

A PROJECT
ON
COMMUNITY SERVICE

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

By

yarra.chandini

2222001049091

semester 2 (BZC)

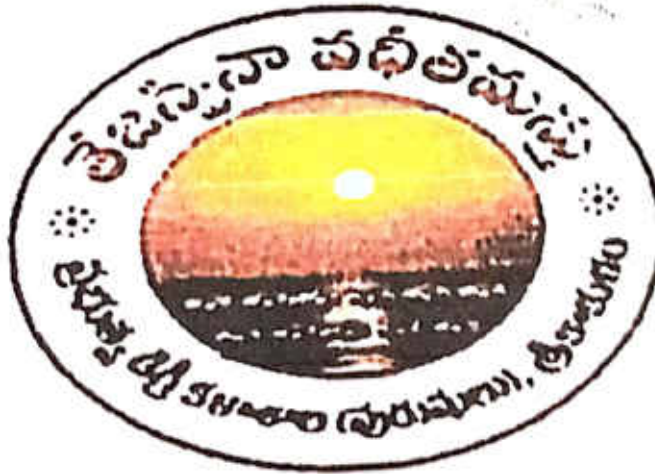
Batch 2022-2025

under the supervision of

D.RAVINDRA

LECTURER IN BOTANY

GOVERNMENT DEGREE COLLEGE(Men), SRIKAKULAM



WEBSITE: WWW.gcmsklm.ac.in

ACKNOWLEDGEMENT

I Would like to express my gratitude to all those who gave me the possibility community service Project. Special thanks to Mentor D . Ravindra sir who help me in stimulating suggestions and encouragement to complete this project .

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

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

CERTIFICATE

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

Date:

Place:

D. Ravindra
project guide

D.RAVINDRA

Lecturer in Botany

GDC(M), Srikakulam

DECLARATAION

I hereby declare that the community Service Project report entitled "FOOD HABITS" submitted by me to the Govt Degree College (men) Srikakulam in partial fulfillment of the requirement for the award of the degree of B.sc (CBZ) is a record of bonafide project Work carried by me under the guidance of D. Ravindra 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 ths institute or other institute or University .

Srikakulam
Date:

Yasra. chandini
signature of the candidate



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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 2th ward konimatta village,ponduru mandal and srikakulam district. Approximately 30 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 :

The quantitative study of my project includes about the number of children, youngsters,elder women and men, pregnant women, people with physical and mental ailments, 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 and age grou

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 detail.

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Y. Chandini
 Group : BSc (B2C)
 Registration Number : 2222001049091
 Name of the Mentor : D. Ravindra
 Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
9/5/23 Tuesday	Socio Economic Survey	6 hrs	Y. Chandini
10/5/23 Wednesday	Socio Economic Survey	3 hrs	Y. Chandini
11/5/23 Thursday	Socio Economic Survey	7 hrs	Y. Chandini
12/5/23 Friday	Socio Economic Survey	5 hrs	Y. Chandini
13/5/23 Saturday	Socio Economic Survey	6 hrs	Y. Chandini
14/5/23 Sunday	Socio Economic Survey	4 hrs	Y. Chandini
15/5/23 Monday	Socio Economic Survey	2 hrs	Y. Chandini
16/5/23 Tuesday	Socio Economic Survey	9 hrs	Y. Chandini

D. Ravindra
 Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Y. Chandini

Group : BSC-BZC

Registration Number : 2222001049091

Name of the Mentor : D. Ravindra

Name of the Project : Food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
17/5/23 Wednesday	Awareness programme on Dampyard.	7 hrs	Y. Chandini
18/5/23 Thursday	Awareness programme on Dampyard	5 hrs	Y. Chandini
19/5/23 Friday	Awareness programme on Dampyard	6 hrs	Y. Chandini

D. Ravindra
Signature of the Mentor

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Y. Chandini
 Group : BSC (BZC)
 Registration Number : 2222001049091
 Name of the Mentor : D. Ravendra
 Name of the Project : food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
20/05/23 Saturday	food habits	7 hrs	Y. Chandini
21/5/23 Sunday	food habits	5 hrs	Y. Chandini
22/5/23 Monday	food habits	2 hrs	Y. Chandini
23/5/23 Tuesday	food habits	9 hrs	Y. Chandini
24/5/23 Wednesday	food habits	4 hrs	Y. Chandini
25/5/23 Thursday	food habits	8 hrs	Y. Chandini
26/5/23 Friday	food habits	3 hrs	Y. Chandini
27/5/23 Saturday	food habits	4 hrs	Y. Chandini
28/5/23 Sunday	food habits	6 hrs	Y. Chandini

D. Ravendra

Signature of the Mentor

GOVT. DEGREE COLLEGE(M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

LOG BOOK

Name of the student : Y. Chandini

Group : BSC. BZC

Registration Number : 2222001049091

Name of the Mentor : D. Ravindra.

Name of the Project : food habits

Date & Day	Activity done	Number of Hours Spent	Signature of the student
29/5/23 Monday	project writing	9 hrs	Y. Chandini
30/5/23 Tuesday	Project writing	8 hrs	Y. Chandini
31/5/23 Wednesday	project writing	4 hrs	Y. Chandini
1/6/23 Thursday	project writing	7 hrs	Y. Chandini
2/6/23 Friday	project writing	5 hrs	Y. Chandini
3/6/23 Saturday	project writing	3 hrs	Y. Chandini
4/6/23 Sunday	project writing	2 hrs	Y. Chandini
5/6/23 Monday	project writing	2 hrs	Y. Chandini
6/6/23 Tuesday	project writing	5 hrs	Y. Chandini
7/6/23 Wednesday	project writing	6 hrs	Y. Chandini

D. Ravindra

Signature of the Mentor



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

Name of the Student : Y. Chandini
Group : BZC
Registration Number : 2222001049091
Area of the Survey conducted: Ravajinagar

House No.	1-10-1	Habitat /Ward	4 th	Panchayat /Municipality	Srikakulam
Post office	—	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	K. Ranjitha	F	19	Degree	labour	10,000/-
2.	K. Kottaswarao	M	50	—		—
3.	K. Sriolani	F	45	—		—
4.	K. Praveen	M	17	Inter		

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 (No) ✓

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: 9491541412 ✓

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

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

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

(i) Drainage

(ii) Mosquitoes

(iii) Bad roads

Place: Baraji Nagar

Date: 9/5/23

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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

Name of the Student : yoocha Chandis

Group : BZC

Registration Number : 2222001049091

Area of the Survey conducted: Babjiraga

House No.	1-13-2	Habitat /Ward	4TH	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Manikyamma	F	55	-	-	5000/-

2. Social Status details:

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

3. Economic Status details:

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

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

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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) Drainage
 (ii) Mosquitoes
 (iii)

Place: Barjinaran
 Date: 9/5/23

Y. Chandini
 Signature of the Student

D. Ray
 Signature of the Mentor



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

Name of the Student : Yarra Chandini

Group : BZC

Registration Number : 2222001049091

Area of the Survey conducted: Balaga

House No.	1-12-2	Habitat /Ward	4 th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	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. Laxmi	F	56	-	-	-
2.	P. Indira	F	37	4 th	Maid	6000

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Demig (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 NO

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: 9491679584

(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) Mosquitoes

(ii) Drainage

(iii)

Place: Balaga

Date: 9/5/23

Y. Chandine
Signature of the Student

D-Ray
Signature of the Mentor



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

Name of the Student : Y. Chandini
Group : BZC
Registration Number : 2222001049091
Area of the Survey conducted: Bowaji Nagar

House No.	2-32	Habitat /Ward	4 th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Y. Venkataramana	M	49	5 th	Billal	6000/-
2.	Y. Nilasi	F	45	10 th	Housewife	-
3.	Y. Devi	F	21	Degree	Studying	-
4.	Y. Chandini	F	19	Degree	Studying	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Devaraj (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 [No]

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: 9391181804
- (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) Mosquitoes
- (ii) Drainage
- (iii)

Place: Bavajinagar

Date: 9/5/23

Y. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Yarra Chandini

Group : BZC

Registration Number : 2222001049091

Area of the Survey conducted: Bavojinagar

House No.	12-2	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	N. Tyothi	F	34	8th	Maid	7000/-
2.	M. Rohit Kumar	M	15	Inter	Studying	-
3.	N. Madhavi	F	10	5th	Studying	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Devanga (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 [NO]

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: 8688633732 ✓

(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) Mosquitoes

(ii)

(iii)

Place: Balaga

Date: 9/5/23

Y. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Y. Chandini

Group : B2C

Registration Number : 2222001049091

Area of the Survey conducted: Ravajinagar.

House No.	3-18A	Habitat /Ward	4 th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Ramadevi	F	45	10 th	Housewife	-
2.	Prasad.	M	50	B.Ed	Teacher	55,000/-
3.	Venu.	M.	20	Btech	-	-

2. Social Status details:

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

(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) Bad drainage

(ii)

(iii)

Place: Bavaji nagar

Date: 10/5/23

Y. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Y. Chandini

Group : B2C

Registration Number : 2222001049091

Area of the Survey conducted: Balaga

House No.	1-38	Habitat /Ward	Balaga	Panchayat /Municipality	
Post office		Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Nagla, Yu	M	62	-	-	
2.	Chinabhadra	F	52	-	Maid	6000/-

2. Social Status details:

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

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: ✓
 (iv) Do you have Computer/Laptop: Yes/No ✓
 (v) Is internet available at home: Yes/No ✓

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

- (i) Drainage
 (ii)
 (iii)

Place: Balaga
 Date: 10/5/23

Y Chandini
 Signature of the Student

D. Ray
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Y. Chandini

Group : BZC

Registration Number : 2222001049091

Area of the Survey conducted: Bavajinagar

House No.	1-20	Habitat / Ward	Bavaji Nagar	Panchayat / Municipality	
Post office		Mandal	Srikakulam	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. Rajamma	F	53	-	=	2,500/-
2.	P. Rajalakshmi	M	60	-	-	

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kalinga (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 No

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) Mosquitoes
 (ii)
 (iii)

Place: Barajinagar
 Date: 10/5/23

Y. Chandini
 Signature of the Student

D. Raly
 Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Y. Chandini
Group : BZC
Registration Number : 2222001049091
Area of the Survey conducted: Bavajinagar

House No.	3-25-2	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	K. Siva	M	28	10th	Krikanbav	12000/-
2	K. Rama	F	23	Degree	-	-

2. Social Status details:

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

(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) Bad roads

(ii)

(iii)

Place: Bowajinageru

Date: 11/5/23

Y. Chandini
Signature of the Student

D. Rallu
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Y. Chandini
Group : B2C
Registration Number : 2222001049091
Area of the Survey conducted: Bavajinagar

House No.	3-18-2	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	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. Jayalaxmi	F	50	-	Maid	5000/-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Mangala (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 No

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: 8919953314

(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) Mosquitoes

(ii)

(iii)

Place: Baraji nager

Date: 11/5/23

U. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO - ECONOMIC SURVEY

Name of the Student : Y. Chandini
Group : B2C
Registration Number : 2222001042091
Area of the Survey conducted: Balaga

House No.	1-18	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	D. Prayanka	F	27	M.Sc	Lecturer	33000/-
2.	P. Siddhi	M	22	B.Ed	Studying	-

2. Social Status details:

(i) Community: SC/ST/ BC-A-B-C-D/ OC (ii) Sub-Caste: Kopy (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: 7288013153 ✓

(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) Mosquitoes

(ii)

(iii)

Place: Balage

Date: 4/5/23

Y. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



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

Name of the Student : Y. Chandini

Group : B2C

Registration Number : 2222001049091

Area of the Survey conducted: Bavajinagan

House No.	3-18-4A	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Sriakulam	District	Sriakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Kumari	F	57	-	-	5000 L

2. Social Status details:

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

(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) Mosquitoes

(ii)

(iii)

Place: Bavaji Nagar

Date: 12/5/23

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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

Name of the Student : y.chandini
Group : B2C
Registration Number : 2222001049091
Area of the Survey conducted: Balaga

House No.	2-23	Habitat /Ward	3 rd	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
1.	K. Raghav	M	49	4 th	Labourer	500 / (Day)
2.	K. Lakshmi	F	45	3 rd	Labourer	450 (Day)
3.	K. Sai	M	22	Degree	Studying	-
4.	K. Anitha	F	18	Degree	Studying	-

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented):

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: _____ Acres

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

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

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

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

- (i) Roads problem.
 (ii)
 (iii)

Place: Balaga
 Date: 12/5/23

Y. Chandini
 Signature of the Student

D. Raley
 Signature of the Mentor



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

Name of the Student : Y. Chandini
Group : B2C
Registration Number : 2222001049091
Area of the Survey conducted: Bavajinagar

House No.	1-13	Habitat /Ward	4 th	Panchayat /Municipality	
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	S. Renuka	F	18	Degree	Studying	-
2.	S. Laxmi	F	47	U ^g	No	-
3.	S. Raju	M	50	-	No	labour

2. Social Status details:

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

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

4. Health Details:

- (i) Ailments in family:
 (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) Water problem .
 (ii)
 (iii)

Place: Baraji Nagar .

Date: 12/5/23

Y. Chandini
 Signature of the Student

D. Ravi
 Signature of the Mentor



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

Name of the Student : Yelhardini
Group : B2C

Registration Number : 2222001040091

Area of the Survey conducted: Baloga

House No.	Habitat Ward	Panchayat /Municipality
<u>1-14-A</u>	<u>Baloga</u>	<u>Srikakulam</u>
Post office	Mandal	District
	<u>Srikakulam</u>	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>A. Ramanna</u>	<u>M</u>	<u>50</u>	<u>-</u>	<u>Farmer</u>	<u>45,000/Year</u>
<u>2.</u>	<u>M. Sudheer Kumar</u>	<u>M</u>	<u>95</u>	<u>B.Ed</u>	<u>Striding</u>	<u>-</u>
<u>3.</u>	<u>M. Padmanabhi</u>	<u>F</u>	<u>45</u>	<u>-</u>	<u>-</u>	<u>-</u>
<u>4.</u>	<u>M. Bindu</u>	<u>F</u>	<u>20</u>	<u>Degree</u>	<u>Studying</u>	<u>-</u>

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): Own
- (iii) Drinking Water facility: Well/ Bore-well/ Govt. Tap connection
- (iv) Availability of Agricultural land: Yes/ No
- (v) Extent of Agricultural land: 1.5 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: 9288013153 ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

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

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

Place: Babbar
Date: 13/5/23

V. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



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

Name of the Student : V. Chandini

Group : B2C

Registration Number : 2222001040091

Area of the Survey conducted: Balaga

House No.	Habitat /Ward	Panchayat /Municipality	Post office	Mandal	District
<u>2-13</u>	<u>Balaga</u>	<u>Srikakulam</u>	<u>-</u>	<u>Srikakulam</u>	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>P. Indira</u>	<u>F</u>	<u>38</u>	<u>Utk</u>	<u>NO</u>	<u>-</u>
<u>2.</u>	<u>P. Venkateswara</u>	<u>M</u>	<u>47</u>	<u>10th</u>	<u>FARMER</u>	<u>45,000 (Annual)</u>

2. Social Status details:

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

3. Economic Status details:

(i) Type of House: HUF/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 Oxen Buffaloes Sheep/Goats

(ii) 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 **No**

4. Health Details:

(i) Alliments 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) **Drainage**

(ii)

(iii)

Place:

Balaga

Date:

13/5/23

Y. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



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

Name of the Student : V. Chandini

Group : B2C

Registration Number : 2222001049091

Area of the Survey conducted: Ravajinagar

House No.	Habitat Ward	Panchayat /Municipality
<u>2-24</u>	<u>Bavajinagar</u>	<u>Srikakulam</u>
Post office	Mandal	District
	<u>Srikakulam</u>	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>P. Kalpana</u>	<u>F</u>	<u>35</u>	<u>10th</u>	<u>Housewife</u>	<u>—</u>
<u>2.</u>	<u>P. Sudhakar</u>	<u>M</u>	<u>42</u>	<u>Degree</u>	<u>clerk</u>	<u>20,000/-</u>

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: Hur/Semi Pucca/Pucca/ Apartment/ Bungalow

(ii) House status (Own/ Rented): ✓

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: — Acres

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

(vi) Do you have own toilet? Yes/No ✓

(vii) Type Cooking fuel used: Elec/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: Gov/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) Stragg

(ii)

(iii)

Place: Barajinagar

Date: 12/5/23

V. Chandini

Signature of the Student

D Ravi

Signature of the Mentor



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

Name of the Student : V. Chandini
Group : B2E

Registration Number : 2222001049001

Area of the Survey conducted: Balaga

House No.	Habitat Ward	Panchayat /Municipality
<u>1-24</u>	<u>Balaga</u>	<u>-</u>
Post office	Mandal	District
<u>-</u>	<u>Srikakulam</u>	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>S. Anusudha</u>	<u>F</u>	<u>41</u>	<u>9th</u>	<u>Farmer</u>	<u>6000/yr</u>
<u>2.</u>	<u>S. Trinadh</u>	<u>M</u>	<u>47</u>	<u>10th</u>	<u>Farmer</u>	
<u>3.</u>	<u>S. Sriprati</u>	<u>M</u>	<u>16</u>	<u>5th</u>		

2. Social Status details:

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

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: _____ ✓

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

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

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

(i) Drainage

(ii)

(iii)

Place: Balaga

Date: 13/5/23

V. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



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

Name of the Student : V. Chandini
Group : B2C

Registration Number : 2222001049091

Area of the Survey conducted: Bavajinogea

House No.	Habitat	Panchayat
<u>1-1322</u>	<u>Ward</u>	<u>Bavajinogea</u>
Post office	Mandal	District
<u>-</u>	<u>-</u>	<u>Srikakulam</u>

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily wage/Weekly/ Monthly)
<u>1.</u>	<u>D. Suresha</u>	<u>F</u>	<u>59</u>	<u>-</u>	<u>Farmer</u>	<u>60,000/A</u>
<u>2.</u>	<u>D. Parasarao</u>	<u>M</u>	<u>60</u>	<u>-</u>	<u>Farmer</u>	
<u>3.</u>	<u>D. Jeevitha</u>	<u>F</u>	<u>21</u>	<u>5th</u>	<u>-</u>	

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: Kopy (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 1 Oxen 1 Buffaloes 1 Sheep/Goats 1

(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) Drainage

(ii)

(iii)

Place: Bavajinagar

Date: 14/5/23

Y. Chandini
Signature of the Student

D. Rany
Signature of the Mentor



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

Name of the Student : Y. Chandini

Group : BZC

Registration Number : 2222001049091

Area of the Survey conducted: Balaga

House No.	1-18.	Habitat /Ward	Balaga	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	K. Rani	F	56	-	Farmer	55,000/-A
2.	K. Raghava	M.	60	-	-	

2. Social Status details:

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

3. Economic Status details:

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

(ii) House status (Own/ Rented): ✓

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

(iv) Availability of Agricultural land: Yes/ No

(v) Extent of Agricultural land: 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: ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

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

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

Place: Balage
Date: 14/5/23

U. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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

Name of the Student : Y. Chandni

Group : BZC

Registration Number : 2222001040091

Area of the Survey conducted: Balage

House No.	1-19.	Habitat /Ward	4 th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	N. Radra	F	49	Nb	Maid	5000/-
2	N. Nagababu	M	52	No	labour	7000/-
3.	N. Shakti	F	19	Degree	-	

2. Social Status details:

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

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: _____ ✓
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

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

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

Place: Balaga
Date: 14/5/23

U Chandini
Signature of the Student

D. Raly
Signature of the Mentor



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

Name of the Student : Y Chandini

Group : BZC

Registration Number : 2222001049091

Area of the Survey conducted: Bavajinagar

House No.	B-21	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	Jahnavi	F	43	-	-	-
2.	Rajesh	M	49	-	labour	8000/-
3.	Raju	M	16	inter	-	-

2. Social Status details:

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

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:

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

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

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

(i) Drainage

(ii)

(iii)

Place: Bavaji nagar

Date: 15/5/23

Y Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



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

Name of the Student : Y. Chandini
Group : B2C
Registration Number : 2222001049091
Area of the Survey conducted: Balage

House No.	1-14	Habitat /Ward	Balage	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	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. Amara	F	49	NO	Farmer	50000/-y
2.	R. Rajababu	M.	52	NO	II	
3.	R. Rani	F	15	10th	-	

2. Social Status details:

(i) Community: SC/ST/BC-A-B-C-D/OC (ii) Sub-Caste: Kopy (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: _____
- (iv) Do you have Computer/Laptop: Yes/No ✓
- (v) Is internet available at home: Yes/No ✓

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

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

Place: Balaga

Date: 15/5/23

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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

Name of the Student : Y. Chandini

Group : R2C

Registration Number : 222200104001

Area of the Survey conducted: Palayam

House No.	1-17	Habitat /Ward	Palayam	Panchayat /Municipality	
Post office		Mandal	Srikarulam	District	Srikarulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment	Income (Daily/ weekly/ Monthly)
1.	P. Ramulamma	F	60			
2.	P. Balasaji	M	49	7 th	labour	1000/-
3.	P. Laxmi	F	49	5 th	labour	1000/-

2. Social Status details:

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

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

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

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

(i) Drainage

(ii)

(iii)

Place: Baloge

Date: 15/5/23

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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

Name of the Student : Y. Chandini
Group : BZC
Registration Number : 2222001049091
Area of the Survey conducted: Bavajinagar.

House No.	3-281-	Habitat /Ward	4th	Panchayat /Municipality	-
Post office	-	Mandal	Srikakulam	District	Srikakulam

1. Household Details:

S.No.	Name of the Person	Gender M/F	Age	Education	Profession/ Employment .	Income (Daily wage/Weekly/ Monthly)
1.	D. Sheshubabu	M	54	Degree	Deputational office	1,50,000/-
2.	D. Ramanamma	F	50	10th	Housewife	-
3.	P. Balu	M.	26	B-tech	-	-

2. Social Status details:

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

(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) Mosquitoes

(ii)

(iii)

Place: Bavajinagar

Date: 16/5/23

Yechandini
Signature of the Student

D. Ray
Signature of the Mentor



GOVERNMENT DEGREE COLLEGE (M), SRIKAKULAM

COMMUNITY SERVICE PROJECT

SOCIO – ECONOMIC SURVEY CONSOLIDATION REPORT

Name of the student : Yavva. Chandini

Group : BSc. BZC

Name of the Mentor : D. Ravindra

Name of the Project : Food habits

Ward/ Habitat	Balaga	Panchayat		Post Office	
Mandal	Srikakulam	District	Srikakulam	Pin Code	532001

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

2. Number of Houses Caste-wise:

SC 4 ST ___ OC 3 BC-A 3 BC-B 7 BC-C ___ BC-D 8

3. Common Health problems in the Habitat/Ward:

(i) Mosquitoes Diabetes

(ii) Drainage

(iii) Water

4. Number of White Ration Cards: 24

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

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

7. Number of Job Holders: 2

8. Number of PWD People: 0

9. Number of DWACRA Groups in the Ward/ Habitat/ Village: 4

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

11. Bus facility available: Yes / No

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

(i) Road

(ii) water

(iii) Mosquitoes

(iv) Drainage

Y. Chandini
Signature of the Student

Signature of the Mentor

SOCIO-ECONOMIC SURVEY





AWARENESS PROGRAMME





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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
2-23	K. Raghun	3rd.	Srikakulam	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?

no

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

S. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-13A	S. Renuba	4 th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3-times

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

- a. I eat a good breakfast
- 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?

NO

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?

Idly

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

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
1-14A	G. Sudheerkumar	Balage	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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?
NO

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

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habit

House No	Name of the person	Village / Ward	Mandal	District
2-13	P. Sindira	4 th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
 - 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?

No

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

Y. Chandini

Signature of the Student

D. Ravi

Signature of the Mentor



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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
1-24	S. Anuradha	Balage	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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?

NO

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

Y. Chandini
Signature of the Student

D. Ravi
Signature of the Mentor



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



Name of the student : Y. Chandini

Group : BZC

Name of the mentor : D. Ravindra

Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
V-132	D. Suresha	Banjinagar	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

a. I eat a good breakfast

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

less often

never

several times a week

Fresh vegetables & Fruits:

Several times a day

once a day

less often

never

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?

NO

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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : food habit

House No	Name of the person	Village / Ward	Mandal	District
1-13	K. Rani	Balaga	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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?

NO

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

NO

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

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

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Pavindra
Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
V-10	N. Badra	Budalur	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- I eat a good breakfast
- I experienced feeling of hunger during the day
- I eat meat.
- I eat vegetables.
- I eat fruits.
- I eat dairy products
- 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?

- Freshly prepared. B. restaurant meal. C. pre-cooked 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?

NO

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

Y. Chandini

Signature of the Student

D. Ravi

Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habit

House No	Name of the person	Village / Ward	Mandal	District
3-21	Jahnvi	Bavajinagar	Srikakulam	Srikakulam

1. How many times a day do you eat?

3-times

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

- a. I eat a good breakfast
- 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?

NO

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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Yousa. Chandia
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : food habit.

House No	Name of the person	Village / Ward	Mandal	District
2-23	P. Kalpana	Kalaga	Srikakulam	Srikakulam

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

NO

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

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

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

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

NO

11. Do you know your current body mass index?

NO

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 & 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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Y Chandini

Group : B7C

Name of the mentor : D. Ravindran

Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
1-20	P. Rojamma	Rovinjayan	Srisubudra	Srisubudra

1. How many times a day do you eat?

3 times

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

a. I eat a good breakfast

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?

NO

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

NO

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

Fruits

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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : Food habit

House No	Name of the person	Village / Ward	Mandal	District
3-25-2	K. Siva	Banaji naga	Srikakulam	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?

NO

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?

Rice

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

Y. Chandini
Signature of the Student

D. Raly
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habit

House No	Name of the person	Village / Ward	Mandal	District
3-18-2	Jayalaxmi	Uth	Srikakulam	Srikakulam

1. How many times a day do you eat?

3-times

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

- a. I eat a good breakfast
 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?
NO
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

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : food habit

House No	Name of the person	Village / Ward	Mandal	District
1-13	P. priyanka	4th	Srikakulam	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?
No

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

Signature of the Student

D. Ravi
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habit

House No	Name of the person	Village / Ward	Mandal	District
3-13-4A	Kumari	Bavajinaga	Srikakulam	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?
 No
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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Y. Chandini

Group : BZC

Name of the mentor :

Name of the project :

House No	Name of the person	Village / Ward	Mandal	District
2-32	Y. Gulasi	4 th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3-times

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

- a. I eat a good breakfast
 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?

No

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?

Idly, fruits

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

Y. Chandini
Signature of the Student

D. Rave
Signature of the Mentor



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



Name of the student : *Yasho-chandini*
Group : *BZC*
Name of the mentor :
Name of the project :

House No	Name of the person	Village / Ward	Mandal	District
<i>1-12-2</i>	<i>P. laxmi</i>	<i>Palaya</i>	<i>Srikakulam</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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. (*NO*)

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?
NO

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?
Idly

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

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-14A	G. Sudheer	Balaga	Srikakulam	Srikakulam

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

NO

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

Sweet foods:

Several times a day once a day several times a week

less often never

Fresh vegetables & Fruits:

Several times a day once a day several times a week

less often never

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

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

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

NO

11. Do you know your current body mass index?

NO

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

NO

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

fruits

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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-10-1	K. Ranjitha	4th	Sriakulam	Sriakulam

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?

NO

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

NO

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

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

Y. Chandini
Signature of the Student

D-Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
2-23	K. Raghu	Balaga	Srikakulam	Srikakulam

1. How many times a day do you eat?

3-times

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

- a. I eat a good breakfast
- 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?
 NO
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. | <input checked="" type="radio"/> little impact | c. big impact. D. none |
| Health | | |
| a. No impact. | <input checked="" type="radio"/> little impact | c. big impact. D. none |
| Weight. | | |
| a. No impact. | <input checked="" type="radio"/> little impact | c. big impact. D. none |
| Mental condition. | | |
| A. No impact. | <input checked="" type="radio"/> little impact | c. big impact. D. none |

Y. Chandini

Signature of the Student

D. Raley

Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : Food habits

House No	Name of the person	Village / Ward	Mandal	District
1-13-2	Manikyamma	4th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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

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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?

NO

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

Y. Chandini
Signature of the Student

D. Ray
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
3-18A	Ramadevi	4th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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?

NO

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

NO

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

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

Y. Chandini

Signature of the Student

D. Ray

Signature of the Mentor



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



Name of the student : Y chandini
Group : B2C
Name of the mentor : D. Ravindra
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
1-38	Neelayya	4th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
- 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:

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 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?
 NO
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

Y. Chandini
 Signature of the Student

D. R. Raju
 Signature of the Mentor



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



Name of the student : *Yarva Chandini*
Group : *BZC*
Name of the mentor :
Name of the project :

House No	Name of the person	Village / Ward	Mandal	District
1-13-2	<i>Manikyamma</i>	<i>4TH</i>	<i>Srikakulam</i>	<i>Srikakulam</i>

1. How many times a day do you eat?

3 times

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

- I eat a good breakfast
 - b. I experienced feeling of hunger during the day
 - I eat meat.
 - I eat vegetables.
 - I eat fruits.
 - 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?
- 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:

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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?
No

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

Y. Chandini
Signature of the Student

D. Rave
Signature of the Mentor



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



Name of the student : Y. Chandini
Group : BZC
Name of the mentor : D. Ravindra
Name of the project : food habits

House No	Name of the person	Village / Ward	Mandal	District
1-12-2	Y. Kalpana	4th	Srikakulam	Srikakulam

1. How many times a day do you eat?

3 times

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

- a. I eat a good breakfast
 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

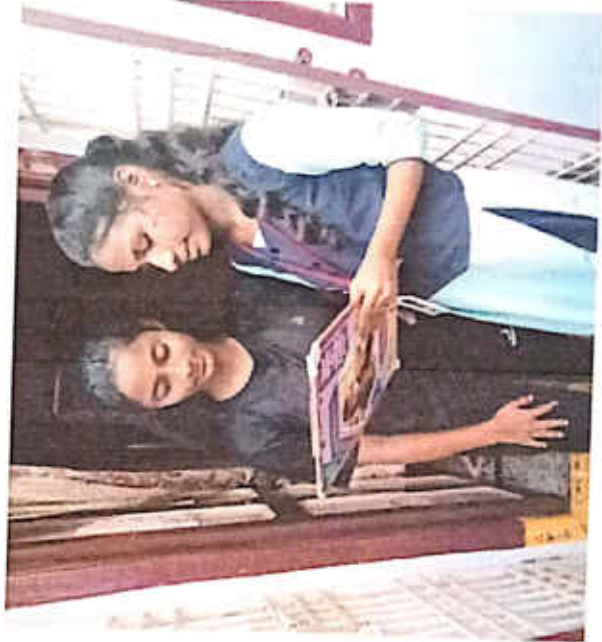
8. What percentage of your regular diet consists of meat products?
 90% 75% 50% 25% less than 25%
9. How much of your diet consists of vegetables and non-animal products?
 90% 75% 50% 25% less than 25%
10. Do you or have you ever has cholesterol problems?
 NO
11. Do you know your current body mass index?
 NO
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?

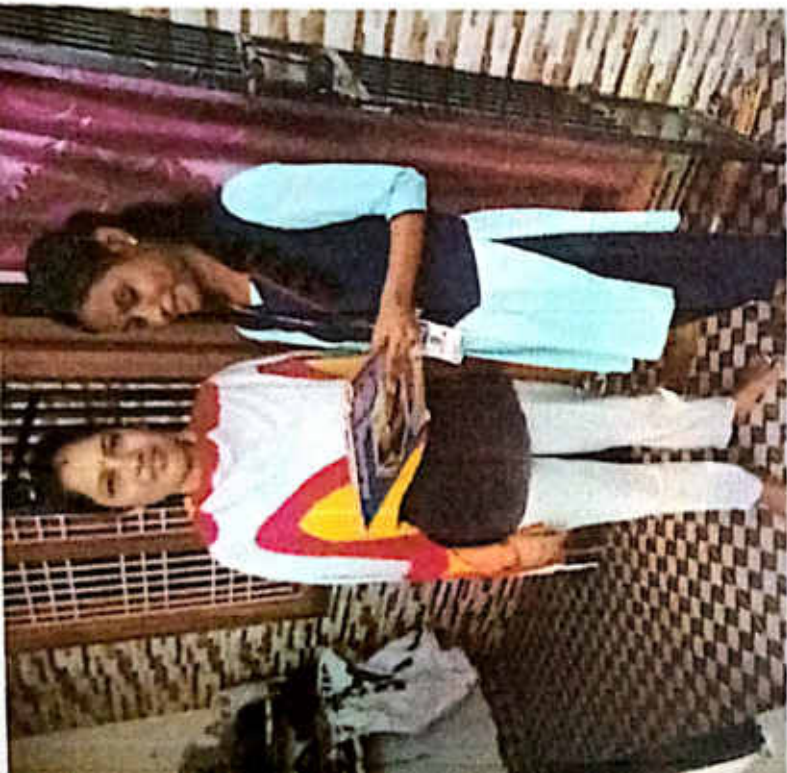
- Restful sleep
 a. No impact. B. little impact c. big impact. D. none
- Health
 a. No impact. B. little impact c. big impact. D. none
- Weight.
 a. No impact. B. little impact c. big impact. D. none
- Mental condition.
 A. No impact. B. little impact c. big impact. D. none

Y. Chandini
 Signature of the Student

D. Ray
 Signature of the Mentor

FOOD HABITS





CONCLUSION

I'm: Y.Chandini studying in BSc first year CBZ group. I had completed the community service project on "FOOD HABITS" in our Village and Submitted the report to my mentor. My project is about the food habits of our Village people. I conducted questionnaire to different age groups people about their regular diet. Most of the old aged people considered lunch as their main meal of the day. They taking food three times a day. We find out the major problem facing by our Villagers and dropped the sarpanch attention towards the problem by conducting awareness program in our village.

It was interesting to carry out this project to know about opinions, food and problems of our villagers. Finally I believe that my project is complete under vision of my mentor. I thank him for his guidance and support.

Bv

Y.Chandini

Verified by
D. Raay
e