c. big impact. D. none


Weight.

a. No impact. little impact c. big impact. D. none

Mental condition.

A. No impact B. little impact big impact. D. none

G. HARIKA
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla Harika*
Group : *B.Sc (CIBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>1-35</i>	<i>Bondi Rajeswari</i>	<i>K. Matyalesam</i>	<i>Gara</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *YES*
- b. I experienced feeling of hunger during the day - *YES*
- c. I eat meat. - *YES*
- d. I eat vegetables. - *YES*
- e. I eat fruits. - *YES*
- f. I eat dairy products - *YES*
- g. I eat sweets. - *YES*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day once a day several times a week
- less often never

Fresh vegetables & Fruits:

- Several times a day once a day several times a week
- less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

80 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

vegetables, chicken, egg, PIZZA.

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

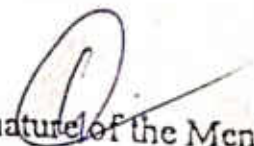
Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. HARIKA
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla Harika
Group : BSC (CBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-43	DUMMU. Nishitha	K. Matyalesam	Gaya	Srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - YES
 - I experienced feeling of hunger during the day - YES
 - I eat meat. - YES
 - I eat vegetables. - YES
 - I eat fruits. - YES
 - I eat dairy products - YES
 - I eat sweets. - YES
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?
Sweet foods:
Several times a day once a day several times a week
less often never
Fresh vegetables & Fruits:
Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

54

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

milk, fruits, vegetables, TUES, BURGER

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact.

B. little impact

c. big impact. D. none

Health

a. No impact.

B. little impact

c. big impact. D. none

Weight.

a. No impact.

B. little impact

c. big impact. D. none


Mental condition.

A. No impact.

B. little impact

c. big impact. D. none

G. HARIKA
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Gnanagalla. Harika*
Group : *B.SC (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
1-861	DUMMU. Eswaramma	K. Malayalesam	Gara	Srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

a. I eat a good breakfast - *Yes*

b. I experienced feeling of hunger during the day - *Yes*

c. I eat meat. - *Yes*

d. I eat vegetables. - *Yes*

e. I eat fruits. - *Yes*

f. I eat dairy products - *Yes*

g. I eat sweets. - *Yes*

3. What meal would you consider to be your main meal of the day?

a. Breakfast lunch c. dinner d. others

4. What does your main meal consist of and how it is prepared?

Freshly prepared. B. restaurant meal. C. precooked microwave. D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

No

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:


Several times a day once a day several times a week

less often never

8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 47 kg
12. Have your ever been on a diet, if so, what kind?
 NO
13. Mention the food items from the healthiest to the unhealthiest from your point of views?
 meet, Ddli, milk, nudles
14. How much do you think a healthy diet affects?

- | | | |
|---|---|---|
| Restful sleep | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. D. none |
| Health | | |
| a. No impact. | B. little impact | <input checked="" type="radio"/> c. big impact. D. none |
| Weight. | | |
| <input checked="" type="radio"/> No impact. | B. little impact | c. big impact. D. none |
| Mental condition. | | |
| A. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. D. none |

G. HARIKA
 Signature of the Student


 Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla. Harika*
Group : *B. SC (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
<i>1-256</i>	<i>PUKKILA. Rajalaxmi</i>	<i>k matyalesam</i>	<i>Gaya</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - *YES*
- b. I experienced feeling of hunger during the day - *YES*
- c. I eat meat. - *YES*
- d. I eat vegetables. - *YES*
- e. I eat fruits. - *YES*
- f. I eat dairy products - *YES*
- g. I eat sweets. - *YES*

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

50 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

chicken, milk, vegetables, burger,

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact.

B. little impact

c. big impact. D. none

Health

a. No impact.

B. little impact

c. big impact. D. none

Weight.

a. No impact.

B. little impact

c. big impact. D. none

Mental condition.

A. No impact.

B. little impact

c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Ganagalla Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
1-214	Varadi Ganesh	K. Matyalesam	Gara	Srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - *yes*
 - I experienced feeling of hunger during the day - *yes*
 - I eat meat. - *yes*
 - I eat vegetables. - *yes*
 - I eat fruits. - *yes*
 - I eat dairy products - *yes*
 - I eat sweets. - *yes*
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO

- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
NO

11. Do you know your current body mass index?
75 kg


12. Have your ever been on a diet, if so, what kind?
NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
milk, beet root, samosa, chat,

14. How much do you think a healthy diet affects?

- | | | |
|-------------------|---|---|
| Restful sleep | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. D. none |
| Health | | |
| a. No impact. | B. little impact | <input checked="" type="radio"/> c. big impact. D. none |
| Weight. | | |
| a. No impact. | <input checked="" type="radio"/> B. little impact | c. big impact. D. none |
| Mental condition. | | |
| A. No impact. | B. little impact | <input checked="" type="radio"/> c. big impact. D. none |

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : *Garagalla. Harika*
Group : *B.Sc (CBZ)*
Name of the mentor : *D. Adhi Narayana*
Name of the project : *Food habits*

House No	Name of the person	Village / Ward	Mandal	District
1-20	<i>Varadi. Raju</i>	<i>K. Matyalesam</i>	<i>Gaya</i>	<i>Srikakulam</i>

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast *-yes*
 - I experienced feeling of hunger during the day *-yes*
 - I eat meat. *-yes*
 - I eat vegetables. *-yes*
 - I eat fruits. *-yes*
 - I eat dairy products *-yes*
 - I eat sweets. *-yes*
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 Freshly prepared. B. restaurant meal. C. precooked microwave. D. other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?

No

- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?

90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?

90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

70 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

milk, eggs, totakura, karat, panipuri

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none

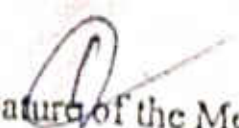
Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Gnanagana . Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhi Nayayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
	Bondi . GUNA	K. Matyalesam	Gara	Srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - yes
- b. I experienced feeling of hunger during the day - yes
- c. I eat meat. - yes
- d. I eat vegetables. - yes
- e. I eat fruits. - yes
- f. I eat dairy products - yes
- g. I eat sweets. - yes

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- a. Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
NO

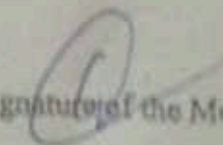
11. Do you know your current body mass index?
65 kg

12. Have you ever been on a diet, if so, what kind?
NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
eggs, milk, fruits, noodles

14. How much do you think a healthy diet affects?
- Restful sleep
a. No impact. little impact c. big impact. D. none
 - Health
a. No impact. little impact c. big impact. D. none
 - Weight
a. No impact. little impact big impact. D. none
 - Mental condition.
A. No impact. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
NO

11. Do you know your current body mass index?
65 kg

12. Have your ever been on a diet, if so, what kind?
NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
egg, milk, fruits, noodles

14. How much do you think a healthy diet affects?

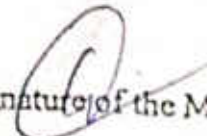
Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

G. HARIKA
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla. Harika
Group : B.Sc (CBZ)
Name of the mentor : D. Adhinarayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-77	Mosa. laxmi	K Matyalesam	Gara	Srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - YES
 - I experienced feeling of hunger during the day - YES
 - I eat meat. - YES
 - I eat vegetables. - YES
 - I eat fruits. - YES
 - I eat dairy products - YES
 - I eat sweets. - YES
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - lunch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week
less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week
less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?
NO

11. Do you know your current body mass index?
75 kg

12. Have your ever been on a diet, if so, what kind?
NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?
fruits, vegetables, dosa, pizza, burger

14. How much do you think a healthy diet affects?


Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact big impact. D. none

Weight.
 a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Ganagalla Harika
Group : BSC (C132)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

Case No	Name of the person	Village / Ward	Mandal	District
-44	Gulla. laxmi	k. matyalesam	Gara	srikakulam

- How many times a day do you eat?
3 times
- Please answer the following according to your particular eating habits?
 - I eat a good breakfast - YES
 - I experienced feeling of hunger during the day - YES
 - I eat meat. - YES
 - I eat vegetables. - YES
 - I eat fruits. - YES
 - I eat dairy products - YES
 - I eat sweets. - YES
- What meal would you consider to be your main meal of the day?
 - Breakfast
 - Munch
 - dinner
 - others
- What does your main meal consist of and how it is prepared?
 - Freshly prepared.
 - restaurant meal.
 - precooked microwave.
 - other
- Have you been avoiding some foods for health reasons? Yes / No
- Do you have any particular food allergies?
NO
- What is your daily food intake frequency of the following food categories?

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

58 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

vegatables, milk, eggs, Pizza, Burger

14. How much do you think a healthy diet affects?

Restful sleep

a. No impact. B. little impact c. big impact. D. none

Health

a. No impact. B. little impact c. big impact. D. none


Weight.

a. No impact. B. little impact c. big impact. D. none

Mental condition.

A. No impact. B. little impact c. big impact. D. none

G. Harika
Signature of the Student


Signature of the Mentor



GOVT. DEGREE COLLEGE(MEN), SRIKAKULAM
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS



Name of the student : Gianagalla. Harika
Group : B.Sc (IBZ)
Name of the mentor : D. Adhi Narayana
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-228	PUKKALLA. TULASI	K. Matyalesam	GARA	Srikakulam

1. How many times a day do you eat?

3 times

2. Please answer the following according to your particular eating habits?

- a. I eat a good breakfast - Yes
- b. I experienced feeling of hunger during the day - Yes
- c. I eat meat. - Yes
- d. I eat vegetables. - Yes
- e. I eat fruits. - Yes
- f. I eat dairy products - Yes
- g. I eat sweets. - Yes

3. What meal would you consider to be your main meal of the day?

- a. Breakfast
- b. lunch
- c. dinner
- d. others

4. What does your main meal consist of and how it is prepared?

- A. Freshly prepared.
- B. restaurant meal.
- C. precooked microwave.
- D. other

5. Have you been avoiding some foods for health reasons? Yes / No

6. Do you have any particular food allergies?

NO

7. What is your daily food intake frequency of the following food categories?

Sweet foods:

- Several times a day
- once a day
- several times a week
- less often
- never

Fresh vegetables & Fruits:

- Several times a day
- once a day
- several times a week
- less often
- never

8. What percentage of your regular diet consists of meat products?
90% 75% 50% 25% less than 25%

9. How much of your diet consists of vegetables and non-animal products?
90% 75% 50% 25% less than 25%

10. Do you or have you ever has cholesterol problems?

NO

11. Do you know your current body mass index?

45 kg

12. Have your ever been on a diet, if so, what kind?

NO

13. Mention the food items from the healthiest to the unhealthiest from your point of views?

meat, chicken, eggs, milk, chips

14. How much do you think a healthy diet affects?

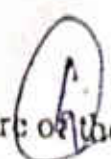
Restful sleep
a. No impact. B. little impact c. big impact. D. none

Health
a. No impact. B. little impact c. big impact. D. none

Weight.
a. No impact. B. little impact c. big impact. D. none

Mental condition.
A. No impact. B. little impact c. big impact. D. none

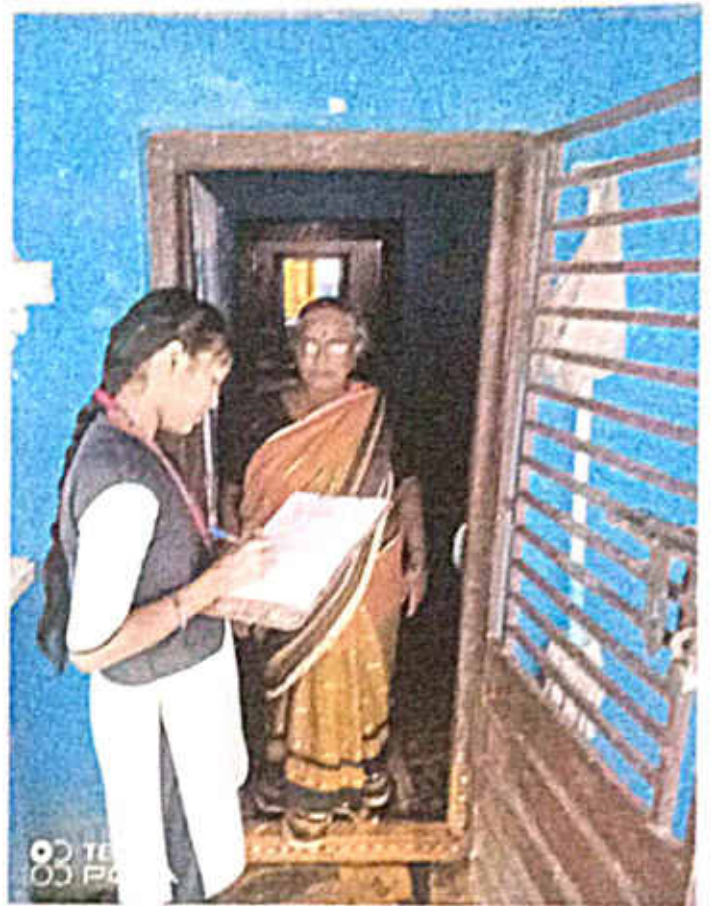
G. Harika
Signature of the Student


Signature of the Mentor

FOOD Habits



|| FOOD Habits ||



CONCLUSION

I'm G HARIKA studying in BSc first year CBZ group. I had completed the community service project on "FOOD HABITS" in our Village and Submitted the report to my mentor. My project is about the food habits of our Village people. I conducted questionnaire to different age groups people about their regular diet. Most of the old aged people considered break-fast as their main meal of the day. They taking food three times a day. We find out the major problem facing by our Villagers and dropped the sarpanch attention towards the problem by conducting awareness program in our village.

It was interesting to carry out this project to know about opinions, food and problems of our villagers. Finally I believe that my project is complete under vision of my mentor. I thank him for his guidance and support.

By

GANAGALLA HARIKA