



Reference No.	CTM4698961
Debit Account Number	00000035844571113
Debit Branch	PATTAMUNDAI
Remarks	Solar Installation
Transaction Date	01-Feb-2021
Amount	INR 2,95,000.00
Status	Success
Reason	Completed Successfully

Attest
[Signature]
7.3.21

Principal
Pattamundai College



GSTIN : 21AMNPM1518J125

Original Copy

TAX INVOICE

SWARNA TYRES***

SWARNA TYRES, BUS STAND, JAGATSINGHPUR
PH NO-9437666395Invoice No. : GST-2299-20/21
Date of Invoice : 24-01-2021
Place of Supply : Odisha (21)
Reverse Charge : N
GR/RR No. :Transport :
Vehicle No. :
Station :
E-Way Bill No. :**Billed to :**
PRINCIPAL PATTAMUNDAI COLLEGE
PATTAMUNDAI
KENDRAPARA**Shipped to :**
PRINCIPAL PATTAMUNDAI COLLEGE
PATTAMUNDAI
KENDRAPARA

GSTIN / UIN :

GSTIN / UIN :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	CGST Rate	CGST Amount	SGST Rate	SGST Amount	Amount(₹)
1.	LUMINOUS SOLAR PCU RXT+ 7.5 KVA 96V	85044010	1.00	Pcs.	49,067.80	9.00 %	4,416.20	9.00 %	4,416.10	57,900.00
2.	SOLAR PV. MODULE 330W/24V 72C POLY	85414012	20.00	PCS	7,323.81	2.50 %	3,661.90	2.50 %	3,661.90	1,53,800.00

Passed for Rs. 2,83,700/-
(Rupees Two Lakh Eighty Three
Thousand Seven Hundred) only

[Signature]
Principal
Pattamundai Jr. College

[Signature]
30/1/21

Add : INSTALATION CHARGES

2,11,700.00

72,000.00

Grand Total 21.00 Units

₹ 2,83,700.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
18%	49,067.80	4,416.10	4,416.10	8,832.20
5%	1,46,476.20	3,661.90	3,661.90	7,323.80
Totals	1,95,544.00	8,078.00	8,078.00	16,156.00

Rupees Two Lakh Eighty Three Thousand Seven Hundred Only
Party - 2,83,700.00Principal
Pattamundai College

Terms & Conditions

E & O.E.

- Goods once sold will not be taken back.
- Interest @ 18% p.a. will be charged if the payment is not made within the stipulated time.
- Subject to 'Odisha' Jurisdiction only.

Receiver's Signature :

for SWARNA TYRES***

[Signature]
Authorized Signatory

STIN : 21AMNPM1518J1Z5

Original Copy

TAX INVOICE
SWARNA TYRES***
 SWARNA TYRES, BUS STAND, JAGATSINGHPUR
 PH NO-9437666395

Invoice No. : GST-2300-20/21
 Date of Invoice : 24-01-2021
 Place of Supply : Odisha (21)
 Reverse Charge : N
 GR/RR No. :

Transport :
 Vehicle No. :
 Station :
 E-Way Bill No. :

Billed to :
 PRINCIPAL PATTAMUNDAI COLLEGE
 PATTAMUNDAI
 KENDRAPARA

Shipped to :
 PRINCIPAL PATTAMUNDAI COLLEGE
 PATTAMUNDAI
 KENDRAPARA

GSTIN / UIN :

GSTIN / UIN :

S.N.	Description of Goods	HSN/SAC Code	Qty.	Unit	Price	CGST Rate	CGST Amount	SGST Rate	SGST Amount	Amount(₹)
1	LLM 150AH 12V ELT11800N BATTERY	8507	1.00	Pcs.	8,828.12	14.00%	1,235.94	14.00%	1,235.94	11,300.00

Passed for Rs. 11,300/-
 (Rupees: Eleven thousand
 three hundred) only
 Anil Kumar
 Principal
 Pattamundai Jr. College
 30.1.21

Grand Total 1.00 Pcs.

₹ 11,300.00

Tax Rate	Taxable Amt.	CGST Amt.	SGST Amt.	Total Tax
28%	8,828.12	1,235.94	1,235.94	2,471.88

Rupees Eleven Thousand Three Hundred Only
 Party - 11,300.00

Terms & Conditions

E & O E

1. Goods once sold will not be taken back.
2. Interest @ 18% p.a. will be charged if the payment is not made with in the stipulated time.
3. Subject to 'Odisha' Jurisdiction only.

Receiver's Signature :

**Principal
 Pattamundai College**

for SWARNA TYRES***

Authorised Signatory



OFFICE OF THE PRINCIPAL
PATTAMUNDAI COLLEGE, PATTAMUNDAI,
DIST: KENDRAPARA

No. 100

Date. 19/1/21

To

M/S Swarna Tyres,
SanaBazar,
Jagasinghpur -754103

Sub: Supply of one number Inverter Battery of capacity 150Ah/12volt

Sir,

You are requested to supply one number of Luminous inverter battery of capacity 150Ah/12 Volt(1LTT18000N) on or before 23.01.2021. Your payment will be made after installation and producing of Bill invoice.

[Handwritten Signature]
19.1.21

Principal
Pattamundai College

Principal
Pattamundai College

[Handwritten Signature]

[Handwritten Signature]
7.2.21
Principal
Pattamundai College

SWARNA TYRES - EXCLUSIVE DEALER

Received
Anil Das
 29.12.20
 MOB.9437666395
 Principal
 Pattamundai College



DATE: 29.12.2020

REF: 12/SW/2020

The Principal
 Pattamundai College
 Pattamundai, Kendrapada

	QNT	AMOUNT
LUMINOUS PCU 7.5KVA-96VIN-B150 H8N-P330W-20N	1SET	300500
PCU 7.5KVA-1PCS, B150H-8PCS, 330W PANNEL-20NOS)		
LUMINOUS PCU 7.5 KVA	1PCS	57900
LUMINOUS Poly 330W/24V 72 Cells	20NOS	153800
TOTAL AMOUNT		512200
INSTALLATION 12RUPEES PER WATT INCLUDING EARTHING	72000*2	144000

6 Advance in payment
 VERY:- Within 15 days from date of your confirmed order.
 Every against cash of DD Hope the above price terms and condition with suit you will be
 led to place your valued order with us at an early date.

Assted.

Swarna Tyres
 yours faithfully
 Swarna Tyres

Anil Das
 734

Principal
 Pattamundai College

ing you





Government of India
Form GST REG-06
[See Rule 10(1)]

Principal
Pattamundai College

Registration Certificate

Registration Number : 21AMNPM15181125

1.	Legal Name	JITENDRA MALLICK			
2.	Trade Name, If any	M/S. SWARNA TYRES			
3.	Constitution of Business	Proprietorship			
4.	Address of Principal Place of Business	DEULIGRAMESWAR, DEULIGRAMESWAR, JAGATSINGHPUR, SANABAZAR, Jagatsinghpur, Odisha, 754103			
5.	Date of Liability	01/07/2017			
6.	Period of Validity	From	01/07/2017	To	NA
7.	Type of Registration	Regular			
8.	Particulars of Approving Authority				

Signature

Signature Not Verified
Digitally signed by DS GOODS
AND SERVICES TAX NETWORK 1
Date: 2018.07.28 04:55:06 IST

Name	
Designation	
Jurisdictional Office	
9. Date of issue of Certificate	28/07/2018

Note: The registration certificate is required to be prominently displayed at all places of business in the State.

This is a system generated digitally signed Registration Certificate issued based on the deemed approval of application on 01/07/2

Principal
Pattamundai College

Jitendra Mallik

SWARNA TYRES

GANDHI CHHAK, JAGATSINGHPUR,
ODISHA - 754103
MOB.: 9437666395

MOB.9437666395

MRF TYRES EXCLUSIVE DEALER

REF:12/SW/2020

DATE:16.12.2020

Sri A. Panda
16/12/20

To
The Principal
Pattamundai college
Pattamundai ,kendrapada

	QNT	AMOUNT
LUMINOUS PCU7.5KVA-96VIN-B150 H8N-P330W-20N	1SET	300500
(PCU7.5KVA-1PCS,B150H-8PCS, 330W PANNEL-20NOS)		
LUMINOUS PCU 7.5 KVA	1PCS	57900
LUMINOUS Poly 330W/24V 72 Cells	20NOS	153800
TOTAL AMOUNT		512200
INSTALLATION 12RUPEES PER WATT INCLUDING EARTHING	72000*2	144000

100% Advance in payment

DELIVERY:-Within 15 days from date of your confirmed order.

Delivery against cash of DD Hope the above price terms and condition with suit you will be pleased to place your valued order with us at an early date.

Thanking you

Attested
16/12/20
7-3-4

Jyotshree Mallick
16/12/20
yours faithfully
Swarna tyres



Principal
Pattamundai College











ପଟ୍ଟାମୁଣ୍ଡାଇ କଲେଜରେ ସୋଲାର ପ୍ଲାଟ୍ ଉଦ୍‌ଘାଟିତ



ପଟ୍ଟାମୁଣ୍ଡାଇ, ୨୫.୧୨ (ନି.ପ୍ର): ପଟ୍ଟାମୁଣ୍ଡାଇ କଲେଜକୁ ଓଡ଼ିଶାରେ ଅଗ୍ରଣୀ କଲେଜରେ ପରିଣତ କରିବା ପାଇଁ ଅଧ୍ୟକ୍ଷ ପ୍ରଫେସର ଅଧିକାରୀ ଲକ୍ଷ୍ମୀନାରାୟଣ ଦାଶ ନିରନ୍ତର ପ୍ରୟାସ ଚଳାଇଛନ୍ତି । ଏଥି ପାଇଁ କଲେଜ ପରିସରରେ ଏକ ୬ କିଲୋୱାଟ୍ ସୋଲାର ପ୍ଲାଟ୍ ପ୍ରତିଷ୍ଠା କରାଯାଇଛି । ଏହି ପ୍ଲାଟ୍ ଦ୍ୱାରା ଦୈନିକ ୩୦ରୁ ୩୬ ୟୁନିଟ୍ ଶକ୍ତି ସଂଗ୍ରହ ହୋଇ କଲେଜର ବିଭିନ୍ନ କାର୍ଯ୍ୟକ୍ରମରେ ଉପଯୋଗ କରାଯାଇ ପାରିବ ବୋଲି ବିଦ୍ୟୁତ୍ ଓ ବୈଦ୍ୟୁତିକ ବିଭାଗ ଦାୟିତ୍ୱରେ ଥିବା ଅଧ୍ୟାପକ ଅରବିନ୍ଦ ପାଣ୍ଡବ ପ୍ରକାଶ କରିଛନ୍ତି । ଉଦ୍‌ଘାଟନ ଉତ୍ସବରେ ପ୍ରାଧ୍ୟାପକ ଡଃ. ପ୍ରମୋଦ ସାମଲ, ଡଃ. ଦୁଃଶାସନ ପରିଡ଼ା, ଡଃ. ନୀଳମଣି ଲେଙ୍କା, ଡଃ. ରମେଶ ସାହୁ, ରଞ୍ଜିତ ସେନାପତି, ଦିଲୀପ ଭୂୟାଁ ପ୍ରମୁଖ ଉପସ୍ଥିତ ଥିଲେ ।



Unbilled Transactions

XXXX XXXX XXXX 7853



SETTLED

IN PROCESS

IN

11-02-2021	AMAZON SELLER SERVICES MUMBAI IN	₹ 279.00 DR
------------	--	-------------

13-02-2021	AMAZON SELLER SERVICES MUMBAI IN	₹ 549.00 DR
------------	--	-------------

13-02-2021	ZOOM.US 8887999666 CA	₹ 1092.40 DR
------------	--------------------------	--------------

13-02-2021	02/13/21 14.99 USD	₹ 0.00 CR
------------	-----------------------	-----------

13-02-2021	CURRENCY CONVER- SION FE(EXCL TAX 6.88)	₹ 38.23 DR
------------	---	------------

13-02-2021	IGST INCLUDING CESSES DR (ORI)	₹ 6.88 DR
------------	-----------------------------------	-----------

15-02-2021	AMAZON SELLER SERVICES MUMBAI IN	₹ 599.00 DR
------------	--	-------------

15-02-2021	AMAZON SELLER SERVICES MUMBAI IN	₹ 279.00 CR
------------	--	-------------

16-02-2021	AMAZON SELLER SERVICES MUMBAI	₹ 359.00 DR
------------	----------------------------------	-------------

Handwritten notes:
Inc
Inc
Inc
Princ
pattamund
26/02/21

Handwritten notes:
Bussel G...
Kumar

INVOICE

Invoice Date: 11/13/2020
 Invoice #: INV51791754
 Payment Terms: Due Upon Receipt
 Due Date: 11/13/2020
 Account Number: 3005052184
 Currency: USD
 Account Information: Pattamundai College
 Pattamundai,
 Kendrapara, Odisha 754215
 India
 pattamundaicollege@gmail.com

Education Inc.
 11/13
 Billing details should be sent to:
 Billing@pattamundaicollege.com
 Invoice Number:
 Customer VAT/Tax Number:
 Form W-9

CHARGE DETAILS

Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	11/13/2020-12/12/2020	\$14.99	\$0.00	\$14.99

INVOICE TOTALS

Subtotal:	\$14.99
Total (Including Tax):	\$14.99
Invoice Balance:	\$0.00

TAX DETAILS

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

TRANSACTIONS

Invoice Total	\$14.99
---------------	---------

2020

A RANJAN NAYAK

XXXXXXXXXXXXXXXX@GMAIL.COM
Mobile: XXXXXX1333

My Card XXXX-XXXX-XXXX-5193

Unbilled Transactions

Account status as of 17 Nov 2020 since last statement.

Settled Transactions

Date	Description	Type	Amount Spent (Rs.)
14/11/2020	IGST INCLUDING CESSSES DR (ORI)	Debit	7 ✓
14/11/2020	CURRENCY CONVERSION FE(EXCL TAX 7.06)	Debit	39 ✓
14/11/2020	ZOOM.US 8887999666 CA	Debit	1,120 ✓
13/11/2020	Accelyst Solutions Pvt MUMBAI IND	Debit	29 1166.00
13/11/2020	SHIVA SANKAR STORE KENDRAPARA ODI	Debit	2,680
09/11/2020	SHIVA SANKAR STORE KENDRAPARA ODI	Debit	3,120
06/11/2020	EASY TRIP PLANNERS LTD BANGALORE KAR	Debit	26,016

Transactions under Settlement

Date	Description	Type	Amount Spent (Rs.)
------	-------------	------	--------------------

There are no transactions linked with this Card.

Passed for Rs 1166.00
Rupees One thousand one hundred and sixty six only

[Signature]
Principal
Pattamundai College
18/11/2020



INVOICE

Zoom Communications Inc.
1600 Broadway Blvd, 6th Floor
San Jose, CA 95113
support@zoom.us

Invoice Date: 10/13/2020
Invoice #: INV46427225
Payment Terms: Due Upon Receipt
Due Date: 10/13/2020
Account Number: 3005092184
Currency: USD
Account Information: Pattamundai College
Pattamundai,
Kendrapada, Odisha 754215
India
pattamundaicollege@gmail.com

Remittance Details should be sent to
Finance@zoom.us

Purchase Order Number:

Customer VAT/Tax Number:

Zoom W-9

CHARGE DETAILS

Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	10/13/2020-11/12/2020	\$14.99	\$0.00	\$14.99

INVOICE TOTALS

Subtotal:	\$14.99
Total (Including Tax):	\$14.99
Invoice Balance:	\$0.00

TAX DETAILS

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

TRANSACTIONS

Invoice Total	\$14.99
---------------	---------

JYANA RAMJAN NAYAK
Email: NAXXXXXXXXXXXXXXXX@GMAIL.COM
Mobile: XXXXXXX1333

My Card XXXX-XXXX-XXXX-5193

Unbilled Transactions

Account status as of 15 Oct 2020 since last statement

Settled Transactions

Date	Description	Type	Amount Spent (Rs.)
13/10/2020	IGST INCLUDING CESS& DR (ORI)	Debit	6
13/10/2020	CURRENCY CONVERSION FE(EXCL TAX 6.94)	Debit	38
13/10/2020	ZOOM US 8887999666 CA	Debit	1 101

Total -

1145.00

Transactions under Settlement

Date	Description	Type	Amount Spent (Rs.)
------	-------------	------	--------------------

There are no transactions linked with this Card

Paid by MR
Jyana Ramjan Nayak

Principal college
17-10-20
Passed for Rs 1145.00
Furnish the statement
hundred forty one

15 Sep 2020

JYANA RANJAN NAYAK

Email: NXXXXXXXXXXXXXXXXXXXX@GMAIL.COM
Mobile: XXXXXX1333

My Card XXXX-XXXX-XXXX-5193

Unbilled Transactions

Account status as of 15 Sep 2020 since last statement.

Settled Transactions

Date	Description	Type	Amount Spent (Rs.)
13/09/2020	IGST INCLUDING CESSSES DR (ORI)	Debit	6
13/09/2020	CURRENCY CONVERSION FE(EXCL TAX 6.94)	Debit	38
13/09/2020	ZOOM.US 8887999666 CA	Debit	1,101

Passed for Rs 1145/-
(Rupees One thousand one
hundred forty five) only

Jyana Ranjan Nayak
Principal
Pattamundal College
16.9.20

B. 1145/-

Zoom Video Communications Inc.
 1600 Amphidon Blvd, 6th Floor
 San Jose, CA 95113
 sales@zoom.us

Invoice Date: 09/13/2020
 Invoice #: INV41147323
 Payment Terms: Due Upon Receipt
 Due Date: 09/13/2020
 Account Number: 3005082184
 Currency: USD
 Account Information: Patamunda College
 Patamunda,
 Kendrapara, Odisha 754215
 India
 pattamundacollege@gmail.com

Invoice Details should be sent to:
 finance@zoom.us

Purchase Order Number:

Customer VAT/Tax Number:

Zoom W-9

CHARGE DETAILS

Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	09/13/2020-10/12/2020	\$14.99	\$0.00	\$14.99

INVOICE TOTALS

Subtotal:	\$14.99
Total (including Tax):	\$14.99
Invoice Balance:	\$0.00

TAX DETAILS

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

TRANSACTIONS

Invoice Total | \$14.99

Zoom

INVOICE

Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
11/13/2020	P-43894649	Payment		(\$14.99)
Invoice Balance				\$0.00

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc.

20

RANJAN NAYAK

XXXXXXXXXXXX@GMAIL.COM
XXXXXXXX1333

My Card XXXX-XXXX-XXXX-5193

Transactions History

Account status for the period from 14-Aug-2020 to 14-Aug-2020.

Transaction History

Date	Description	Type	Amount Spent (Rs.)
14/08/2020	IGST INCLUDING CESSSES DR (ORI)	Debit	7.07
14/08/2020	CURRENCY CONVERSION FE(EXCL TAX 7.07)	Debit	39.28
14/08/2020	08/14/20 14.99 USD	Monthly Installments	0.00
14/08/2020	ZOOM.US 8887999666 CA	Debit	1122.38
<i>Total-</i>			<i>1168.73</i>

*Paid by me
Jyoti Patil*

*Passed for Rs 1169.23
Rupees One thousand one hundred sixty-nine only*

*Principal
Pattamundai College
14.8.20*

om

INVOICE

Zoom Communications Inc.
1600 Ave of the Stars
Foster City, CA 95113
zoom.us

Invoice Date: 08/13/2020
Invoice #: INV35988736
Payment Terms: Due Upon Receipt
Due Date: 08/13/2020
Account Number: 3005092164
Currency: USD
Account Information: Pattamundai College
Pattamundai,
Kendrapara, Odisha 754215
India
pattamundaicollege@gmail.com

Invoice Details should be sent to:
finance@zoom.us

Purchase Order Number:

Customer VAT/Tax Number:

Zoom W-9

CHARGE DETAILS

Charge Description	Service Period	Subtotal	Tax	TOTAL
Charge Name: Standard Pro Monthly Quantity: 1 Unit Price: \$14.99	08/13/2020-09/12/2020	\$14.99	\$0.00	\$14.99

INVOICE TOTALS

Subtotal:	\$14.99
Total (Including Tax):	\$14.99
Invoice Balance:	\$0.00

TAX DETAILS

Charge Name	Tax Name	Jurisdiction	Charge Amount	Tax Amount
			Total Tax	\$0.00

TRANSACTIONS

Invoice Total				\$14.99
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
08/13/2020	P-38305990	Payment		(\$14.99)

*paid by MR
Jyana Ranjan Nayak
14.08.20*



Transaction Date	Transaction Number	Transaction Type	Description
01/28/2021	P-70759814	Payment	
01/28/2021	P-70759938	Payment	

Invoice Balance

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc.

11:31

90

Transaction History

XXXX XXXX XXXX 7853



Change Date Range



DATE	DESCRIPTION	AMOUNT
28-01-2021	01/28/21 14.99 USD	₹ 0.00
28-01-2021	ZOOM.US 8887999666 CA	₹ 1097.15 Dr
28-01-2021	01/28/21 14.99 USD	₹ 0.00
28-01-2021	ZOOM.US 8887999666 CA	₹ 1097.15 Dr
28-01-2021	IGST INCLUDING CESSES DR (ORI)	₹ 6.91 Dr
28-01-2021	CURRENCY CONVER- SION FE(EXCL TAX 6.91)	₹ 38.40 Dr
28-01-2021	IGST INCLUDING CESSES DR (ORI)	₹ 6.91 Dr
28-01-2021	CURRENCY CONVER- SION FE(EXCL TAX 6.91)	₹ 38.40 Dr
26-01-2021	DIRECT DEBIT	₹ 646.04 Cr

leg

AN IQAC SEMINAR
ON
"NAAC PREPARATION AND SENSITIZATION"



Resource Person:

Prof. Susmita Prasad Pani,
Former Director, DDCE, Utkal University.

On

5th February 2020



PATTAMUNDAI COLLEGE,
PATTAMUNDAI

REPORT

An IQAC seminar was held on 5th February 2020 at 10.00 am in the Auditorium Hall on the topic **“NAAC Preparation and Sensitization”**. The resource person of this occasion was Prof. Susmita Prasad Pani, Former Director, DDCE, Bhubaneswar. Prof. Adhikari Laxminarayan Dash, Principal introduced the guests. He gave the warmth welcome to the Resource Person, President, Alumni Association, all teaching and nonteaching staff and students. Dr Dushasan Parida, IQAC coordinator briefly described the aim and objective of the meeting. Prof. Pani explained very nicely about the process of NAAC accreditation, as he is a part of NAAC Peer Team and visited more than 100 colleges and 25 universities. He shared his best experiences from different colleges and universities and advised to do the same by which college will achieve a better grade. Lastly Prof. Jitendra Malik tendered a vote of thanks to all present in this seminar.

Prof. Susmit Pani
2022

**AN INTRODUCTION TO NAAC
ACCREDITATION : PROCESS AND
CONCEPTS FOR COLLEGES**

Prof. Susmit Pani

WHY CERTIFY, ASSESS, ACCREDIT

- Higher Education Under GATT.
- HE is globalised, global standards are agreed upon increasingly.
- Need for Global man power.
- Population dividend or libality.
- International focus on equity, access, quality.
- Philosophical goals and demands of employment makarket .

MANDATE OF NAAC

- Assessment and accreditation of HEI.
- Promotion of quality.
- Encourage self evaluation, accountability and innovations.
- Conduct of quality related research.
- Collaborate with other stake holders for quality evaluation, promotion and sustenance .

REVISED FRAME WORK

- Shift from peer judgment to objectivity and transparency.
- Extensive use of ICT.
- Simplification and reduction of format.
- 70% system generated and 30% peer judgement .
- Rational metrics, weight age and bench mark.
- Enhancing student and Alumni participation.
- Opt out facility.

CURRICULAR ASPECTS

- Curriculum design and deveploment for universities and autonomous colleges.
- Curriculum planning and implementation.
- Academic flexibility .
- Curriculum enrichment.

INFRASTRUCTURE AND LEARNING RESOURCES

- Physical facilities.
- Library as a learning resource.
- IT infrastructure.
- Maintenance of campus infrastructure.

STUDENTS SUPPORT AND PROGRESSIN

- Student support.
- Student progression
- Student participation and activities.
- Alumni engagement.

INSTITUTIONAL VALUES AND BEST PRACTICES

- Institutional value and social responsibility.
- Best practices
- Institutional distinctiveness.

GRADES

- 3.51-4 A++
- 3.26-3.50 A+
- 3.01-3.25 A
- 2.76-3.00 B++
- 2.51-2.75 B+
- 2.01-2.50 B
- 1.51-2.00 C
- >1.5-Not accredited.

EXECUTIVE SUMMARY

- Introductory note.
- Criterion wise summary.
- SWOC (strength, weakness, opportunity and challenges) analysis.
- Additional information.
- Overall conclusive explication.

PRACTICAL TIPS

- Create online data collection format from all concerned-teacher-department.
- Automise libray, account, exam.
- Analyze exam result.
- Track progression of immediate past batches.
- Weed out books, equipment, furniture etc.
- Audit-academic, Gender, Energy, Green etc.
- Up-date account
- Prepare SSR before IIQA.

- Conduct activities through out year.
- Develop information management system.
- Prepare and file AQAR.
- Self assessment-identification of weakness-improvement of quality-external assessment-suggestion of a road map-improve quality by following road map-repeat process through subsequent cycle.

**A SEMINAR ON "NAAC PREPARATION AND SENSITIZATION"
5TH FEBRUARY 2020
ORGANISED BY :- INTERNAL QUALITY ASSURANCE CELL (IQAC)
PATTAMUNAI COLLEGE, PATTAMUNDAL, KENDRAPARA, ODISHA
RESOURCE PERSONS, GUESTS AND STAFF PRESENT**

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25	Abhimanyu Mohanty Demonstrator in Botany	Pattamunda Collage	9937890556	Abhimanyu Mohanty 5.2.2020
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27	Nandini Mishra Lab Asst. Botany	Pattamunda Collage	7873262962	Nandini Mishra
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29	Srinivas Kumar Jena	Pattamunda Collage	977583171	Srinivas Kumar Jena 5.2.2020

Sl.No	Name and Designation	Address	Phone No	Signature
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ନାକ୍ ସ୍ୱାକୃତି କର୍ମଶାଳା



ପଞ୍ଚାମୃତ, ୬/୨(ବିନିୟ): ପଞ୍ଚାମୃତ ଜିଲ୍ଲାର ନାକ୍ ସ୍ୱାକୃତି ପାଇଁ ଅଧ୍ୟାପକ, ଅଧ୍ୟାପକ ଓ କର୍ମଚାରୀମାନଙ୍କୁ ପ୍ରଶଂସା ଦେବାକୁ ଭଲେଇ ଅଭିବନ୍ଧନୀୟମ ସଭାଗୃହରେ ଏହି କର୍ମଶାଳାର ଆୟୋଜନ କରାଯାଇଛି। ଏଥିରେ ନାକ୍ ସ୍ୱାକୃତି ପାଇଁ ଅଧ୍ୟାପକ ନାକ୍ ଭେଅରିନେସନ କର୍ମଚାରୀ ପ୍ରଫେସର ସୁସ୍ମିତ ପ୍ରସାଦ ପାଣି ଯୋଗଦେଇ ପ୍ରଶଂସା ଦେଇଥିଲେ। ଭଲେଇ ଅଧ୍ୟାପକ ପ୍ରଫେସର ଅଧିକାରୀ ଲକ୍ଷ୍ମୀନାରାୟଣ ଦେବଦାସ ଦ୍ୱାରା ପଞ୍ଚାମୃତରେ ଅନୁଷ୍ଠିତ ଏହି କର୍ମଶାଳାର ଦ୍ୱିତୀୟ ଅଧିବେଶନରେ ଭଲେଇ ନାକ୍ ସ୍ୱାକୃତି ପାଇଁ ବିଆପାରଣୀର ପରଷେପ ଗଠନେ ସମାଧାନ କରାଯାଇଥିଲା। ଏହି କର୍ମଶାଳାରେ ଆଇଡ୍ୟୁଏସିର ସଭ୍ୟ ପ୍ରଫେସର ରୁପ୍ୟାଧର ପରିଜା ଭଲେଇ ପାଠାଗାର, ଲାଜବାହେରୀରୀ ସହ ଭଲେଇର ବିଭିନ୍ନ ବିଭାଗର କୋପାରିଶିଭ କାର୍ଯ୍ୟକାରୀ ଗଠନେ ଆଲୋଚନା କରିଥିଲେ। ପୁରୀର ଛାତ୍ର ସଂସଦର ସଭାପତି ପ୍ରଫେସର ଭଗତ କେ ପାତ୍ର ସମସ୍ତଙ୍କ ସହଯୋଗୀ କାମନା କରିଥିଲେ। ଭଲେଇ ନାକ୍ ସଂଗଠକ ଅଧ୍ୟାପକ ଡ. ପୁଞ୍ଜାପନ ପରିଜା କର୍ମଶାଳାର ଆଭିମୁଖ୍ୟ ବାବଦରେ ସୂଚନା ପ୍ରଦାନ କରିଥିଲେ। ଅନ୍ୟମାନଙ୍କ ମଧ୍ୟରେ ସଭ୍ୟ ପ୍ରଫୁଲ୍ଲ ସାମଲରାୟ, ପ୍ରଧ୍ୟାପକ ଅରୁଣ କୁମାର ବେ, ଅଧ୍ୟାପକ ଡ. ପ୍ରମୋଦ କୁମାର ସାମଲ, ଡ. ଦିଲ୍ଲୀପ କୁମାର ରୁୟା, ଡ. ପ୍ରେମକାନ୍ତ ଗାଉଡ଼, କ୍ୟାବିନେଟ ମନୋଜ ପରିଜା, ଡ. ଗଣେଶ ସାହୁ, ଡ. ଅଞ୍ଜଳି ଦାଶ, ପ୍ରମୋଦ କୁମାର ବ୍ରାହ୍ମୀ, ଅନବିତ ପାଞ୍ଜର, ନିତେନ୍ଦ୍ର ମହାନ୍ତି, ରବିନ୍ଦ୍ର କୁମାର ପଣ୍ଡାଙ୍କ ସମେତ ସମସ୍ତ ଅଧ୍ୟାପକଅଧ୍ୟାପିକା ଓ କର୍ମଚାରୀମାନେ ଯୋଗଦେଇଥିଲେ। ଅଧ୍ୟାପକ ଗଞ୍ଜିତ ଦେବପତି ଧନ୍ୟବାଦ ଅର୍ପଣ କରିଥିଲେ।

THE SAMBAD: 07.02.2020

Project Report
on
**Physical and social problems
of ageds in a rural sector**



March 2018

**DEPARTMENT OF SOCIOLOGY
PATTAMUNDAI COLLEGE
PATTAMUNDAI**

REPORT

A project work undertaken by the Department of Sociology, Pattamundai college, Pattamundai on the topic "Physical and Social Problems of Aged in a Rural Sector" for session 2017-18. 32 students of the department moved to 3 villages namely Keshpur, Arua and Musadia of Keshpur Panchayat and collected data from the respondents, through interview and observation methods.

PHYSICAL PROBLEM

Population ageing is one of the significant by products of the so-called demographic transition, which has far reaching implications especially in less developed countries. Considering the level of development and the average life expectancy, it is suggested that sixty years may be considered the landmark for determining the proportion of aged in less developed countries, particularly in Asia.

Ageing is primarily the result of reduced fertility. When fertility begins to decline, the youthful segment of the population is reduced, and the proportion of the economically active population of 15-64 years increases. The population then starts the process of (ageing) mainly from the bottom or lower part of the age distribution through reduction in youthful cohorts. Finally, as mortality reduction spread throughout the age spectrum including the elderly segment, population ageing occurs from the top of the age distribution. These phenomena were once limited to the more developed regions of the world.

where the onset of demographic transition was much earlier. However, less developed countries in Asia and Latin America which have recently begun to experience substantial gains in fertility reduction are already showing the signs of population ageing. The 1980s marked a turning point where the number of the elderly in the developing regions of the world exceeded those in the developed region; with Asian

region containing the bulk. Until recently, the ageing process has been very slow in India mainly due to the slow pace of fertility decline. Now with the possible acceleration of fertility decline as a result of more intensive family planning programme implementation.

A shift toward old age structure is incipient. In 1961, the proportion of population above 65 years was 1.1%, in 1971 it was 3.3% and in 1981 it was 3.8%. If we consider the proportion of 60 plus, it is 5.6% in 1961, 6.0% in 1971 and 6.2% in 1981. According to this calculation, it has been estimated that in 1981 over 43 million people reside in India over 60 years of age. The science of gerontology is primarily concerned with the changes that occur between the attainment of maturity and death of the individual. The goal of research in gerontology is to identify the factors that influence these changes and apply this knowledge to reduce the disabilities associated with ageing. Basically, ageing has three major aspects namely (a) Bio-physiological, (b) Psychological - Behavioural and (c) Socio-economic. The Bio-physiological aspects of ageing enquire into the basic biological factors that underline ageing and general health status that is the changes that make a person vulnerable to diseases with the advancement of age. Ageing has evolutionary significance too. It is an evolutionary adaptation or altruistic behaviour without which life as we know would be impossible. It helps to keep down total population size and those who die make way for youth. It also gives chance for mutation. In human beings, the long old age and menopausal period is said to have considerable survival advantage on the young. (Foy, 1990:98).

While it is true that one ages from the moment of conception to the moment of death, we do not normally talk of an ageing child. Ageing for most of us carries some connotation of decline or deterioration of health and vitality. Most of the biologists have focussed their attention on what happens to the individual after maturity has been received. Moreover, much of the research of biology and medicine duelling with the ageing process has focussed on the latter part of the mature adult's life cycle. All human beings are inescapable to the process of ageing. The process of ageing slowly but surely decreases the individual's ability to cope with its environment. Due to old age, different age-related changes are found in human physiology Some of these are: -

- a) Visual acuity diminishes.
- b) Loss of teeth and hearing capacity.
- c) Skin changes in appearance becoming darken, it loses its elasticity.
- d) Joint stiffens and the bone structure becomes less firm and it causes loss of height direct posture and loss of muscle power.
- e) Breathing and urination are also affected.
- f) Heart muscle loses strength and flow of blood becomes difficult.
- g) Respiratory, nervous and gastro-intestinal systems become less efficient.
- h) Kidney filtration system shows a decline.
- i) Sensation of touch is reduced.
- j) This test and smell become less sensitives.
- k) Flexes and reaction time are slow.

The net effect of all these is often that the individuals feels less capable of mastering, his or her own environment, becomes increasingly defensive and slowly begins to isolate himself or herself.

Knowledge of illness in the elderly is of vital important. Time is not on the side of these patients and treatment needs to be prompt and appropriate. There is no doubt that earlier die-gnosis of disease and better planned management of disability at home,, could prevent many admissions to hospitals, some of which become long term. Multiple Pathology is common and the management of illness in the elderly is therefore difficult and complicated. Good clinical management is the key to success. Some of the common problems which we come across with the elderly are constitution, acute confessional state, pressure, sores, instability and immobility, joint diseases, nutritional deficiency and the rape tic problems. (Natarajan, 1997; 3-10). There are a few, examples that indicate that nu-tritronal deficiency states are associated with age. Such deficiencies can be corrected sericea by supplementation with specific vitamins. When low plasma levels of vitamins occur in older individuals, they can be reversed by the administration of the specific nutrient. In addition, the studies provide evidence that there is no impairment in absorption of vitamins in elderly subjects. (Bhatia, 1997: 41)

old age, in general is associated with multidimensional problems. The problems which are

associated with old age and the care of the elderly are not exclusively the problems of social, cultural and economic ramifications, rather they include health and medical problems also that of act the life a community as well. Paradoxically it is the advanced technology of medicine which in turn facilitating contraception and reducing morbidity during the 2nd half of life, has eventually increased the prominence to the needs of the elderly. In some respects, ageing is more difficult in a rapidly changing materialistic society. Modernization, Urbanisation and consequent mobility play a vital, role in the ageing process of an individual, while compared to the urban elderly, elderly in rural areas tend to have more ochronotic health impairments, higher numbers of medical conditions more functional limitations and a greater number of performance difficulties in activities of daily living and instrumental activities of daily living in rural India, Primary health centres and subcentres are catering to the health needs of the people. How-ever they neither have geriatric wards nor specialists. Some of the aged though they are aware of their ailments fail to consult or take regular treatment due to non-availability of mobilization and lack of personal care. Not merely on account of these reasons but owing to illiteracy, majority of the aged are not even aware of their ailments at the stage where prevention contd. is possible. Like children, the aged to need health and personal care and hence there is need to establish separate geriatric wards in the hospitals with geriatric professionals. It is also suggested to implement mobile geriatric care centres which

will cover a greater number of the elderly in rural areas. (Vijaya Kumar,1996:16-21)

Health care system in India is characterised by "fore too" "too far away from home,; too few trend attendants, too poorly equipped to identify or handle complications and too deficient in quality of care", The Panchayats can and should play a significant role in promoting health care of the elderly. They should ensure that health for all must include equity and accessibility as well as of portability. Efforts should be directed towards improving the P.H.C.S by making them more accessible, staffed by competent and trained professional, adequate equipment's and medicines and working in close association with the local people and the Panchayats. Health education should be oriented towards imparting education to the elderly about leading an improved quality of lie. It should include educating them about the changes occurring in them as a result of the ageing process and encourage not to view these changes as signs of illness or disease. They should be sensitized to the need to recognise early the ominous signs of major illness and encouraged to take preventive steps early. On the part of the health professionals, they need to be committed and be able to identify themselves with the elderly in rural areas, mobilise them, conscientize them and help organise themselves for their betterment. (Bali, 1997: 32-36)

OKTAY AND SHEPPARD (1978) discuss home health care for the elderly. They present an overview of the aged population requiring home-health care and a detailed picture of the development and contend of such services in the U.S.

They point out how the growth of the elderly population has greatly increased the number of persons requiring long term health services. They estimate that only high per-cent of the elderly population are in institutions at a given time. They point out that the old person can benefit socially and psychologically if he can avoid the disruption, isolation and personalisation of institutional placement. Overall, they conclude that an expansion of home - health service is necessary. Brink, (1977)

Presents a practical guide for the pastoral care of the aged. He identifies chrono physical conditions, retirement and changing family relationships as the potential dangers to mental health in old age. He suggests religion as a positive force for mental health in old age. He recommends an eight-step plane for the pastoral care of the aged. Storandit, Siegler and Elias (1988)

Attempts to review the correct diagnostic and therapeutic procedures for old patients, and to define the areas deficient in information. They identify three areas: - Assessment issues related to cognitive functioning: personality assessment, particularly the relation of personality theory and process of ageing the application of different therapeutic procedures to the old. They also examine other topics like "Treatment of Senile dementia" and "Psychological complications of retirement".

PHYSICAL PROBLEM

PHYSICAL PROBLEM DISEASE

Table No: - 3.1

Age Group	a	b	c	d	e	f	g	h	i	j	k	l	m
60-64	12	8	2	0	8	0	2	0	0	0	10	4	18
65-69	6	0	0	0	0	0	4	0	0	0	4	4	6
70-74	8	4	6	0	2	0	0	0	0	0	4	2	8
75-79	10	2	4	0	6	2	4	0	0	0	8	6	10
80 above	10	8	8	2	14	4	2	0	0	0	14	4	14
Total	46	22	20	3	30	6	12	0	0	0	40	20	56

a. Pain in joints

b. Pain in chest

c. Indigestion

d. Breathlessness

e. Loss of teeth

f. Hard of hearing

g. Skin disease

h. T.B.

i. Asthma

j. Paralysis

k. Problem in the eye

l. Trembling

m. General weakness

LOOKING AFTER ILLNES

Table No: - 3.2

Age Group	Wife/ Husband	Wife/ Son	Nephews	Neighbours	Wife/ Son/ Daughter	Daughter- in-law	Any other	Total
60-64	8	0	0	2	4	6	0	20
65-69	2	0	0	2	0	2	0	6
70-74	0	0	0	0	4	4	0	8
75-79	0	0	0	0	4	6	0	10
80 above	0	2	2	0	0	10	2	16
Total	10	2	2	4	12	28	2	60

NEEDING MEDICAL ATTENTION

Table No: - 3.3

Age Group	Yes	No	Total
60-64	20	0	20
65-69	6	0	6
70-74	8	0	8
75-79	10	0	10
80 above	14	2	16
Total	58	2	60

GETTING REGULAR TREATMENT

Table No: - 3.4

Age Group	Yes	No	Total
60-64	18	2	20
65-69	4	2	6
70-74	8	0	8
75-79	10	0	10
80 above	14	2	16
Total	54	6	60

SEX OF THE ATTENDANT

Table No: - 3.5

Age Group	Same	Opposite	Total
60-64	8	12	20
65-69	2	4	6
70-74	6	2	8
75-79	4	6	10
80 above	6	10	16
Total	26	34	60

OVERALL PRESCRIPTION OF YOUR HEALTH

Table No: - 3.6

Age Group	On the whole good	Minor Health Problem	Serious Health Problem	Total
60-64	0	20	0	20
65-69	0	6	0	6
70-74	0	6	2	8
75-79	0	10	0	10
80 above	0	14	2	16
Total	0	56	4	60

SATISFIED WITH THE TREATMENT RECEIVED AT HOME

Table No: - 3.7

Age Group	Yes	No	Total
60-64	18	2	20
65-69	4	2	6
70-74	6	2	8
75-79	10	0	10
80 above	14	2	16
Total	52	8	60

SATISFIED WITH THE TREATMENT RECEIVED AT HOSPITAL

Table No: - 3.8

Age Group	Yes	No	Total
60-64	18	2	20
65-69	4	2	6
70-74	6	2	8
75-79	8	2	10
80 above	14	2	16
Total	50	10	60

TYPE OF MEDICINE USED

Table No: - 3.9

Age Group	Allopathy	Ayurvedic	Homeopathy	Any Other	Total
60-64	18	0	2	0	20
65-69	6	0	0	0	6
70-74	8	0	0	0	8
75-79	8	0	2	0	10
80 above	16	0	0	0	16
Total	56	0	4	0	60

TOPIC TABLE

We conducted field work in physical problems, among the aged. We found many physical problems in our field out of 60 respondents, 46 are suffering from pain in joints, 22 are suffering from pain in chest, 20 are suffering from indigestion, 2 are suffering from breathlessness, 30 are suffering from loss of teeth, 6 are suffering from hard of hearing, 12 are suffering from skin disease, 40 are suffering from problems in the eyes, 20 are suffering trembling, 56 are suffering from general weakness.

Table No-3.1

Out of 60, 60-64 age 12 people are suffering from pain in joints, 8 are suffering pain in chest, 2 are suffering indigestion and 8 people have no teeth, 2 people are in skin disease and other 10 people are feeling eye problem, 4 are suffering from trembling and 18 facing general weakness.

65-69

6 people are facing joint pain 4 people are in skin disease, 4 are suffering from trembling, 4 are suffering from problems in the eyes and 6 are facing general weakness.

70-74

8 people are facing joint pain, 4 are suffering from pain in the chest, 6 are in skin disease, 2 people have no teeth, 4 are suffering from problem in eyes, 2 are suffering from trembling and 8 are facing general weakness.

75-79

10 are highly affected by joint pain, 2 are felling chest pain in their body, 4 are suffering indigestion, 6 people have no teeth, 2 are suffering from hard of hearing, 4 are in skin disease, 8 are suffering from problem in eyes, 6 are suffering from trembling and 10 are facing general weakness.

80 Above

10 are affected by joint pain and pain and 8 are chest pain, 8 are suffering indigestion, 2 are suffering from breathlessness, 14 people have no teeth, 4 are suffering from hard of hearing, 2 are in skin disease, 14 are suffering from problem in eyes, 4 are suffering from trembling and 14 are facing general weakness.

Table No-3.2

In the case of looking after during illness out of 60 respon,10 are depends upon wife /husband, 2 are depends upon wife /son, 2 are depends upon nephews, 4 are depends upon neighbours, 12 are depends upon wife /son/daughter,28 are depends upon Daughter -in-law,2 are depend upon any other.

Table No-3.3

Out of 60 respondent 58 are needing medical attention. Out of them 50 need occasionally, 6 need frequently and 2 need regularly.

Table No-3.4

60-64

18 people are needing regular treatment.

65-69

4 people are needing regular treatment.

70-74

8 people are needing regular treatment.

75-79

10 people are needing regular treatment.

80 Above

14 people are needing regular treatment.

Total

60-64 Regular Treatment

Yes-18

65-69

Yes-4

70-74

Yes-8

75-79

Yes-10

80 Above

Yes-14

Table No-3.5

60-64

8 are same sex and 12 are opposite sex.

65-69

2 are same sex and 4 are opposite sex.

70-74

6 are same sex and 2 are opposite sex.

75-79

4 are same sex and 6 are opposite sex.

80 Above

6 are same sex and 10 are opposite sex.

Total

26 are same sex and 34 are opposite sex.

Table No-3.6

60-64

20 are in minor health problem.

65-69

6 are in minor health problem.

70-74

6 are in minor health problem and 2 are in serious health problem.

75-79

10 are in minor health problem.

80 Above

14 are in minor health problem and 2 are in serious health problem.

Total

60-64

Overall good - 0

Minor health problem - 20

Serious health problem - 0

65-69

Overall good - 0

Minor health problem - 6

Serious health problem - 0

70-74

Overall good - 0

Minor health problem - 6

Serious health problem - 2

75-79

Overall good - 0

Minor health problem - 10

Serious health problem - 0

80 Above

Overall good - 0

Minor health problem - 14

Serious health problem – 12

Table No-3.7

60-64

18 are satisfied with the treatment they received at home but 2 are did not satisfied.

65-69

4 are satisfied with the treatment they received at home but 2 are did not satisfied.

70-74

6 are satisfied with the treatment they received at home but 2 are did not satisfied.

75-79

10 are satisfied with the treatment they received at home.

80 Above

14 are satisfied with the treatment they received at home but 2 are did not satisfied.

Table No-3.8

60-64

18 are satisfied with the treatment received at hospital and 2 are did not satisfied.

65-69

4 are satisfied in medical facility and 2 are did not satisfied.

70-74

6 are satisfied with the treatment received at hospital and 2 are did not satisfied.

75-79

8 are satisfied with the treatment received at hospital and 2 are did not satisfied.

80 Above

14 are satisfied with the treatment received at hospital and 2 are did not satisfied.

Table No-3.9

60-64

18 are depended upon allopathy medicine and 2 are depended upon homeopathy.

65-69

Among the age group (65-69) has been depend upon allopathy.

70-74

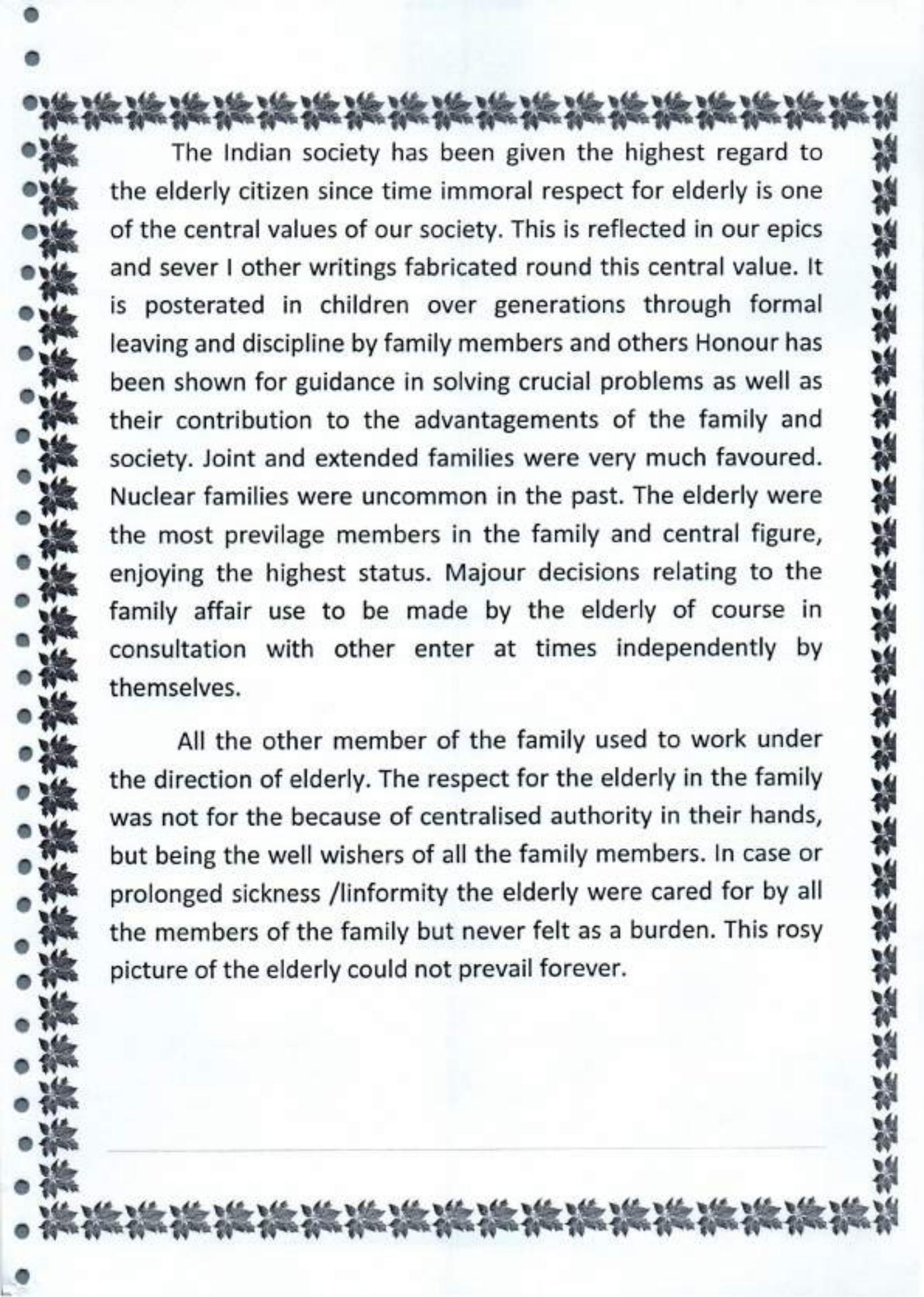
Among the age group (70-74) has been depend upon allopathy.

75-79

8 are depended upon allopathy and 2 are homeopathy.

80 Above

16 are depended upon allopathy.

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The Indian society has been given the highest regard to the elderly citizen since time immemorial respect for elderly is one of the central values of our society. This is reflected in our epics and several other writings fabricated round this central value. It is posterated in children over generations through formal leaving and discipline by family members and others Honour has been shown for guidance in solving crucial problems as well as their contribution to the advantages of the family and society. Joint and extended families were very much favoured. Nuclear families were uncommon in the past. The elderly were the most privileged members in the family and central figure, enjoying the highest status. Major decisions relating to the family affair used to be made by the elderly of course in consultation with other members at times independently by themselves.

All the other members of the family used to work under the direction of elderly. The respect for the elderly in the family was not for the sake of centralised authority in their hands, but being the well wishers of all the family members. In case of prolonged sickness /infirmity the elderly were cared for by all the members of the family but never felt as a burden. This rosy picture of the elderly could not prevail forever.

In India the joint family is not an entity by itself but is also an integral part of the social system It functions.

In a frame of the family within it fold. As a functioning unit within the economy and society. It is the means through which goods are produced and consumed. As the medium for retaining and transmitting lane and other moveable and immovable assexts. Its stability has been vital to the functioning of the social order. Its intimate relationship with the soil has also been an element in al extending these affiliations beyond the simple household to a broad range of other kin brought together by common patrimony.

The dependence of the individual on the authorities in India, for birth to adulthood, is at variance with the non-authoritrian approach in western culture. The opportunities for personal gratification are limited by the concepts of duty towards relations, specially elders. These relationships extend in a circle of social networks consisting of family, keenship and territorial affinities.

Social net work provide an excellent mechanism for looking after aged members in the family.

In social net work the family and specially the joint ferny is considered a more significant entity than the individual.

It is difficult for the individual to conceive of himself as a person separate from or outside. The family system and the caste system lay down the code of conduct for each member; his relationship with others is also determined thereby.

Social organisation in the west and particularly in American society is dominated by the attribute of husband-wife relationship which shapes the individual-centred orientation of American culture which is characterised by self-reliance.

On the other hand, the Indian social organisation is dominated by the father-son relationship and the attribute of this relationship gives form to the situation-centred orientation of our culture, expressed in the shape of mutual interdependence. These varying patterns of psycho-cultural orientation affect the interpersonal relationships in the two societies.

For an Indian family and in wider social network—the caste and the sub-caste are virtually the beginning and the end of his human universe. He can find in the kinship group all that is meaningful in his relationships, his sociability, his security and his status. He will attribute his success to what his parents did for him and repay his debts to them by honouring them and sharing all that his success brings. He (and his wife) will in due course be the recipient of similar benefits from his son. The outstanding characteristics of Indian society which is primarily held together by social network is the centripetal outlook fostered

among its members. This interdependence encourages the spirit of helping one another in crisis, situation like old age, even at the cost of personal necessities and comforts.

For an American his family is strictly a sort of nursery to prepare him for a future of his own. By expressed a definition the family consists of man, his wife whom he finds himself and his minor or in some cases, unmarried cases. His parents have no permanent hold on him even more tenuous is his relationship with his remote relatives. His life aspirations are individual advancement and achievements preferable as a completely free agent. He dislikes and resents being dependent on any one.

The outlook of an American is linked to his individual centred orientation and reinforced in each generation by kinship organisation dominated by the husband-wife relationship, compelling him to satisfy his social needs outside the family. Although trained to be independent, he has to depend upon other fellow human beings not only for nourishment and support, but also for their faith in him and even for trivial conversation. This poses some basic problem which he tries to solve by developing elaborate uses, rules and regulation governing interpersonal relations of all kinds. These uses, rules and regulations are designed for two purposes. On the other hand they must guarantee his individual privacy, his right to associate with fellow human beings and

terminate such association in his based interest. On the other hand, he has to advanced them or at least maintain them. Neither of these age is attainable to the complete satisfaction of all concerned for best interest for one individual does not as a rule, accord with that of others, Further move as often as not, the individual objects a to the bondage prevailing customs, practices of standard of mortality and attempt to break away from them. It is this process of eternal conflict which makes american society so dynamic and exuberant .

Basic difference between the two orientation is that in India the centripetal terrence is channeled within the same ideological frame work. So that no matter into, now many castes or group the people are divided the desired aim results are similar and accommodating where as the centrifugal America tendency makes for diversity of pro-association of clubs with a variety of totally different objectives which may have no reference to each other or may be 'Ritually destructive social network in Indien situation provide vitality to ces social work in managing crisis situation in Indian families (Gangrades 1988153.56)'.

With the advent of industrialisation, urbanisation and modernisation, radical changes have taken place in the society, particularly family. The family system is in transition shifting from the traditional extended and joint family system in the preindustrial period to the modern nuclear family which is ever

increasing. The changing pattern of the family has deleterious affects for the elderly as they are loosing prominence in the family system . Even the extended and the joint families particularly from the lower and middle class are under great economic pressure because of measury income due to periodic end prolonged drought situation, One hand and increasing necessities on the other besides lack of oppertunity for employment thus, making the life of the elderly measurable on account of their neglect by family members. Migration of youth is also aggravating the problem of elderly The elderly parents of the permanate and the long term migrantse who are alone. aid do not joint their migrant children for one or the other reasons are facing innumerable problems as there is no one to care them in need. Further the traditional values are vanishing because of increasing materialistic out look of people. The proportion of the elderly feeling as either neglected or deserted by there of springs is increasing now a days. Respect for the elderly is becoming a myth as only public lip service is shown to this norm, while in reality a number of elderly are being illetreated by their children.The elderly largely from lower and middle economic strate, are becoming more pessimistic about their future end sceptial about care and support from their off springs.

Although each individual is unique in his own specific genetic, psychological and social characterstics, the

accumulated effects of social class greatly affect the way in which he ages. How society handles aged individuals is also important. Inadequate pensions, poor living conditions, occupational insecurity, harmful social attitude, lack of retraining facilities, and shortage of psychiatric and psychological services are some of the inadequacy in the care of the old in even the most advanced social system. No doubt different sociologists no doubt deal with aging and aged in different age, it must be admitted that there are most elements common to these practices in different societies of the world for instance in all most all societies-

1) Most people try to service for as long as possible often despite hardships,

2) Old people tend to dis-engage themselves from important social activities, either because they find it difficult to meet the demand of their roles, or because others feel that changes should be made; 3) The old who have while young played an active role in community affairs, tend to retain some measure of involvement in social organisations even during old age, because it is difficult to give up the status, rights and authority acquired during the active years of youth

4) As physical and mental degeneration increases, the old withdraw from the main streams of social interaction and their participation becomes limited to the small primary group of family and close friends (if unsuccessful) in this they grow isolated

d. or enter into a dependent relationship by entering a home or an institution their future existence no more important to the society to which they belong. An older person may create a gap in the social network through his desire of disengagement, but society soon makes a replacement);

5) Though numerically large, the aged are too heterogeneous to form an effective pressure group in society and this coupled with their disengagement tendency weakens their involvement in the community affairs;

6) It is a fact that the elderly are unproductive and that it is for the younger generation to take care of that. In fact, pension schemes, social welfare services, associations, to handle the legal, medical, economic and social problems of the aged etc. are some of the ways in which the young try to discharge their duty towards the old (Joseph, 1991:9-10)

In India, in the face of modernising forces operating due to the faster pace of industrialisation the important role of its traditional culture is still in vogue in the management of the aged. In this respect, the rural and urban difference is seen. But in both the situations the caring of the aged ultimately is tackled by family intervention. The area wise functional difference to attend to the caring problems of the aged, is attributed to the similar opportunities-both economic and social available within and between the places, for example-the lack of economic opportunities and social welfare schemes drives the aged to

choice less strenuous livelihood for survival in the rural areas where as aged in the urban milieu under the ambit of urbanised sector, high tech industries and other urban specific plans, accrue many welfare and other benefits to compensate living in the old age. Yet in both the cases the culture specific caring norm for the needs of the aged family.

Taking care of the aged have become pressuring due to the rapidly increasing elderly population all over the world ,it has assumed importance primarily because of the growing numbers of elderly persons ,needing care and rapidly rising cost of health care .Further increased longevity has also resulted in the need for care over a considerably long period of time Elder care is a many sided task that has to be shared by the family community ,society and state.The family occupies a central place in the care of its aged members.it will continue to play a very important roll in a caring process for several reasons.Firsts-There is a widely held belief that my family responsibility for the care of the elderly is a moral imperative.Supporting parents and the aged is considered as a moral obligation.according to Hindu philosophy and tradition is enjoyed upon younger members to look after the elderly persons and care for them any dereliction of duty invites ridicule and social disgrace and loss of face.For these social compunction also. motivates the younger agents to care for the aged for by doing so,results in socializing their children towards continuing this tradition.The assumption is today's care givers are potential care seekers of tomorrow.

2. Secondly, the respect, love and support for the aged have been advocated by religious love and scriptures and are propagated in the teachings of philosophers, saints and seers. Family care of the elderly is believed to be culturally determined and socially reinforced.

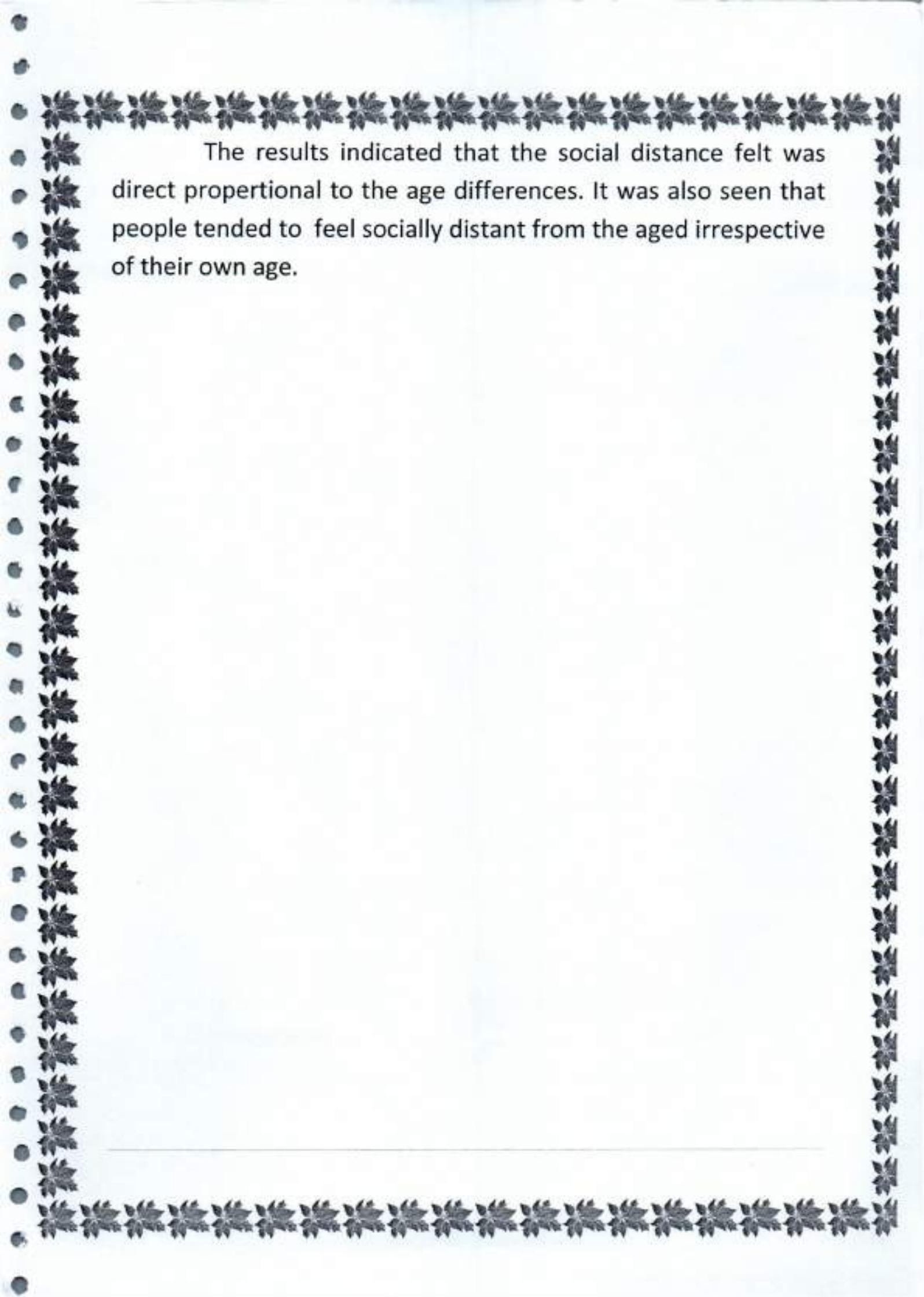
3. Thirdly, according to custom, prevalent in most societies, parents give all their income and property except the amount needed to sustain themselves to their children,

In all societies it is seen that the value of the traditional family system are still very important and the age-related respect and attention of the younger members of the family on whom falls the responsibility of caring for their elders. For a majority of population all the world over, respect for the elderly still prevails, prompting the immediate family members and kin to care for their elderly members and extend help whenever needed.

In third world countries even today the aged rely mostly on familial resources for survival. In these countries, the reliance of elderly on their families is greater as; there is a lack of provision of formal survival generally available in most industrialised nations. In Costa Rica, most older persons reside with family members in Nigeria, when elderly are no longer able to continue work, they rely on their family. In India the elderly typically live with a son and his family who are themselves poor.

The assumption is that the family in developing countries will continue to look after its ageing members, providing for all their economic, social emotional, healthonursingeneeds. This assumption however,no longer seems valied mainly due to social economic, and demographic changes such a high fertility,increasing life exceptance arri migration,women joining the labour force,higher aspiration of one's children or,intergenerational value change taking place in most society (Belie 1995; 31)

(Monk 1979)discusses the diverse aspects of family support in old age. He examines how income maintenance ruducs the risks of parental dependence on children and what the different ulter-natives to the traditional care of the age: area The principle of independence rather than inter dependancesseems to him to be important to the mental health of the elderly. the agal, according to him, will need a greater array of health,services ranging from comprehensive long term care to home delivert services He thinks that when support net works are absent, adequate sub stitutions like peer support and self-help networks should be encouraged Kid-well and Booth(1977) studied social distance between people of different ages, and intergenerational relations. Question aries were administered to and adult sample to measure the extent of social distance between people of different ages.



The results indicated that the social distance felt was direct proportional to the age differences. It was also seen that people tended to feel socially distant from the aged irrespective of their own age.

3.1 Getting honour and prestige

Age Group	Yes	No	Total
60-64	18	---	18
65-69	6	---	6
70-74	16	4	20
75-79	8	2	10
80 above	4	2	6
Total	52	8	60

3.2 Feeling burden by family members

Age Group	Yes	No	Total
60-64	2	16	18
65-69	---	6	6
70-74	6	14	20
75-79	4	6	10
80 above	2	4	6
Total	14	46	60

3.3 Feeling burden by himself

Age Group	Yes	No	Total
60-64	2	16	18
65-69	1	5	6
70-74	4	16	20
75-79	4	6	10
80 above	2	4	6
Total	12	48	60

3.4 Feeling difficulty in adjusting in the family due to old age

Age Group	Yes	No	Total
60-64	4	14	18
65-69	2	4	6
70-74	6	14	20
75-79	4	6	10
80 above	2	4	6
Total	16	44	60

3.5 Spouse alive

Age Group	Yes	No	Total
60-64	16	2	18
65-69	4	2	6
70-74	12	8	20
75-79	4	6	10
80 above	2	4	6
Total	38	22	60

3.6 Ill-treated by your family members.

Age Group	Yes	No	Total
60-64	---	18	18
65-69	---	6	6
70-74	---	20	20
75-79	---	10	10
80 above	2	4	6
Total	2	58	60

3.7 Participation in socio-religious functions:-

Age Group	Yes	No	Total
60-64	18	---	18
65-69	6	---	6
70-74	20	---	20
75-79	10	---	10
80 above	6	---	6
Total	60	---	60

3.8 Nature of Participation in socio-religious functions:-

Age Group	Active	Passive	Total
60-64	10	8	18
65-69	4	2	6
70-74	2	18	20
75-79	2	8	10
80 above	---	6	6
Total	18	42	60

3.9 Village youth seeking advice

Age Group	Yes	No	Total
60-64	14	4	18
65-69	2	4	6
70-74	12	8	20
75-79	2	8	10
80 above	4	2	6
Total	32	28	60

3.10 Loss of your social recognition due to old age:-

Age Group	Yes	No	Total
60-64	---	18	18
65-69	---	6	6
70-74	2	18	20
75-79	2	8	10
80 above	2	4	6
Total	12	48	60

According to the table no 3.1 it is clearly found that out of 60 respondents & 52 respondent are getting honour and prestige from the juniors of their family members where as 8 respondents do not get honours and prestige from junior of their family members.

In the age group of 60-64 18 respondent are getting honour and prestige of juniors from family members none of them respondents are getting honour and prestige of juniors from family members.

In the age group of 65-69,6 respondents get honour and prestige while none of them respondents do not get the honours and prestige. In the age group 70-74,16 respondents get honour and prestige where as the other 4 respondents do not get honour and prestige. In the age group of 75-79,8 respondents are getting honour and prestige where as 2 respondents do not get. In the age group 80 above 4 respondents are getting honour and prestige where as 2 respondents do not get honour and prestige from family members.

According to the table no 3.2 it is found that out of 60 respondents,14 respondents are feeling burden by family members where as 46 respondents do not feel burden by family members.

In the age group of 60-64,2 respondents are feeling burden by family members. Where as 16 respondent do not

feel burden by family members. In the age group of 65-69, none of them respondents are feeling burden by family members while 6 respondents do not feel burden by family members. in the age group of 70-74,6 respondents are feeling burden by family members where as 14 respondents do not feel so. In the age group of 75-79,4 respondents are feeling burden by family members, where as 6 respondents do not feel burden by family member .In the age group of 80 above 2 respondents feel burden by family members where as 4 respondents donot feel burden by family members.

According to the table no. 3.3 it is clearly found that out of 60 respondents 12 respondents are feeling burden by himself where as 48 respondents do not feel burden by himself.

In the age group of 60-64,2 respondents are feeling burden by himself where as 16 respondents do not feel burden by himself.In the age group of 65-69,1 respndent feel burden by family members where as 5 respondents do not feel burden by himself.In the age group of 70-74,4 respondents are feeling burden by himself where as 16 respondents do not feel burden by himself.In the age group of 75-79,4 respondent feeling burden by himself while 6 respondents do not feel so.In the age group of 80 above 2 respondents are feeling burden by himself where as 4 respondents do not feel burden by himself.

According to the table no. 3.4 it is clearly found that out of 60 respondents 16 respondents are felling difficulty in adjusting

in the family due to old age where as 44 respondents do not feel difficulty in adjusting in the family due to old age.

In the age group of 60-64,4 respondents are finding difficulty adjusting in the family ,while 14 respondents do not feel difficulty adjusting in the family due to old age.In the age group 65-69,2respondents are feeling difficulty in adjusting in the family due to old age where as 4respondents do not feel so.In the age group of 70-74,6 respondents are feeling difficulty adjusting in the family due to old age while 14respondents do not feel difficulty in adjusting in family due to old age.In the age group of 75-79,4 respondents are feeling difficulty in adjusting in family due to old age where as 6 respondents do not feel so.In the age group of 80 above 2respondent are feeling difficulty in adjusting in the family due to old age where as 4respondent do not feel difficulty in adjusting in family due to old age.

According to the table no3.5 it is clearly found that out of 60 respondents 38respondents have their spouse alive where as 22 respondents have lost their spouse.

In the age group of 60-64,16 respondents have their spouse alive where as 2respondents have lost their spouse.In the age group of

65-69,4 respondents have their spouse alive where as 2 respondents have lost their spouse.In the age group of 70-74,12 respondents have their spouse alive while 8 respondents have lost their spouse.In the age group of 75-79,4 respondents have

their spouse alive where as 6 respondents have lost their spouse. In the age group of 80 above 2 respondents have their spouse alive while 4 respondents have lost their spouse.

According to the table no3.6 it is clearly found that out of 60 respondents 58 respondents are feeling ill-treated by their family members where as so respondents do not feel ill-treated by their family members.

In the age group of 60-64 18 respondents do not feel ill-treated by their family members. In the age group of 65-69, none of respondents are feeling ill-treated by their family members while 6 respondents do not feel ill-treated by their family members . In the age group of 70-74, none of respondents are feeling ill-treated by their family members where 20 respondents do not feel so . In the age group of 75-79, none of respondents are feeling ill-treated by their family members while 10 respondents do not feel ill-treated by their family members . In the age group of 80 above 2 respondents are feeling ill-treated by their family members where as 4 respondents do not feel ill-treated by their family members .

According to the table no 3.7 it is clearly found that out of 60 respondents, all 60 respondents are participating in socio religious function in their village .

In the age group of 60-64, all the 18 respondents are participating in socio-religious function in their village. In the age group 65-70, all the 6 respondent are participating in socio-

religious function. In the age group of 70-74, all the 20 respondents are participating in socio religious function. In the age group of 75-79, all the 10 respondents are participating in socio –religious function. In the age group of 80 above all 6 respondents are participating in socio-religious function in their village.

According to the tabel no 3.8 it is clearly found that out of 60 respondents, 18 respondents are participating in socio-religious functions actively where as 42 respondents are participating in socio-religious function passively .

In the age group of 60-64,10 respondents are participating in socio-recigious function actively where as 8 respondents are participating passively .In the age group of 65-69,4 respondents are participating in socio-religious actively 2 respondents are participating in socio religious function passively .In the group of 70-74,2 respondents are participating in socio religious function actively while 18 respondents are participating in function passively. In the group of 75-79,2 respondents are participating in socio religious function actively where as 8 respondents are participating in function passively. In the group of 80 abve,none of respondents participating in socio-religious function actively,6 respondent are participating in socio religious function passively.

According to the table no 3.9 it is clearly found that out of 60 respondents, 32 respondents answered that the youth of their village seek their advices where as 28 respondents answered that the youth of their village does not seek their advices.

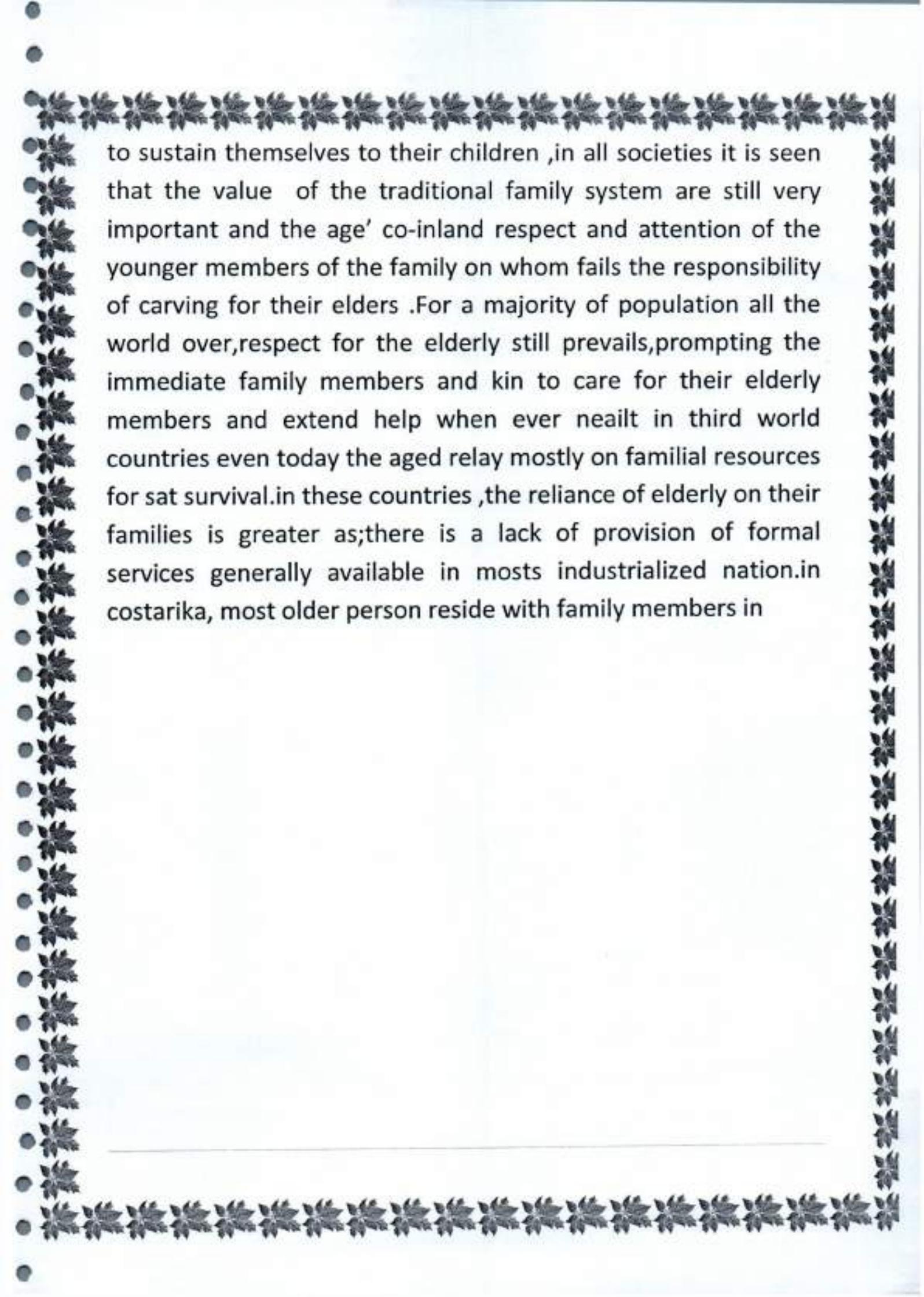
In the age group of 60-64,14 respondents answered that the youth of their village seek their advices where as 4 respondents answered that the youth of their village does not seek their advices. In the age group of 65-69,2 respondents answered that the youth of their village seek their advice while 4 respondents answered that the youth of their village does not seek their advices .In the age group of 70-74,12 respondents answered that the youth of their village seek their advices where as 8 respondents answered that the youth of their village does not seek their advices .In the age group of 75-79,2 respondents answered that the youth of their village seek their advices while 8 respondents answered that the youth of their village does not seek their advices. In the age group of 80 above ,4 respondents answered that the youth of their village seek their advices while 2 respondents answered that the youth of their village does not seek their advices.

According to the table no 3.10 it is clearly found that out of 60 respondents,6 respondents feel they have lost their social recognition due to old age where as 54 respondents do not feel they have lost social recognition to old age .

In the age group of 60-64, none of respondents feel they have lost social-recognition 18 respondents do not feel they have lost social recognition to old age .In the age group of 65-69, none of respondents feel they have lost social-recognition due to old age where as 6 respondents do not feel they have lost social recognition to old age .In the age group of 70-74, 2 respondents feel they have lost their social recognition due to old age where as 18 respondents do not feel so .In the age group 75-79, 2 respondents feel they have lost their social recognition while 8 respondents do not feel they have lost their social recognition due to old age. In the age group of 80 above 2 respondents feel they have lost social recognition where as 4 respondents do not feel they have lost social recognition due to old age.

When elderly are no longer able to continue, they rely on their family. In India the elderly typically live with a son and his family who are themselves poor.

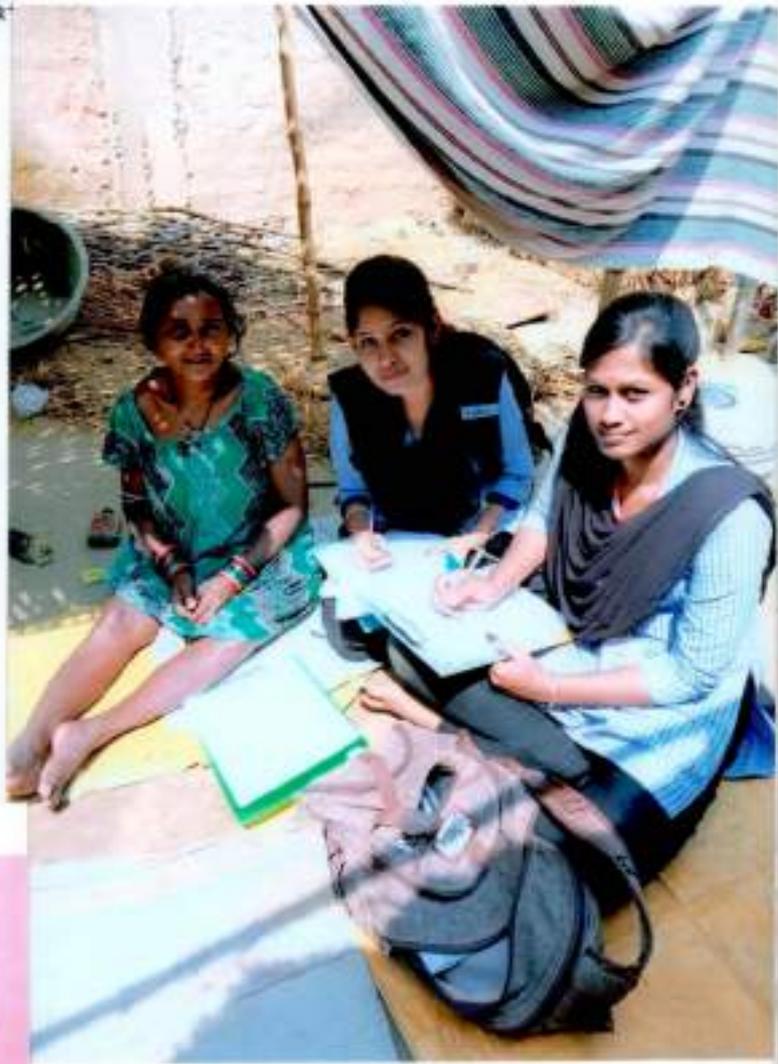
Tradition The assumption is today's care givers are potential care seekers of tomorrow. Secondly, the respect, love and support for the aged have been advocated by religious love and scriptures and are propagated in the teaching of philosophers, saints and seers. Family care of the elderly is believed to be culturally determined and socially reinforced. 3. Thirdly, according to custom, prevalent in most societies, parents give all their income and property except the amount needed

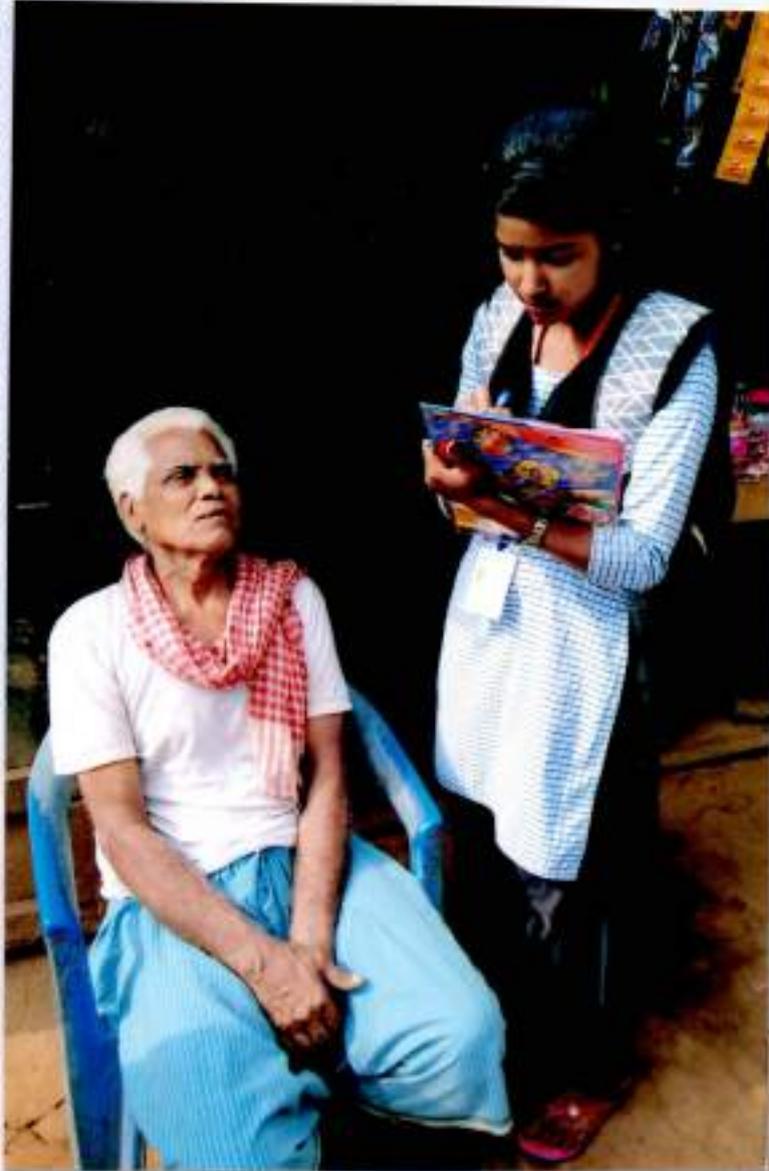
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to sustain themselves to their children ,in all societies it is seen that the value of the traditional family system are still very important and the age' co-inland respect and attention of the younger members of the family on whom falls the responsibility of carving for their elders .For a majority of population all the world over,respect for the elderly still prevails,prompting the immediate family members and kin to care for their elderly members and extend help when ever neailt in third world countries even today the aged relay mostly on familial resources for sat survival.in these countries ,the reliance of elderly on their families is greater as;there is a lack of provision of formal services generally available in mosts industrialized nation.in costarika, most older person reside with family members in









Project on "Social and physical problems of ageds in a rural setting"

**Department of Sociology
PATTAMUNAI COLLEGE, PATTAMUNDAI, KENDRAPARA, ODISHA**

Sl.No	Name of the Student	Roll No	Signature
1	Manasi Jena	BAIG-004	manasi jena
2	Sanjukta Behera	007	Sanjukta Behera
3	Sunita Sahoo	014	Sunita Sahoo
4	Sonali Gun	025	Sonali Gun
5	Swaraswini Mohanty	034	Swaraswini Mohanty
6	Sarita Sahoo	040	Sarita Sahoo
7	Krisnapriya Parida	041	Krisnapriya Parida
8	Pabitra Tarai	043	Pabitra Tarai
9	Damayanti Dash	044	Damayanti Dash
10	Rachana Nath	047	Rachana Nath
11	Sonali Nanda	048	Sonali Nanda
12	Rasmiranjan Kap	052	Rasmiranjan Kap
13	Preeti Rekha Bhuyan	054	Preeti Rekha Bhuyan
14	Madhusmita Roua	055	Madhusmita Roua
15	Anusaya Tripathy	056	Anusaya Tripathy
16	Sejanta Panda	057	Sejanta Panda
17	Subhasmita Das	061	Subhasmita Das
18	Priyanka Sethi	066	Priyanka Sethi
19	Dipsikha Das	067	Dipsikha Das
20	Manasi Das	072	Manasi Das
21	Rajeswari Nayak	074	Rajeswari Nayak
22	Sunita Das	084	Sunita Das
23	Subhasmita Sahoo	085	Subhasmita Sahoo
24	Manali Nayak	088	Manali Nayak
25	Brajabhanu Rout	089	Brajabhanu Rout
26	Susama Sahoo	092	Susama Sahoo
27	Manalisa Behera	093	Manalisa Behera
28	Srimati Sahoo	102	Srimati Sahoo
29	Arpita Jena	111	Arpita Jena
30	Sasmita Sethi	202	Sasmita Sethi
31	Sagarika Kund	256	Sagarika Kund
32	Jyostarani Behera	266	Jyostarani Behera
33			