A PROJECT

ON

COMMUNITY SERVICE

Submitted in the partial fulfilment of the requirements for the award of degree BSc

By

PANDRANKI PAVANI

22222001049062

Semester 2(BZC)

Batch 2022-2025

Under the supervision

G.Ramakrishna Rao

Lecturer in Botany

GOVERNMENT DEGREE COLLEGE(Men),SRIKAKULAM

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ACKNOWLEDGEMENT

I would like to express my gratitude to all those who gave me the possibility to complete the Community Service Project. Special thanks to Mentor G.Ramakrishna Rao sir who helped me in stimulating suggestions and encouragement to complete this project.

I would like to thank all the staff from the department of Botany 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.

CERTIFICATE

I certified that Kumari Pandranki Pavani studying Bsc Bzc group has completed and submitted the project report on "FOOD HABITS" further partial fulfilment of the requirements for the award of Bachelor of Science under my supervision during the academic year 2022-23.

Date:

Place:

Project guide

G.Ramakrishna Rao

Lecturer in Botany

GDC(M),Srikakulam

DECLARATION

I hereby declare that the Community Service Project report entitled "FOOD HABITS" submitted by me to the Govt. Degree College(M),Srikakulam in partial fulfilment of the requirement for the award of the degree of Bsc Bzc is a record of bonified project work carried out by me under the guidance of G.Ramakrishna Rao 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 or University.

Date:

Place: Srikakulam

P.Pavani

Signature of the candidate

Name: P.Pavani

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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 idio syncracies 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 Chepenapeta village,Amadalavalasa mandal and Srikakulam district. Approximately 25 families were covered under this ward. This is a rural area with 75% of people were farmers. This area is used for the cultivation of rice and vegetables.

2.Quantitative study:

This quantitative study of my project includes about the number of children, youngsters, elder women and men, pregnant women, people with physical and mental aliments, their food intake based on quantity per day and their food habits.

3.Qualitative study:

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

4.Data Collection:

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

Secondly their food habits data was collected from the initially prepared questionnaire which consists of 14 questions to know about their food habits, 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 : P. Pavani

Group : C.B.Z

Registration Number : 2222001049062

Name of the Mentor G. Ramakrishna Rao

Name of the Project : Food Habit

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9-5-2023	Socio Economic Survey	7:30hrs	P. Pavani
10-5-2023	Socio-Economic Survey	6:00hrs	P. Pavani
11-5-2023	Socio-Economic Survey	7:00hrs	P. Pavani
12-5-2023	Socio-Economic Survey	4:00hrs	P. Pavani
13-5-2023	Socio Economic Survey	5:30hrs	P. Pavani
14-5-23	Socio-Economic Survey	6:00hrs	P. Pavani
15-5-23	Socio-Economic Survey	6:00hrs	P. Pavani
16-5-23	Socio-Economic Survey	5:00hrs	P. Pavani

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. Pavani

Group : C. B. Z

Registration Number : 222200104906 2

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Awareness programe

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17-5-2023 wednesday	Awareness programe	3hours	P. Pavani
18-5-2023 Thursday	Awareness programe	8hours	P. Pavani
19-5-2023 Friday	Awareness programe	3hours	P. Pavani

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. pavani

Group : C.B.Z

Registration Number : 22220010490 62

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Food Habit

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/5/23 Saturday	Food Habits	6:30hrs	P. pavani
21/5/23 Sunday	Food Habits	7:00hrs	P. pavani
22/5/23 Monday	Food Habits	5:30hrs	P. pavani
23/5/23 Tuesday	Food Habits	4:00hrs	P. pavani
24/5/23 Wednesday	Food Habits	7:00hrs	P. pavani
25/5/23 Thursday	Food Habits	6:00hrs	P. pavani
26/5/23 Friday	Food Habits	3:30hrs	P. pavani
27/5/23 Saturday	Food Habits	7:00hrs	P. pavani
28/5/23 Sunday	Food Habits	5:30hrs	P. pavani

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. Pavani

Group : C.B.Z

Registration Number : 2222001049062

Name of the Mentor : Ramakrishna

Name of the Project : Food Habit

Date & Day	Activity done	Number of Hours Spent	Signature of the student
29/5/23 monday	project writing	10:30hrs	P. Pavani
30/5/23 Tuesday	Project writing	10:hrs	P. Pavani
31/5/23 wednesday	project writing	9hrs	P. Pavani
1/6/23 Thursday	Project writing	10hrs	P. Pavani
2/6/23 friday	project writing	5hrs	P. Pavani
3/6/23 Saturday	project writing	4hrs	P. Pavani
4/6/23 Sunday	project writing	7hrs	P. Pavani
5/6/23 monday	project writing	2:30hrs	P. Pavani
6/6/23 Tuesday	Project writing	3:30hrs	P. Pavani
7/6/23 wednesday	Project writing	5hrs	P. Pavani

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222200104 9062

Area of the Survey conducted: Chepenapela

House No.	4-57	Habitat /Ward	Colony	Panchayat /Municipality	Korapam
Post office	Thurakapela	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Ch. Sungavad	M	60	–	Agriculture	20,000
2.	Ch. Ramamma	F	48	–	House wife	
3.	Ch. Raghuram	M	30	10.	–	
4.	Ch. kumari	F	18	–		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kapu (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/ Bora-well/ Govt. Tap connection

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 3 Acres

(vi) Livestock resources: Cows 2 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:

(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:

(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)

(ii)

(iii)

Place: Chepinapeta

Date: 9/5/2023

P. Pavani

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:

(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: 8885961367

(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) —

(ii) —

(iii) —

Place: Chepenapeta

Date: 9/5/2023

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222001049062

Area of the Survey conducted: Chepencapela

House No.	4-64	Habitat /Ward	Colony	Panchayat /Municipality	Koraptam
Post office	Thurakapela	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Ch. Laxmi	F	28	–	Agriculture	
2.	Ch. Chinnappa	M	38	–	Agriculture	10,000
3.	Ch. Vinila	F	10	–	–	

2. Social Status details:

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

(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: 9499004003

(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)

(ii)

(iii)

Place: Chepenapeta

Date: 9/5/2023

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : B.Z.C

Registration Number : 222200104906 2

Area of the Survey conducted: Chepenapeta

House No.	2-5	Habitat /Ward	Colony	Panchayat /Municipality	Kotabommali
Post office	Thurakapeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Ramanamma	F	60	–	Housewife	–
2.	P. Rajeswari	F	30	–	Housewife	5000
3.	P. Yashwanth	M	10	5th		
4.	P. Aruna	F	6	–		

2. Social Status details:

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

(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: 8179650218

(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) —

(ii) —

(iii)

Place: Chegenafole

Date: 10/5/2023

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Area of the Survey conducted: Chepencapela

House No.	4-13	Habitat /Ward	Colony	Panchayat /Municipality	Koraptam
Post office	Thurakapeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	Ch. Upendra	M	48	–	Agriculture	30,000
2.	Ch. Uma	F	38	–	Housewife	
3.	Ch. Chiranjivi	M	23	Degree	Job	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kapu (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: 3 Acres

(vi) Livestock resources: Cows 1 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:

(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: 9391277798

(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) —

(ii) —

(iii) —

Place: Chefuncpeta

Date: 10/5/2023

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : B.Z.C

Registration Number : 222200104906 2

Area of the Survey conducted: Chepenapeta

House No.	4-15	Habitat /Ward	Colony	Panchayat /Municipality	Korapam
Post office	Thurakapeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	ch. Koteswara	M	45	10th	Agriculture	15,000
2.	ch. Chinni	F	30	10th	Housewife	
3.	ch. Rohith	M	10	6th	–	
4.	ch. Vinita	F	13	8th		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kapu (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: 2 Acres

(vi) Livestock resources: Cows 2 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:

(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: 9573297387

(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)

(ii)

(iii)

Place: Chepenapeta

Date: 11/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Area of the Survey conducted: Chepenapeta

House No.	2-5	Habitat /Ward	Colony	Panchayat /Municipality	Koraptam
Post office	Thurakapeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	R. Raju	M	48	-	Agriculture	13,000
2.	R. Aruna	F	30	-	Housewife	
3.	R. Thulasi	M	13	8th	-	
4.	R. Sowthan	M	10	6th	-	

2. Social Status details:

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

(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: 9642058827

(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) –

(ii) –

(iii)

Place: Chepenapeta

Date: 11/5/23

P Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Surveyor: [illegible]

Date: [illegible]

Mobile Number: [illegible]

Name of the Survey conductor: [illegible]

[illegible]		Mandal:	[illegible]	Panchayat: /Municipality	[illegible]
		Area:	[illegible]		
[illegible]	[illegible]	Lands:	[illegible]	District:	Srikakulam

1. Household Details:

Name of the Surveyed Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
[illegible]	F	[illegible]	–	Agriculture	25,000
[illegible]	M	[illegible]	–	Agriculture	
[illegible]	F	[illegible]	–	House wife	
[illegible]	M	[illegible]	–	Agriculture	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kapu (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: 2 Acres

(vi) Livestock resources: Cows 4, 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:

(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: 6301325915

(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) —

(ii) —

(iii) —

Place: Chepenapeta

Date: 4/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. pawani

Group : C.B.Z

Registration Number : 222200104906 2

Area of the Survey conducted: ~~Food~~ ~~Habit~~ Dubbuligeta

House No.	3 - 27	Habitat /Ward	Colony	Panchayat /Municipality	Dubbuligeta
Post office	—	Mandal	Sarubujili	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. Chinaswamy	M	45	—	Labour	10,000
2.	M. Pedhapamma	F	33	—	Farmer	
3.	M. Shanti	F	19	Inter	—	
4.	M. pallavi	F	17	Inter	—	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (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: 3 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:

(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: 9392069854

(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) —

(ii) —

(iii) —

Place: Dubbilipeta

Date: 12/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

- Social status details

(i) Community [illegible]

- Economic status details

(i) Type of House: [illegible]

(ii) House status (Own/ Rented)

(iii) Drinking water facility: [illegible]

(iv) Availability of Agricultural land: Yes/ No

(v) Details of Agricultural land: [illegible]

(vi) Livestock resources: [illegible]

(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:

(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: 9391175,9216,

(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)

(ii)

(iii)

Place: G.K. Valasa

Date: 12/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222200104 9062

Area of the Survey conducted: ~~Foot Habit~~ Alludu

House No.	0-04	Habitat /Ward	Colony	Panchayat /Municipality	Alludu
Post office	Alludu	Mandal	Sompeta	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. Ramu	M	36	–	Labour	20,000
2.	M. Geetha	F	30	–	Housewife	
3.	M. Bindu	F	16	Inter	–	
4.	M. Swathi	F	14	9th	–	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (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: 2 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:

(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: 9989041163

(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)

(ii)

(iii)

Place: Kelavalasa

Date: 12/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE [illegible]

COMMUNITY SERVICE PROJECT

SOCIO-ECONOMIC SURVEY

Name of the Student :

Group :

Registration Number :

Area of the Survey conducted :

House No.		House Name		Revenue Municipality	
Post office		Village		District	

1. Household Details

S.No.	Name of the Person	Gender M/F	Age	Education	Occupation	Income Table wages/Monthly income

2. Socio Demographic details

i) Community: [illegible] ii) Religion: [illegible] iii) Language: [illegible]

3. Economic Demographic details

i) Type of house: Hut / Semi / Pucca / Pucca / Apartment / Bungalow

ii) House owned: Own / Rented

iii) Drinking Water source: Well / Tap / Well / Tank / Canal / Borewell / Other

iv) Availability of agricultural land: Yes / No

v) Extent of agricultural land: _____ acres

vi) Livestock / Poultry: Cow: ____ Goat: ____ Buffalo: ____ Poultry: ____

(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:

(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: 9989049318

(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)

(ii)

(iii)

Place: A.L.varam

Date: 13/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student: T. Pavani

Series: 2017

Registration Number: 222200104906 2

Name of the Survey conducted: ~~food~~ ~~Habit~~ Palasa

Ward No.	32	Habitat /Ward	Colony	Panchayat /Municipality	Palasa
Mandal office	Ichapuram	Mandal	Mandhara	District	Srikakulam

Household Details:

	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/ Weekly/ Monthly)
1	Nagalaxmi	F	32	—	Sub-Inspector	1 lakh
2	Deepika	F	17	Inter	—	
3	Lokesh	M	15	Inter		

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (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: 10 Acres

(vi) Livestock resources: Cows 1 Oxen ____ Buffaloes ____ Sheep/Goats ____

(vi) Do you have own tailor? Yes/No

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

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

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

4. Health Details:

(i) Ailments in family:

(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: 8710244336

(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)

(ii)

(iii)

Place: Palara

Date: 13/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : Ch. Bhavanamathi

Group : CBZ

Registration Number : 22220010490062

Area of the Survey conducted: Chetenapeta

House No.	2-5	Habitat /Ward	Colony	Panchayat /Municipality	Kotabam
Post office	Thurakapeta	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	R. Raju	M	48	–	Agriculture	
2.	R. Aruna	F	30	–	House wife	15,000
3.	R. Thulasi	M	13	9th	–	
4.	R. Gurubham	M	10	5th	–	

2. Social Status details:

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

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

5. Rental Status details:

(i) Rentability of [illegible] (ii) [illegible]

6. Residential Status details:

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

(ii) House status (Owned/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

(vi) Livestock resources: Dogs _____ Cows _____ 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:

(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: 7893282443

(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) —

(ii) —

(iii)

Place: Chefenapeta

Date: 14/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : [illegible]

Group : [illegible]

Registration Number : [illegible]

Area of the Survey conducted: [illegible]

House No	[illegible]	Habitat /Ward	[illegible]	Panchayat /Municipality	[illegible]
Post office	[illegible]	Mandal	[illegible]	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	[illegible]	M	[illegible]		Agriculture	[illegible]
2.	[illegible]	F	[illegible]		Housewife	[illegible]
3.	[illegible]	F	21	[illegible]	Housewife	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: [illegible] (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: 1 Acres

(vi) Livestock resources: Cows 2, Oxen ____ Buffaloes ____ Sheep/Goats ____.

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : B.Z.C

Registration Number : 222201049062

Area of the Survey conducted: Chepenapeta

House No.	4-19	Habitat /Ward	Colony	Panchayat /Municipality	Korapam
Post office	Chinnakapela	Mandal	Amadalavalasa	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1)	Ch. Rajeswari	F	32	–	Housewife	20,000
2)	Ch. Mahesh	M	40	10th	Agriculture	
3)	Ch. Tarun	M	18	Degree	–	

2. Social Status details:

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

(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: 9704190672

(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)

(ii)

(iii)

Place: Chejerlapalta

Date: 14/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Area of the Survey conducted: ~~Food Habit~~ Chinnalankam

House No.	1-100	Habitat /Ward	Colony	Panchayat /Municipality	Chinnalankam
Post office	Labamu	Mandal	Burja	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	G. Usha	F	17	Inter	–	
2.	G. Simachalam	M	58	–	Farmer	25,000
3.	G. Anandha	F	36	–	Housewife	
4.	G. Pooja	F	20	B.Tech	–	
5.	G. Venky	M	26	–	Labour	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (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: 3 Acres

(vi) Livestock resources: Cows 2 . 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:

(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: 9063428511

(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 problem

(ii) Drainage problem

(iii)

Place: Chinalankam

Date: 15/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. [illegible]

Group : C.B.Z

Registration Number : 22200101110

Area of the Survey conducted: Tood [illegible]

House No.	1-119	Habitat /Ward	Colony	Panchayat /Municipality	Chilliprathivalasa
Post office	Chilliprathivalasa	Mandal	Vizagapatam	District	Vizianagaram

1. Household Details:

S. No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	P. Ravanamma	F	40	-	Farmer	30,000
2.	P. Sudhakar	M	46		Farmer	
3.	P. Robin	M	17	Inter	-	
4.	P. Krishnamma	F	20	Degree		
5.	P. Sivakarthikan	M	23		Student	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Madiga (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: 1 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:

(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: 8639905736

(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)

(iii)

Place: Chittapur Walara

Date: 15/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Area of the Survey conducted: Food Habit Chinalanbam

House No.	1-124	Habitat /Ward	Colony	Panchayat /Municipality	Chinalankam
Post office	Lakkam	Mandal	Burja	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Ch. Sugunamma	F	35	—	farmer	20,000
2.	Ch. Devi	F	17	Inter	—	
3.	Ch. Sandhya	F	20	Degree	—	
4.	Ch. Anuradha	F	16	10th	—	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (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: 1 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:

(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: 7993827624

(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)

(iii)

Place: Chepenapeta

Date: 15/5/23

P. Pavani

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:

(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: 8897627377

(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) —

(ii) —

(iii) —

Place: Chittapudivalasa

Date: 16/5/23

P. Pavani

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:

(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: 6303907135

(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)

(ii)

(iii)

Place: Sindanur

Date: 16/3/23

P Pavani

Signature of the Student

Signature of the Mentor

GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY

Name of the Student : P. Pavani

Group : C.B.Z

Registration Number : 22220010 49062

Area of the Survey conducted: ~~Tod Habit~~ M. Rajapuram

House No.	2-65	Habitat /Ward	Colony	Panchayat /Municipality	M. Rajapuram
Post office	pathuru	Mandal	Miriagatlam	District	Parvathipuram

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	V. DurgaRao	M	40	—	Farmer	15,000
2.	V. Jayamma	F	32	—	House wife	
3.	V. Surendra	M	12	9th	—	
4.	V. Sumitha	F	17	Inter	—	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mala (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: 1 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:

(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: 9391277798

(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) —

(ii) —

(iii) —

Place: M. Rajapuram

Date: 16/5/23

P. Pavani

Signature of the Student

Signature of the Mentor

AWARENESS REPORT:

PROBLEMS IDENTIFIED

* Uneven roads in every street

* Water problems in every Street

* Improper drainage system

EFFECTS FACED BY PEOPLE

* Because of having uneven roads there are so many vehicles are damaged , not only that but also oldaged people are getting hard to walk on these roads.

* There is a need of water to everyone but in our village there are no proper gov.tap connection to each house but some are having them. Mostly people in my ward are not having gov. tap connection.

* There are so many problems are taking place on having improper drainage system.

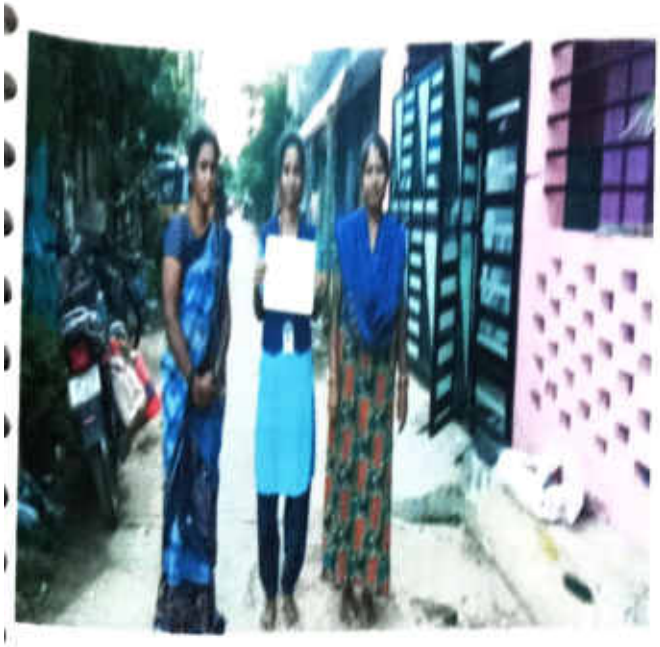
SUGGESTIONS

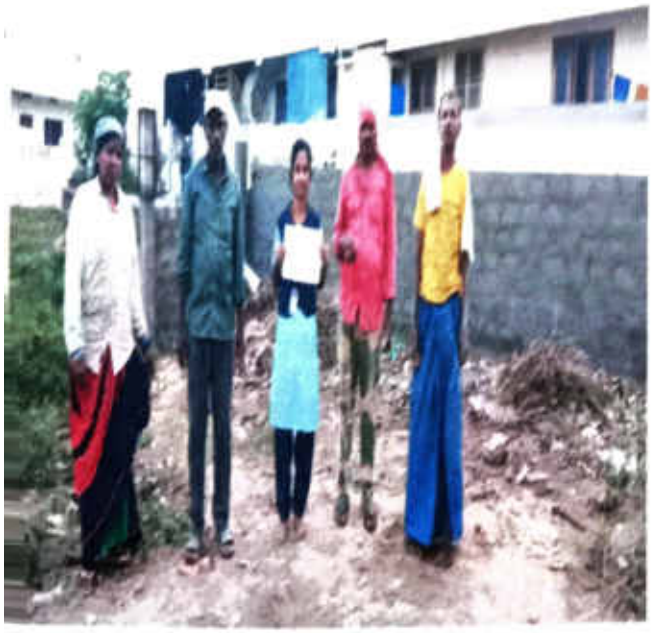
At first , I would like to explain all about those problems and I said to them as you should complaint to the valenteer to clear these problems and the valenteer said that all those problems will be cleared by our sarpanch and secretary.I told them that we have to maintain a proper usage of them neetly.

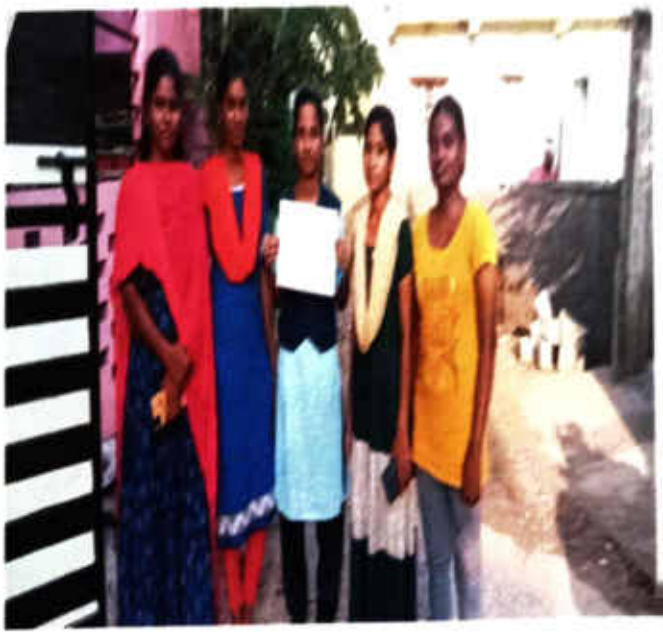
P. Pavani

BY : ~~A. AKHILA~~

: 8. Awareness Project :







Name of the project

House No	Name of the [illegible]
1 2 1 1	[illegible]

1. How many times a day do you eat?

2. Please answer the following accurately to your [illegible]
   a. I eat a good breakfast
   b. I experienced feeling of hunger during the day
   c. I eat meat.
   d. I eat vegetables.
   e. I eat fruits.
   f. I eat dairy products
   g. I eat sweets.
3. What meal would you consider to be your main meal of the day?

   a. Breakfast b. lunch c. dinner d. other
4. What does your main meal consist of and how it is prepared?

   a. Freshly prepared. B. restaurant meal. C. precooked microwave d. [illegible]
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 ○

[illegible] vegetables and [illegible] products?

[illegible] less than 25%

[illegible] have cholesterol problems?

No

[illegible] know your current body mass index?

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

No

13. Arrange the food items from the healthiest to the unhealthiest from your point of view? [illegible] leafy vegetable.

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

P. Pawar

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor G. Ramakrishna Rao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-32	1. K. Nagalaxmi	Palasa	Mandhasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

—

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?

—

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

P Pavani

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-4	K. Ramakrishna	A.L. varam	Santha Bommali	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

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?

—

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?

—

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

P Pavani

Signature of the Student

Signature of the Mentor

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

Name of the student : P Pavani
Group : C.B.Z
Name of the mentor G.RamakrishnaRao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
5-29	M. PeddaRamanana	Dubbulapeta	Sarubujili	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets.
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?

—

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? (1) Leafy vegetables (2) Fast food

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

P. Pavani

gnature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z.
Name of the mentor G. RamakrishnaRao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-206	1. M. Ramu	G.t. valasa	Amadalavalasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

–

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? 1) Leafy vegetables 2) fast food

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

P. Pavan;

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor G Ramakrishna Rao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
0-04	1. M. Ramu	Allada	Saravakota Allada	Srikakulam

1. How many times a day do you eat?
   3
2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

—

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? 1) Leaf vegetables 2) fast food

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

P Pavani

Signature of the Student

Signature of the Mentor

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

Name of the student : P.pavani
Group : C.B.Z
Name of the mentor G.Ramakrishnarao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
2-65	I.V. Durgarao	M-Rajapuram	Viragattam	Parvathipuram

1. How many times a day do you eat?
   3
2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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 ○

[illegible] What percentage of your regular diet consists of meat products?

100% ( ) 75% ( ) 50% ( ) 25% ( ) less than 25% ( )

[illegible] How much of your diet consists of vegetables and non animal products?

100% ( ) 75% ( ) 50% ( ) 25% ( ) less than 25% ( )

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

(b)

11. Do you know your current body mass index?

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

(b)

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

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

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Praveen
Group : C. Pcz
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-12	P. Praveena	Chinabantowa	Rajaja	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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 ○

[illegible] What percentage of your regular [illegible] is [illegible]?

[illegible]

[illegible] How much of your [illegible] is vegetable and [illegible]?

[illegible]

[illegible] Do you have you ever [illegible]?

[illegible]

[illegible] Do you drink the [illegible] milk?

[illegible] Have you ever [illegible] a diet, if so, what kind?

[illegible] Although we have [illegible] the nutritionist in the [illegible] [illegible] [illegible] [illegible]?

[illegible] How much do you think a healthy diet affects?

Testing [illegible]

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

[illegible]

[illegible]e of the Student

Signature of the Mentor

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

Name of the student : P Jaswani
Group : C.B.Z
Name of the mentor : ~~Athinarayana~~ G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
4-19	Ch. Rajeswari	Chejerlapela	Amadalavalasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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:

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor G. Ramakrishnarao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
2-5	R. Raju	Chepenapeta	Amadalavalasa	Srikakulam

1. How many times a day do you eat?
   3
2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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 ○

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor G.Ramakrishnarao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-124	1 Ch. Suguvamma	Chinalankham	Burja	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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 ✓

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

Name of the student : P. pavani
Group : C. B. Z
Name of the mentor G. Ramakrishnarao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-124	1. Ch. Suguramma	Chinalankham	Burja	srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

—

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? (1) Leafy vegetables (2) fast food.

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

P. Pavani

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor : G. Ramakrishnarao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-119	1. P. Ramanamma	Chittapativalasa	Viragattam	Parvathipuram

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat ✓
   d. I eat vegetables. ✓
   e. I eat fruits ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

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?

no

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

D. Pavani

re of the Student

Signature of the Mentor

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

Name of the student : P. [illegible]
Group : C.B.Z
Name of the mentor G. Ramakrishna Rao
Name of the project : Food Habit

House No	Name of the person	Village / Ward	Mandal	District
1-100	1. G. Anantha	Chinalankham	Beraja	Srikakulam

1. How many times a day do you eat?

4

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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 ✓

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?

—

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? 1) Leafy vegetables 2) fast food.

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

P. Pavani

Signature of the Student

Signature of the Mentor

POST DEGREE COLLABORATION, [illegible]
COMMUNITY SERVICE PROJECT
PROJECT: FOOD HABITS

the student [illegible]

the mentor [illegible]

the project [illegible]

Name of the person	Village	Ward	Wards	District
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

How many times a day do you eat?

3

Please answer the following according to your particular eating habits:

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

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

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

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

A. 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 once a day ✓ several times a week ○

○

○ several times a week ○

○

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?

—

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?

—

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

P. parani

Signature of the Student

Signature of the Mentor

[illegible]

[illegible]

[illegible] during the day

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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. [illegible]

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 ○

[illegible]

[illegible]

[illegible]

[illegible]

(b)

[illegible] your current body mass index?

[illegible] been on a diet. If so, what kind?

(b)

[illegible] Mention the food items from the healthiest to the unhealthiest [illegible] point of view? [illegible]

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

P. Pallavi

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor G. Ramakrishnarao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
4-13	Ch. Uma	Chegena peta	Amadalavalasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat. ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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 ○

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor : G. Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
2-8	P. Anuna	Chepenapela	Amadalavalasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

—

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? (1) Leafy vegetables (2) Fast Food.

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

P. Pavani

Signature of the Student

Signature of the Mentor

microwave

yes / no

is other

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?

—

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? 1) Leafy vegetables 2) Fast food.

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

P. Pavani

Signature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor G.Ramakrishna Rao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
4-56	Ch. Lavanya	Chegerapeta	Amadalavalasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat ✓
   d. I eat vegetables. ✓
   e. I eat fruits ✓
   f. I eat dairy products ✓
   g. I eat sweets ✓
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 ○

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?

—

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? (1) Leafy vegetables (2) Fast food

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

P. Pawani

ature of the Student

Signature of the Mentor

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

Name of the student : P. Pavani
Group : C.B.Z
Name of the mentor : Adhikarala Ramakrishnarao
Name of the project : Food Habits

House No	Name of the person	Village / Ward	Mandal	District
4-57	Ch. Sunyarao	Chakarapeta	Amadalavalasa	Srikakulam

1. How many times a day do you eat?

   3

2. Please answer the following according to your particular eating habits?
   a. I eat a good breakfast ✓
   b. I experienced feeling of hunger during the day ✓
   c. I eat meat ✓
   d. I eat vegetables. ✓
   e. I eat fruits. ✓
   f. I eat dairy products ✓
   g. I eat sweets. ✓
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?

–

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? 1) Leafy vegetables 2) Fast food.

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

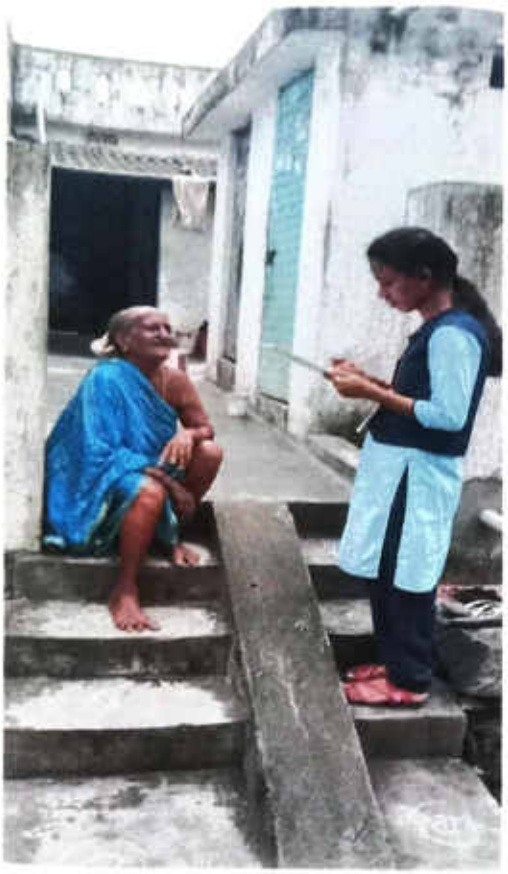
P. Pavani

Signature of the Student

Signature of the Mentor

PROJECT REPORT

I'm P.Pavani studying first Bsc Bzc group. My project is on "FOOD HABITS" that what type of food is present in regular diet, how many times they taking food, how much percentage of vegetables, fruits, sweets and meet products consists in their diet, different food times that cause food allergies. I conduct survey in our village and ask different questions about their meal at morning, lunch and dinner. I asked their opinions about affects of healthy diet and healthy and unhealthy foods in their point of view.



CONCLUSION

I'm P.Pavani studying in BSc first year Bzc group. I had completed the community service project on "FOO1`D 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 lunch as their main meal of the day. They taking food only two times per day due to digestive problems. 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 different opinions, food habits 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

Pandranki Pavani

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Awareness programme

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17-5-23 wednesday	Awareness programe	3hours	P. pavani
18-5-2023 thursday	Awareness programe	3hours	P. Pavani
19-5-23 friday	Awareness programe	3hours	P. pavani

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Name of the Mentor : G. Ramakrishna Rao

Name of the Project :

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/5/23 Saturday	Food Habits	6:30hrs	P. Pavani
21/5/23 Sunday	Food Habits	7:00hrs	P. Pavani
22/5/23 Monday	Food Habits	5:30hrs	P. Pavani
23/5/23 Tuesday	Food Habits	4:00hrs	P. Pavani
24/5/23 wednesday	Food Habits	7:00hrs	P. Pavani
25/5/23 Thursday	Food Habits	6:00hrs	P. Pavani
26/5/23 friday	Food Habits	5:30hrs	P. Pavani
27/5/23 Saturday	Food Habits	7:00hrs	P. Pavani
28/5/23 Sunday	Food Habits	5:30hrs	P. Pavani

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. Pavani

Group : C.B.Z

Registration Number : 222200104906 2

Name of the Mentor : G. Ramakrishna Rao

Name of the Project : Food Habit

Date & Day	Activity done	Number of Hours Spent	Signature of the student
29/5/23 monday	project writing	10:30hrs	P. Pavani
30/5/23 Tuesday	project writing	10hrs	P Pavani
31/5/23 wednesday	project writing	9hrs	P. Pavani
1/6/23 Thursday	project writing	10hrs	P. Pavani
2/6/23 friday	project writing	5hrs	P. Pavani
3/6/23 Saturday	project writing	4hrs	P. Pavani
4/6/23 Sunday	project writing	7hrs	P. Pavani
5/6/23 monday	project writing	2:30hrs	P Pavani
6/6/23 Tuesday	project writing	3:30hrs	P. Pavani
7/6/23 wednesday	project writing	3hrs	P. Pavani

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : P. Pavani

Group : C.B.Z

Registration Number : 22220010490 62

Name of the Mentor G. Ramakrishna Rao

Name of the Project : Food Habit

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9-5-23	Socio Economic Survey	7:30hrs	P. Pavani
10-5-23	Socio Economic Survey	6:00hrs	P. Pavani
11-5-2023	Socio Economic Survey	7:00hrs	P. Pavani
12-5-2023	Socio Economic Survey	4:00hrs	P. Pavani
13-5-2023	Socio Economic Survey	5:30hrs	P. Pavani
14-5-2023	Socio Economic Survey	6:00hrs	P. Pavani
15-5-2023	Socio Economic Survey	6:00hrs	P. Pavani
16-5-2023	Socio Economic Survey	5:00hrs	P. Pavani