

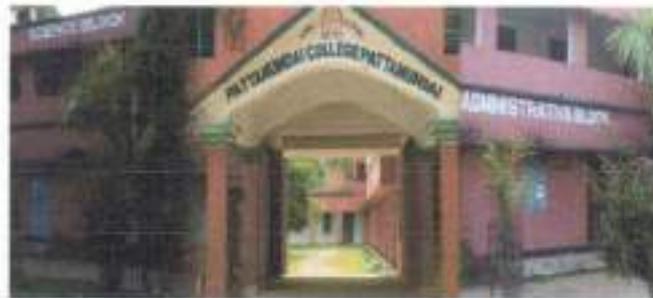
# NATIONAL CADET CORPS



*1(0) BN NCC CUTTACK*

*ACTIVITY REPORT: 2018-19*

*(1<sup>ST</sup> JULY 2018 TO 30<sup>TH</sup> JUNE 2019)*



**PATTAMUNDAI COLLEGE**

**PATTAMUNDAI**

**NATIONAL CADET CORPS**  
**ACTIVITY REPORTS: 2018-2019**  
**(1<sup>ST</sup> JULY 2018 TO 30<sup>TH</sup> JUNE 2019)**

*National cadet corps or NCC is regarded as the largest youth organisation of the world. The aim of NCC to develop qualities of character, courage, discipline, leadership, commandership, secular outlook, spirit of adventure, sportsmanship and ideas of selfless service s to create, trained and motivated youth. NCC aims to provide leadership in all walks of life including armed forces and always available for the service of the nation.*

**(A) SELECTION OF 1<sup>ST</sup> YEAR NCC CADETS-**

*The selection of 1<sup>st</sup> year NCC cadets for the session 2018-2019 of our college was held on 31.08.2018. The two P.I staff from 1(O) BN NCC Cuttack came for the selection. They conducted different types of tests like physical, cultural, etc. Out of the interested students and finally selected 14 cadets, out of which 07 were S.D and 07 were S.W.*

**(B) CAMPS ATTENDED BY CADETS AND ANO-**

*In this session our cadets attended many state level and national camps and received many prizes.*

- I. IUC was held at Army complex, Cuttack during the period from 04.10.2018 to 13.10.2018, in which 03 S.W cadets of our college participated.*
- II. IGC was held at DIP, Khuntuni from 20.10.2018 to 29.10.2018 in which 2 S.W cadets of our college are participated.*
- III. Combined Annual Training Camp (CATC) was held at DIP, Khuntuni from 18.07.2018 to 27.07.2018, in which 02 S.W cadet of our college participated.*
- IV. Annual Training Camp was held at U.N. Autonomous College, Adaspur from 21.09.2018 to 30.09.2018, in which 12 cadets of our college participated, out of which, 07 were S.D and 05 were S.W cadets. In this camp our cadets got trained in firing, drill, yoga etc. In this camp our S.W cadets got 1<sup>st</sup> prize in group song.*

- V. *EK BHARAT SRESTHA BHARAT (EBSM) camp was held at Udaipur (Rajasthan) from 25.12.2018 to 05.01.2019, in which 50 cadets from Odisha participated. Out of which six cadets (4 S.D and 2 S.W) belonged to our college. In this camp, the ANO Lt. Manoj Parida also participated. In this camp, Odisha cadets received many prizes such as 1<sup>st</sup> prizes in Tug of war (S.W), Volley ball (S.D) and group dance, 2<sup>nd</sup> prizes in NIAP (National integration awareness programme) and group song.*
- VI. *Annual training camp (ATC) was held at BB Autonomous College, Chandikhola from 01.06.2019 to 10.06.2019, in which ANO Lt. Manoj Parida and 10 cadets (8 S.W & 2 S.D) participated. In this camp, our cadets got 1<sup>st</sup> prize in group song and 2<sup>nd</sup> prize in duet dance, in which cadet Banalata Rout and Dipika Rani Dash participated.*
- VII. *Annual Training Camp (ATC) was held at M.H.D Mohavidyalaya, Chhatia from 19.06.2019 to 26.06.2019 in which two S.W cadets Banalata Rout & Sushreeta Tarai participated and got 1<sup>st</sup> prize in duet dance.*

**(C) DIFFERENT ACTIVITIES BY THE CADETS:**

**1. PARTICIPATION IN LOCAL RATH YATRA (CAR FESTIVAL)-**

*The famous car festival or Rath Yatra was observed at Pattamundai during July 2018. The temple committee and the local police sought the participation of our cadets. So our cadets actively participated and helped the local police in maintaining law and order.*

**2. INDEPENDENCE DAY CELEBRATION-**

*The Independence Day was observed on our college premises on 15<sup>th</sup> August 2018, in which our principal hoisted the national flag and our cadets paid national salute to the flag and showed a colourful marching.*

**3. SWACCHATA PROGRAMME-**

*Our NCC wing undertook a massive Swacchata programme during this period. The cadets moved a nearby village (Matia) and undertake many cleaning awareness. Activities such as - cleaning roads, drainer, tube well sides etc and involved the village in the*

process. They made the village aware of the advantage of cleanliness. Besides that our cadets also undertook activities like statue cleaning, temple cleaning, and hospital cleaning etc. in the nearby locality.

#### **4 .BLOOD DONATION CAMP -**

A mega blood donation camp was organised by the college on 14.12.2018 .In this camp our NCC cadets played a very important role as volunteers from beginning till the end. Nine of our cadet also donated blood on this occasion. The voluntary work by our cadet was highly praised by everyone.

#### **5 .YOGA CAMP-**

A mega yoga camp was organised for 3 days during the 19<sup>th</sup> December to 21<sup>st</sup> December of 2018.In this yoga camp Mr. Kapil Pank, state executive body member of Odisha branch, Mr. Pitamber Parida, Mr. Chatrubhuja Roul and Mr. Bibhu P:rasad Das imparted yoga training . This camp is inaugurated by Mr. Dhurba Charan Sahoo, the president governing body Pattamundai college. In this camp many people of Pattamundaïn locality, staff, students, NSS volunteers and cadets participated with great interest.

#### **5. REPUBLIC DAY CELEBRATION-**

The republic day was observed in our college campus on 26<sup>th</sup> January 2019, where our principal hoisted the national flag. All our cadets participated and paid national salute to the flag and displayed a colourful marching. Then they reached the pared ground of Pattamundai, where our Senior Under Officer (SUD) led the marching of more than 200 students of different schools and colleges of the locality. This programme was organised by the National day celebration committee of Pattamundai and the flag was hoisted by the local MLA.

#### **6. PARTICIPATION IN LOCAL YAJNA-**

Our cadets helped the local police in maintaining law and order in the local yajna, where thousands of people gathered, during February 2049. This activity of our cadets highly praised by the people and the Banika sangha, Pattamundai.

## **7. OBSERVATION OF WORLD WATER DAY-**

World Water Day was observed by our cadets of M.N.High school campus on 22<sup>nd</sup> March 2019. Many cadets and some invited guests delivered speeches on saving water.

## **8. COLLEGE CAMPUS CLEANING AFTER THE CYCLONE "FANI"-**

After the cyclone "FANI" our cadets undertook a massive college campus cleaning programme on 10<sup>th</sup> May 2019, in which all our cadets and many of our staff members participated

## **9. CELEBRATION OF IYD (INTERNATIONAL YOGA DAY)-2019-**

The international yoga day was observed on 21<sup>st</sup> June, 2019, where all our cadets, the cadets of M.N.High School, Pattamundai, many of our staff members and some other local people participated and it was a grand success.

## **(D) "B" AND "C" CERTIFICATE EXAMINATION-2019**

The NCC "B" and "C" certificate examination of the 2<sup>nd</sup> year and 3<sup>rd</sup> year cadets were held during February- 2019. In the "B" certificate examination, our 21 cadets appeared and 13 cadets passed. In the "C" certificate examination 15 cadets appeared and 2 cadets passed.

## **(E) EMPLOYEEMENT-**

In this year 03 of our cadets got employed in different departments. Such as-

(i). Manoj Swain in 5<sup>th</sup> OSAP Battalion

(ii). Nitin Samal in Odisha Police

(iii). Susant Malik in SIRB Koraput

Manoj Swain  
NCC 1<sup>st</sup> year  
Police Officer  
Pattamundai  
Call off



SELECTED 1<sup>st</sup> YEAR  
CADETS ON 31.08.2018



EBSB CAMP AT RAJASTHAN  
FROM 25.12.2018 to 05.01.2019



EBSB CAMP AT RAJASTHAN  
FROM 25.12.2018 to 05.01.2019



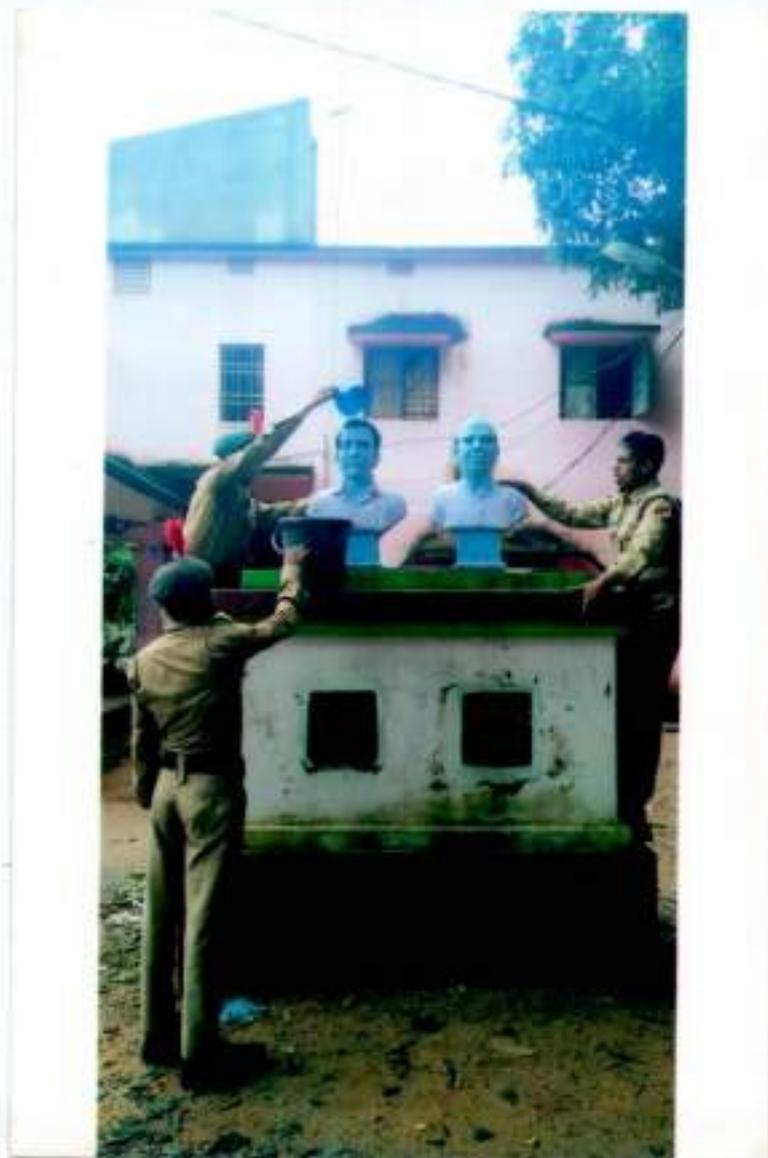
CAPT. M. PARIDA TAKING CLASS  
AT ATC CHANDIKHOI



CLEANING AND AWARENESS  
PROGRAMME AT VILLAGE MATIA



TEMPLE CLEANING



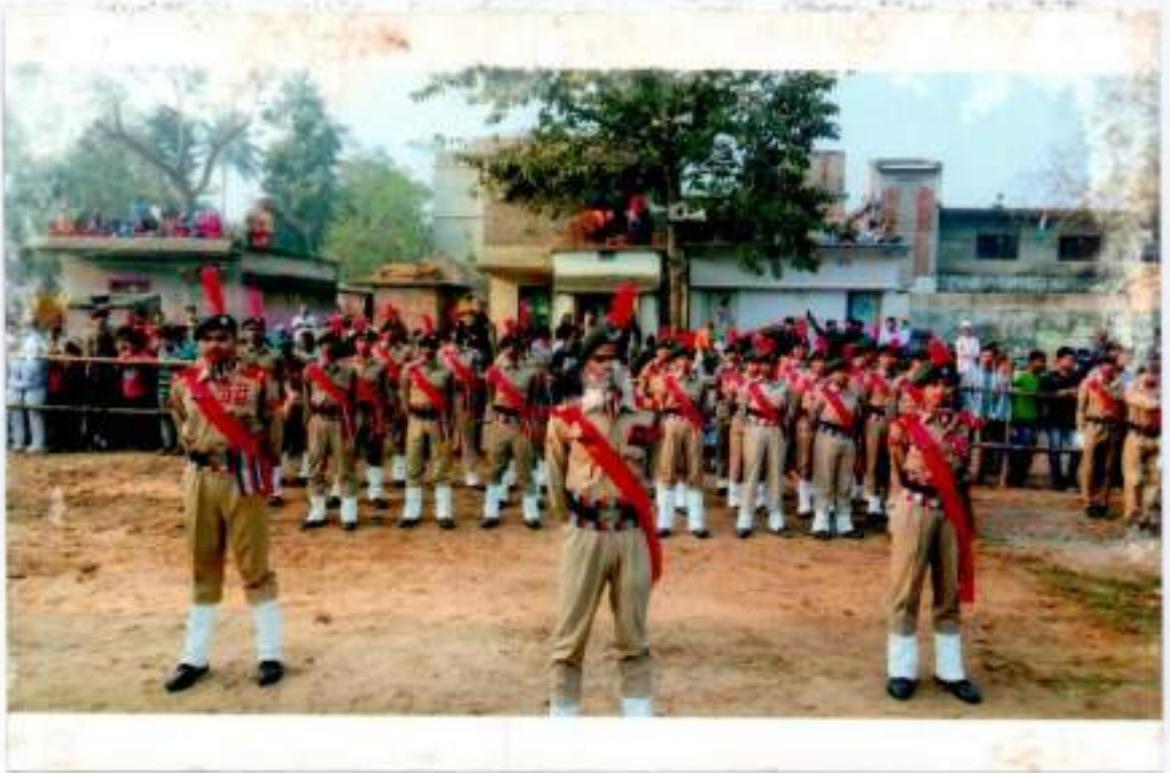
STATUE CLEANING



YOGA CAMP



YOGA CAMP



REPUBLIC DAY



WORLD WATER DAY



CAMPUS CLEANING  
AFTER  
CYCLONE 'FANI'



INTERNATIONAL YOGA DAY : 21.06.2019



INTERNATIONAL YOGA DAY: 21.06.2019

**OBSERVATION OF CONSTITUTION  
DAY**

**ON**

**26<sup>th</sup> November, 2019**



**Organised By:**

**DEPARTMENT OF POLITICAL SCIENCE**

**PATTAMUNDAI COLLEGE**

**PATTAMUNDAI, KENDRAPARA.**

## REPORT

A meeting was held on the occasion of observation of Constitution Day on 26<sup>th</sup> November, 2019 under Chairmanship of Dr. Nilamani Lenka, HOD, Odia and Academic Bursar in the seminar room of Department of Political Science at 1:00 P.M. He briefed the aims and objectives of the meeting. Miss Nibedita Pradhan, HOD, Political Science gave introduction about the importance of the day. Dr. Dusashan Parida, Reader in Chemistry, reminded the backdrop and making of constitution of India. Dr. Premlata Rout, Reader in Odia, Miss Simangini Das, Lecturer in Political science, Miss Tejaswini Das, Lecturer in Political Science delivered their speech regarding the constitution of India. The students of the college paid tribute to Babasaheb Dr. B.R. Ambedkar and other founding fathers of the constitution. In this context the students and the staffs had taken oath of the constitution of India.

The meeting was ended with the vote of thanks to the chair by Tejaswini Das, Lecturer in Political Science.

-----XXXXXXXX-----

*Nilamani Lenka*  
26/11/19

OBSERVATION OF CONSTITUTION DAY  
ON  
26th NOVEMBER, 2019  
PATTAMUNAI COLLEGE, PATTAMUNDAI, KENDRAPARA, ODISHA  
TEACHERS PRESENT

Sl.No	Name	Designation	Department	Signature
1	DR Jitendra Lenka	Reader in Arts	Arts	Jitendra Lenka
2	DR Dushasan Panda	Reader in Chemistry	Chemistry	Dushasan P.
3	Dr Pranabata Patra	Reader in Polia	Polia	Pranabata Patra
4	Nibedita Pradhan	Lect in Political Science	Political Science	Nibedita Pradhan
5	Srimaorgini Das	Lect in Pol-Science	Political Science	Srimaorgini Das
6	Rajin Kumar Behera	Lect. in- Commerce	Commerce	Rajin Kumar Behera
7	Tejaswinee Das	Lect in- pol-science	political science	Tejaswinee Das
8	Smitarani Sutar	lect. in- Zoology	Zoology	Smitarani Sutar
9	Sanjay Kumar Pradhan	lect. in- Economics	Economics	Sanjay Kumar Pradhan
10	Amiya K. Das.	sr.lect-in- History	History	Amiya K. Das.
11	Nibedita Nayak	Lect. in Education	Education	Nibedita Nayak
12	<del>Pranabata Patra</del> Pranabata Patra	Lect in sociology	Sociology	Pranabata Patra
13	Rajin Kumar Behera	Lect. in sociology	Sociology	Rajin Kumar Behera

OBSERVATION OF CONSTITUTION DAY  
ON  
26th NOVEMBER, 2019  
PATTAMUNDAI COLLEGE, PATTAMUNDAI, KENDRAPARA, ODISHA  
ATTENDANCE SHEET OF THE STUDENTS

Sl.No	Name	Roll No.	Department	Signature
1	Dharmendra Saty	BA-17-121	Pol.Sc	Dharmendra Saty
2	Ratikanta Ojha	BA17-193	Pol. Science	Ratikanta Ojha
3	Kunyananda Sekhi	BA17-114	Pol. Sc	Kunyananda Sekhi
4	Aruna Rout	BA-17-045	Pol. Science	Aruna Rout
5	Sudhaya Bala Balara	BA17-093	Political Science	Sudhaya Bala Balara
6	Rajashree Sahoo	BA17-195	Political Science	Rajashree Sahoo
7	Smrita Sahoo	BA17-109	Political Science	Smrita Sahoo
8	Biswajit Das	BA17-126	Pol. Sci.	Biswajit Das
9	Subhis Penua	BA17-290	Political Science	Subhis Penua
10	Namita Padhi	BA17-142	Pol. Sc.	Namita Padhi
11	Pradhanali Nayak	BA17-148	Pol. Sc	Pradhanali Nayak
12	Korali Nayak	BA17-154	Pol. Sc	Korali Nayak
13	Satyajayan Parida	BA-17-014	Pol. Sc	Satyajayan Parida

Sl.No	Name and Designation	Address	Phone No	Signature
14	Pabitra Bai	BA-19-144	Pol-science	Pabitra Bai
15	Susmita Sahoo	BA-19-211	Pol.science	Susmita Sahoo
16	Suvasmita Parida	BA-19-107	Pol.science	Suvasmita Parida
17	Anuska Sahoo	BA-19-109	Pol.science	Anuska Sahoo
18	Sima Pal	BA-19-126	Pol.science	Sima Pal
19	Prityadankhini Achariy.	BA-19-125	Pol.science	Prityadankhini Achariy.
20	Prityadankhini Achariy.	BA-19-207	Pol.science	Prityadankhini Achariy.
21	Rajawita Patra	BA-19-46	Pol.science	Rajawita Patra
22	Yajnaseri Ojha	BA-19-031	Political.Sc.	Yajnaseri Ojha
23	Rajalaxmi Jena	BA-19-085	Pol.Sc.	Rajalaxmi Jena
24	Ganapati prava pharadiy	BA-19-117	Political.sc.	Ganapati prava pharadiy
25	Prasanna Paramita Nayak	BA-19-58	Pol.science	Prasanna Paramita Nayak
26	Barsharani Patra	BA-19-128	Pol.science	Barsharani Patra
27	Barsharani Sutar	BA-19-134	Pol.science	Barsharani Sutar
28	Suchismita Tarai	BA-19-183	Political.sc	Suchismita Tarai
29	Benedini Raul	BA-19-038	Political.science	Benedini Raul

Sl.No	Name and Designation	Address	Phone No	Signature
30	Tuarsi Sahoo	BA-19 - 071	8658531892	Tuarsi Sahoo
31	Subhasmita Sahoo	BA-19 - 140		Subhasmita Sahoo
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*Dr. N. Lenka*  
*26/11/19*



**Government of Odisha**  
**Higher Education Department**

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No. HE-COOD-MISC-0019-2017 *26597* /HE., Dated *25/11/19*

From  
Smt. Snigdha Champatiray, OAS,  
Deputy Secretary to Government

To  
The Registrars, All Universities under Higher Education Department  
The Principals, Govt. & Non-Govt. Degree Colleges

Sub: Observance of Constitution Day on 26th November, 2019.

Madam/Sir,

In enclosing a copy of Law Department Letter No. 12231/L., Dated: 15.11.2019 and its enclosure on the subject cited above, I am directed to say that 26th November is celebrated as Constitution Day to commemorate the adoption of Constitution of India and to pay tribute to Baba Saheb Dr. B.R. Ambedkar and other founding fathers of the Constitution.

Hence, in this regard, you are requested to Observe the Constitution Day on 26th November, 2019 to commemorate the adoption of Constitution of India and to pay tribute to Baba Saheb Dr. B.R. Ambedkar and other founding fathers of the Constitution and to organize essay and quiz competitions / Talks /Workshop/ Seminars on Fundamental Duties in your institutions by eminent citizens and legal luminaries.

Also you are requested to take Pledge on 26th November, 2019 along with the reading of text of Fundamental Rights and Fundamental Duties in your Institution (Copy attached).

This may be treated as extremely urgent.

Yours Faithfully

*Smay*  
*25.11.19*  
Deputy Secretary to Government

Memo No *26598* /HE., Dated *25-11-19*

Copy forwarded to <sup>add. secy</sup> Law Department w.r.t their Letter No. 12231/L., Dated: 15.11.2019 for information and necessary action.

*Smay*  
*25-11-19*  
Deputy Secretary to Government

*Received*  
*26/11/19*  
*12 noon*  
*26/11/19*  
*11 AM*  
*be*  
*min*

Government of Odisha  
Law Department

\*\*\*

Bhubaneswar, dated the

15th Nov., 2019.

No. 12231/L,  
Misc-OEI -06/18

OSWAS

Dy. No. 70164/15/11/19  
25-11-2019

From

Sri Biswajit Mohanty,  
2<sup>nd</sup> ALR-Cum- Additional Secretary to Govt.

To

The Principal Secretary to Govt.,  
W & CD and Mission Shakti/ H & UD/ PR & DW/PA/ Home Deptt.  
The Commissioner-cum- Secretary to Govt.,  
Tourism/ S & ME/ S & YS/I & PR Deptt/ Works Deptt.

Sub:

Observation of Constitution Day on 26<sup>th</sup> November to commemorate the adoption of Constitution of India and to pay tribute to Baba Saheb Dr. B.R. Ambedkar- Activities thereof for creating awareness on Fundamental Duties.

Sir,

Enclosed please find herewith a copy of DO No. 403/1/2/2015-CA.V dt. 25.10.19 of Cabinet

Secretary, Govt. of India along with its enclosures. The same are self explanatory.

In this context, I am to intimate that this Department has been nominated as the Nodal Department for successful implementation of the campaign to be undertaken from 26<sup>th</sup> November 2019 to 14<sup>th</sup> April 2020 .

This is for favour of kind information.

Yours faithfully,

Encl: As above

15/11/2019  
2<sup>nd</sup> ALR-cum-Additional Secretary to Govt.

Memo No. 12232 Dt. 15/11/2019

Copy with enclosure forwarded to Judicial-I Sec./ OHRC Sec./ Endowment Sec./JTA Sec./LSA Sec./ Misc Judicial Sec. for information and necessary action.

15/11/2019  
2<sup>nd</sup> ALR-cum-Additional Secretary to Govt.

MC  
R. Subrahmanyam, IAS  
Secretary



Ministry of Human Resource Development  
Department of Higher Education  
Government of India

31791/cso.  
18.11.19.

D.O. No.H.11011/02/2016-CDN(Pt)

Date 06.11.2019



Dear Chief Secretary/Administrator,

Please refer to Cabinet Secretary's D.O. letter No. 403/1/2/2015-GA.V dated 25<sup>th</sup> October, 2019 regarding the launch of a National Campaign for creating awareness about the 'Fundamental Duties' as part of the 70<sup>th</sup> anniversary of the adoption of the Constitution of India. This national campaign will start from 26<sup>th</sup> November, 2019 and continue for one year.

2. This programme is to focus on Fundamental Duties and ensure that every citizen follows them systematically. The main strategy is to run it as a mass movement (rather than a government scheme) allowing participation of one and all.

3. It is essential that all academic institutions across all streams (colleges, professional colleges, law schools etc.) across all States and UTs are enlisted in the year-long awareness campaign.

4. The awareness campaign may include the following activities, which are suggested as under:-

(i) Administration of Pledge on 26<sup>th</sup> November, 2019 alongwith reading of text of Fundamental Duties in all higher educational institutions in the States/UTs.

(ii) All the higher educational institutions may be asked to make arrangements for watching live the programme from the Central Hall of Parliament to commemorate the 70<sup>th</sup> Anniversary of the Indian Constitution. It must be ensured that the programme is seen by as many students as possible, preferably in a central location.

(iii) Organising essays, debates, quiz and poster competitions focusing on fundamental duties and participate in large numbers in the National level competition that is being organized by UGC shortly.

(iv) Organising talks, workshop and symposia etc. by eminent citizens and legal luminaries.

Chief  
Odisha

Room No. 127, C Wing, Shastri Bhavan, New Delhi-110 115 E-mail: subrahnyd@gmail.com

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12

: 2 :

- (v) Arranging screening of films/documentaries highlighting the framing of the Constitution or its various provisions and such other material as may be made available as part of the campaign.

The array of activities indicated above is only suggestive and local improvisations may be made as felt necessary.

- 5. Since the celebrations are going to be a spread over a year and involve multiple stakeholders, a State-level monitoring committee comprising of representatives from academic institutions and concerned officials may be constituted for proper coordination of the campaign.

With regards,

Yours sincerely,

(R. SUBRAHMANYAM)

F/6.2596/2019

Chief Secretaries / Administrators of all States/UTs

# THE CONSTITUTION OF INDIA

1224

WE, THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a <sup>1</sup>[SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC] and to secure to all its citizens:

Preamble.

(1) JUSTICE, social, economic and political;

LIBERTY of thought, expression, belief, faith and worship;

EQUALITY of status and of opportunity;

and to promote among them all

FRATERNITY assuring the dignity of the individual and the <sup>2</sup>[unity and integrity of the Nation];

IN OUR CONSTITUENT ASSEMBLY this twenty-sixth day of November, 1949, do HEREBY ADOPT, ENACT AND GIVE TO OURSELVES THIS CONSTITUTION.

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<sup>1</sup>Subs. by the Constitution (Forty-second Amendment) Act, 1976, s. 2, for "SOVEREIGN DEMOCRATIC REPUBLIC" (w.e.f. 3-1-1977).

<sup>2</sup>Subs. by s. 2, *ibid.*, for "unity of the Nation" (w.e.f. 3-1-1977).

ଢ଼ିଆ ଅନୁକାଂ

ଆମେ ଭାରତର ଜନ ସାଧାରଣ ଭାରତକୁ ଏକ ସାର୍ବଭୌମ , ସମାଜବାଦୀ , ଧର୍ମ  
ନିରପେକ୍ଷ , ଗଣତନ୍ତ୍ର କରିବା ତଥା ଏହାର ସମସ୍ତ ନାଗରିକକୁ  
ସାମାଜିକ , ଆର୍ଥିକ ଏବଂ ରାଜନୈତିକ ନ୍ୟାୟ ;  
ବିଚାର, ଅଭିବ୍ୟକ୍ତି , ବିଶ୍ୱାସ , ଧର୍ମ ଓ ଉପାସନାର ସ୍ୱତନ୍ତ୍ରତା ;  
ପ୍ରତିଷ୍ଠା ଓ ସୁଯୋଗର ସମାନତା ପ୍ରାପ୍ତ କରାଇବା ପାଇଁ ;  
ତଥା ଉଚ୍ଚ ସମସ୍ତ କ୍ଷେତ୍ରରେ ପ୍ରତ୍ୟେକ ବ୍ୟକ୍ତିର ଗରିମା ଏବଂ ରାଷ୍ଟ୍ରର ଏକତା ଓ  
ଅଖଣ୍ଡତା ସୁନିଶ୍ଚିତ କରାଇଥିବା ଭାବୁତାବ ବଢ଼ାଇବା ପାଇଁ ଦୃଢ଼ ସଂକଳ୍ପ ହୋଇ  
ଆମର ଏହି ସମ୍ମିଥାନ ସଭାରେ ଆଜି ତା 26.11.2019 ରିଖରେ ଶପଥ  
ନେଉଅଛୁ।

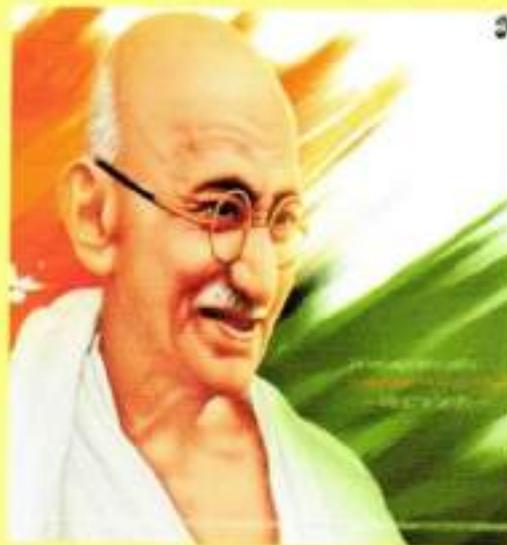






**REPORT**  
**ON**  
**CELEBRATION OF 150<sup>TH</sup>**

**BIRTH ANNIVERSARY OF MAHATMA GANDHI**



**Dated- 2<sup>nd</sup> October 2019**

**Pattamundai College**

**Pattamundai**

**Kendrapara- 754215**

## REPORT

The Cultural Association, NSS, NCC and Youth Red Cross of Pattamundai college have organized different competitions i.e. Drawing, Essay ( English and Odia), Debate (English and Odia) and G.K. among the +3 and +2 students of the college on dt. 17.09.19, 18.09.19, 19.09.19 and 20.09.19 to mark 150<sup>th</sup> Birth Anniversary of Mahatma Gandhi at the college level. The Celebration Day was also observed in pump and pleasure on 2<sup>nd</sup> October 2019 in hall no. 25 of the college in presence of the distinguished guest along with Principal, teaching and non teaching staffs and students of the college. At the outset, an oath taking programme was undertaken in presence of all staff members and students in front of the statue of Gandhi inside the college campus. At the commencement of the meeting, Captain Manoj Parida has given a welcome address with the introduction of the guest. Mr. Sachidananda Dash, Retired Head Master from a Chandan Nagar High School has focused several important points to define the character and

quality of Bapu as a charismatic national leader. Principal of the college Adhikari Laxmi Narayan Dash also highlighted and inspired the students to follow the footprint of Gandhi to build a strong nation. He also appreciated the endeavor taken by the organizers to make the meeting a successful one. He advised the gathering to make the college and surrounding a plastic free zone. The winners of different competitions were awarded by the guest and principal. The meeting was ended with a vote of thanks by Dr. Anjali Dash, H.O.D. Department of Botany.

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**OFFICE OF THE PRINCIPAL**  
**PATTAMUNDAI COLLEGE, PATTAMUNDAI**

No 1193 Date 23/9/2019

The results of different competitions for the celebration of 150<sup>th</sup> Birth Anniversary of M. K. Gandhi for +2 streams are hereby declared as following:-

Name of the Competitions	Results		
	Position	Name of the Student	Roll No.
Debate +2 Streams (English)	1 <sup>st</sup>	Sushree Subhasandhya Samal	IA-18-001
	2 <sup>nd</sup>	Abhijit Sahoo	IC-18-096
	3 <sup>rd</sup>	Maheshmohan Jagati	IS- 19-011
Debate +2 Streams (Odia)	1 <sup>st</sup>	Laxmipriya Panda	IA-19-058
	2 <sup>nd</sup>	Subarna Subhadarsini Patra	IA-19-194
	3 <sup>rd</sup>	Ankita Kund	IA-19-129
Essay +2 Streams (Odia)	1 <sup>st</sup>	Smrutipriya Pradhan	IA-18-106
	2 <sup>nd</sup>	Laxmipriya Panda	IA-19-58
	3 <sup>rd</sup>	Debashis Giri	IS-18-103
Essay +2 Streams (English)	1 <sup>st</sup>	Aruna Jyoti Barik	IS-19-019
	2 <sup>nd</sup>	Sushree Subhasandhya Samal	IA-18-001
	3 <sup>rd</sup>	Biswajit Patra	IA-18-031
G.K for +2 Streams	1 <sup>st</sup>	Sushree Subhasandhya Samal	IA-18-001
	2 <sup>nd</sup>	Monika Mahapatra	IA-18-104
	3 <sup>rd</sup>	Madhusmita Rout	IA-18-034
Drawing/ Painting for +2 streams	1 <sup>st</sup>	Ashish Kumar Sahoo	IS-18-087
	2 <sup>nd</sup>	Subhalaxmi Nayak Debashish Giri	IS-19-126 IS-18-103
	3 <sup>rd</sup>	Sushree Subhasandhya Samal Debasish Malik	IA-18-001 IA-18-202

*(Signature)*  
Principal

Pattamundai College

Certificates and prizes will be distributed at 10:00 A.M on 2<sup>nd</sup> October 2019.

**OFFICE OF THE PRINCIPAL**  
**PATTAMUNDAI COLLEGE, PATTAMUNDAI**

No 1194 Date 23/9/2019

The results of different competitions for the celebration of 150<sup>th</sup> Birth Anniversary of M. K. Gandhi for +3 streams are hereby declared as following:-

Name of the Competitions	Results		
	Position	Name of the Student	Roll No.
Debate +3 Streams (English)	1 <sup>st</sup>	Kausalya Pal	BA-18-089
	2 <sup>nd</sup>	Dipika Dash	BS-18-076
	3 <sup>rd</sup>	Saroj ku Sethi	BS-17-038
Debate +3 Streams (Odia)	1 <sup>st</sup>	Sangita Sarangi	BA-18-009
	2 <sup>nd</sup>	Amiya Ranjan Das	BS-18-101
	3 <sup>rd</sup>	Bibhudatta Panda Archana Tripathi	BS-18-109 BA-18-203
Essay +3 Streams (Odia)	1 <sup>st</sup>	Soumashree Parida	BA-18-049
	2 <sup>nd</sup>	Sangita Sarangi	BA-18-009
	3 <sup>rd</sup>	Lopamudra Nath	BA-17-094
Essay +3 Streams (English)	1 <sup>st</sup>	Suchismita Dash <del>Sharmista</del>	BS-17-156
	2 <sup>nd</sup>	Swarnaprava Das	BA-18-262
	3 <sup>rd</sup>	Saroj ku Sethi	BS-17-033
G.K for +3 Streams	1 <sup>st</sup>	Salini Parida Archana Bai	BA-17-010 BA-18-038
	2 <sup>nd</sup>	Suryakanta Sethi	BA-17-114
	3 <sup>rd</sup>	Biswaranjan Sahoo	BS-17-155
Drawing/ Painting for +3 streams	1 <sup>st</sup>	Tanmaya Parida	BS-17-122
	2 <sup>nd</sup>	Madhusmita Behera Kausalya Pal	BA-19-057 BA-18-089
	3 <sup>rd</sup>	Lopamudra Nath Anshuman Behura	BA-17-094 BC-17-078

*for back*  
**Principal** *23.9.19*  
**Pattamundai College**

Certificates and prizes will be distributed at 10:00 A.M on 2<sup>nd</sup> October 2019.

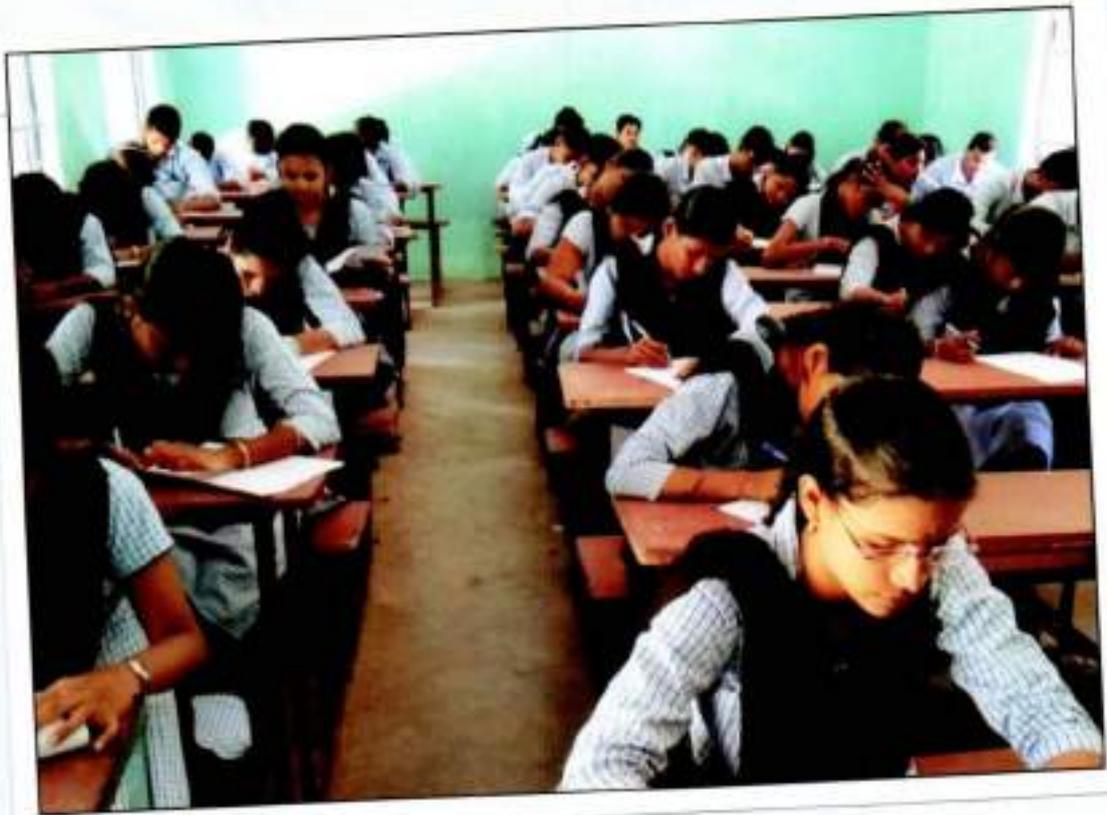
# Celebration of 150th Birth Anniversary of Mahatma Gandhi

Pattamundai College, Pattamundai

Date:- 02-10-2019

Sl No	Student's Name	Roll No	Signature
1	Arcpita Sahoo	BA 18 - 126	Arcpita Sahoo
2	Dipika rani Dash	BS18 - 076	Dipika rani Dash
3	Puja salapathy	BS18-115	Puja salapathy
4	Debasmita Sahoo	BA-18-13	Debasmita Sahoo
5	Sushreeta Jena	BA-18-42	Sushreeta Jena
6	Pratiksha Jena	BA-18-064	Pratiksha Jena
7	Smiti Priya Pradhan	IA18-106	Smiti Priya Pradhan
8	Ekonika Chhapara	IA18-104	Ekonika Chhapara
9	Madhusmita Behera	BA17 - 274	Madhusmita Behera
10	Salini Parida	BA-17-010	Salini Parida
11	Sangita Sarangi	BA 18 - 009	Sangita Sarangi
12	Anubhab Malik	BA-18-219	Anubhab Malik
13	Rajendra Samal	BA18-185	Rajendra Samal
14	Jyoti Prakash Samantaraay	BC18-080	Jyoti Prakash Samantaraay
15	MILU MALLIK	BA-18-084	MILU MALLIK
16	Babul Jena	BA-18-007	Babul Jena
17	Rasmita Rout	BA-17-146	Rasmita Rout
18	Mitansali Sahoo	BA-17-702	Mitansali Sahoo
19	Lopamudra Nath	BA-17-094	Lopamudra Nath
20	Soni Nayak	BA-17-885	Soni Nayak
21	Deepshikha Mallick	BC-17-090	Deepshikha Mallick
22	Subhalaxmi Nayak	IS-19-126	Subhalaxmi Nayak
23	Arcuna Jyoti Barik	IS19-019	Arcuna Jyoti Barik
24	Sushree Subhasanthy Samal	IA18-001	Sushree Subhasanthy Samal
25	Laxmipriya Parida	IA19-058	Laxmipriya Parida
26	Kajal Padhi	IA19-067	Kajal Padhi
27	Nibedita Sethi	IA19-143	Nibedita Sethi
28	Subarna Swadarsini Patra	IA19-194	Subarna Swadarsini Patra
29	Suryakanta Sethi	BA17-114	Suryakanta Sethi
30	Satyabrata Patra	BA18-018	Satyabrata Patra
31	Biswanil Patra	IA18-031	Biswanil Patra
32	Bikash Kumar Nayak	BA18-004	Bikash Kumar Nayak
33	Susanta Behera	BA18-18	Susanta Behera
34	Brameswar Mandal	IA 18-146	Brameswar Mandal
35	Soubhagya Mishra	IA 18-063	Soubhagya Mishra
36	Rajkishore Rout	IA18-222	Rajkishore Rout
37	Biswanadjan Sahoo	BS17-155	Biswanadjan Sahoo

38	Sorsaj Kumar Sethi	BS17-038	Sorsaj Kumar Sethi
39	Tanmaya parida	BS17-122	Tanmaya parida
40	Kiran Kumar Das	BA17-058	Kiran Kumar Das
41	Amiya Ranjan Das	BS-18-101	Amiya Ranjan Das
42	Bibek Behera	BS-18-102	Bibek Behera
43	Srikanta Rama	DE-18-083	Srikanta Rama
44	Tanmaya Nayak	BC-18-133	Tanmaya Nayak
45	Arutideeba Nayak	BS-19-106	Arutideeba Nayak
46	Saumyashree Parida	BA-18-049	Saumyashree Parida
47	Kaushalya Pal	BA-18-089	Kaushalya Pal
48	Archana Bai	BA-18-038	Archana Bai
49	Archana Tripathy	BA-18-203	Archana Tripathy
50	Priyanka Tripathy	IA-19-252	Priyanka Tripathy
51	Mahesh Mohan Jagati	IS-19-011	Mahesh Mohan Jagati
52	Debashis Gini	IS-18-105	Debashis Gini
53	Ashish Kumar Sahoo	IS-18-087	Ashish Kumar Sahoo
54	Akhil Sahoo	IC-18-096	Akhil Sahoo
55	Sarmittha Dash	BS-17-156	Sarmittha Dash
56	Abhina Sundari Padhi	BA17-061	Abhina Sundari Padhi
57	Nibedita Patra	BS17-120	Nibedita Patra
58	Bhakti Deepak Swain	BC17-128	Bhakti Deepak Swain
59	Subharmita Rout	BS-17-044	Subharmita Rout
60	Satya brata padhy	BA-17-104	Satya brata padhy
61	Rikram Prasad Pradhan	BA-17-233	Rikram Prasad Pradhan
62	Ansuman Behura	BC-17-078	Ansuman Behura
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**A REPORT ON PROJECT WORK OF "WATER  
QUALITY SURVEY OF DIFFERENT LOCAL WATER"  
SOURCE OF PATTAMUNDAI BLOCK, DEPARTMENT  
OF CHEMISTRY, PATTAMUNDAI COLLEGE**

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March 2018

**PATTAMUNDAI COLLEGE  
PATTAMUNDAI**

## **Report**

A project on **“water quality survey of different local water source of Pattamundai block”** was undertaken by students of chemistry department during the month of January 2018. Eighteen numbers of students participated in the project work. They collected several water samples from the local area and analysed various parameters like iron content, total hardness and pH to assess the quantity of these parameters in the collected samples. The experimental part was done in the laboratory of the chemistry department. The project work was guided by all the departmental teachers which were highly satisfactory.

## **Contents**

<b>1.INTRODUCTION</b>
<b>2. MATERIALS AND METHOD</b>
<b>3.RESULTS AND DISCUSSION</b>
<b>4.CONCLUSION</b>
<b>5.REFERENCES</b>

**WATER QUALITY SURVEY OF DIFFERENT LOCAL  
WATER SOURCE OF PATTAMUNDAI BLOCK**

A Dissertation

Submitted in partial fulfillment of the requirements

for the award of the degree of

**BACHELOR OF SCIENCE**

In

**CHEMISTRY**

**2017-18**

DEPARTMENT OF CHEMISTRY  
Pattamundai College  
Pattamundai

## **Introduction:**

Water plays an important role in the development of healthy society. It is the most abundant and most useful compound in the world and hence it is called 'Jeevan' in Sanskrit. Life is not possible without water. 70% surface of earth is covered by water. Majority of water available on the earth is saline in the nature only 3 % of water exists as fresh water of the earth is mostly consists of water, only a small part of it is usable, which makes this resource limited.[1,2,3] This is precious and limited resource, therefore must be used with care. As water is required for different purposes, the suitability of it must be checked before use. Also, sources of water must be monitored regularly to determine whether they are in suitable health or not. Poor condition of water bodies are not only the indicator of environmental degradation, it is also a threat to the ecosystem. In industries, improper quality of water may cause hazards and severe economic loss. Thus, the quality of water is very important in both environmental and economic aspects. Thus, water quality analysis is essential for using it in any purpose. Water is important for natural ecosystems and human development. It is important for various activities such as drinking, cooking, industry, agriculture and recreation. In the human body, it is also used to transport, dissolve organic matter and add nutrients while carrying waste materials.[4,5,6] River is a vital component of the biosphere containing less than one percent of the world's freshwater with its higher ecological and social significance which are being polluted by indiscriminate disposal of sewerage waste, indiscriminate industrial waste and by human activities that affect their physical and chemical characteristics and lead to various damaging effects on aquatic organisms . Water quality provides up-to-date information about the concentration of various solutes in a particular place and time. Water is one of the most important matters in the nature and widely used for different purposes in a variety of applications. One goal has been to find different procedures to obtain high quality ultra pure water liquids for medical or other sensitive applications. Some researchers have focused on the procedures and mechanism in order to refine the water by ionization, distillation, or other processes in order to obtain ultra pure water liquid. A variety of methods has been developed to measure and test the refined products in order to specify the purity of the produced refined water. For example the electrical conductivity of the solution has been one of the important physical quantities in this respect and many probes and devices such as conductive sensors have been devised . Such probes are used to measure conductivity or conductance of solutions at the given concentration and temperature. For many applications water solution is grouped into ultra pure, pure, and regular water depending on the percentage of impurities .[ 7-12] Water substance can be in form of vapour, liquid or solid phase. Pure water is a clear, colorless, and odorless liquid that is chemically made up one oxygen and two hydrogen atoms. This powerful substance is a good medium for many reactions, which is used as a universal solvent. Physical and chemical properties of water results from strong attraction that hydrogen atoms have for each other in water molecules. Although pure water is a poor conductor of electricity, but natural impurities found in water can transform it into a relatively good conductor. Salts and other contaminants in water can dissociate into components called ions. In most cases, ions in water are considered as impurities especially when referring to pure water, while in other aqueous solutions such as hydrochloric acid or sodium hydroxide,

the ions define the actual chemical deposition.

Turbidity is a measure of cloudiness caused by the presence of suspended solids such as clay and silt particles from erosion or runoff re-suspended bottom sediments & microscopic organisms in the water. The greater the amount of total suspended solids in the water (not to be confused with total dissolved solids) the murkier water appears and the higher the measured turbidity. Turbidity can greatly affect water quality in many ways. Some examples include reducing the amount of light available for plant growth, damaging sensitive gill structures in fish and aquatic organisms, as well as increasing their susceptibility to disease, and preventing proper egg and larval development.[13-16]

Conductivity is a measure of how well water can transmit an electrical current. In the Lake Roosevelt watershed, conductivity is primarily used to determine the mineralization of water (commonly called total dissolved solids). Information from the amount of total dissolved solids can be used to determine changes in water at different times of the year and can also be used to determine certain physiological effects on plants and animals. [17]

It is important to measure pH accurately as hydrogen ion [ $H^+$ ] participates in many chemical reactions with small changes in measured value corresponding to large changes in  $H^+$  activity.[18-22] This is because high pH value of water tends to form deposits which actually clogs pipes, changes reaction process .While the low pH water also has its own deleterious effects. This is because using poor quality water or water with the wrong pH in personal or healthcare can potentially be life threatening especially when its effects on acid-base balance mechanism are considered.

### **Objective:**

The main purpose of my project work is to analyze water samples by measuring pH, conductivity & turbidity of different water samples .The water samples were collected from 9 different spots in Pattamundai locality. Experiments were performed on 9 different water samples in the chemistry department laboratory of Pattamundai college.

### **Materials & methods:**

#### **Study area**

The physicochemical parameters of ground water of 9 different places of Pattamundai locality were studied. The ground water was collected from the river, ponds, tube wells & tap waters in these places. The depth of the bore wells ranged from 90-130 feet. The sampling locations, source and corresponding habitats are shown in Table 1. The criteria of selecting sampling points were based on the population density, areas of industrial or anthropogenic activities such as minerals and mining activities, and the river catchment areas.

#### **Preparation of water samples**

The samples were collected in clean polythene bottles without any air bubbles. The bottles were rinsed before sampling and tightly sealed after collection and labeled in the field.

**Analysis of water sample .**Analysis was carried out for various water quality parameters such as pH, conductivity & turbidity.The water quality parameters analyzed were; pH was measured using standard pH meter, conductivity measured by electrical conductivity meter (EC meter) & turbidity measured by turbidity meter.

All buffer solutions were prepared by massing the HEPPS buffer, ACS reagent grade NaCl, a standard NaOH solution, and carefully calculated amounts of  $CO_2$ -free doubly distilled water

for standardization of the electrode cell. For the determination of pH it is necessary that the e.m.f. from the electrode cell be standardized against a solution of known pH, a buffer. The pH value ascribed to this buffer depends upon the pH scale adopted. All of the drinking water samples were taken from river sites, the tap water of residential and commercial areas. All of the sampling premises are open for public such as restaurants and private houses. The samples were numbered from 1 to 9 against their locations and sources (Table -1) The pH of the water samples was measured by using a pH meter (model HI 98130 ECI India) The pH meter was calibrated, with three standard solutions (pH 4.0, 7.0, and 10.0), before taking the measurements. The value of each sample was taken after submerging the pH probe in the water sample and holding for a couple of minutes to achieve a stabilized reading. After the measurement of each sample, the probe was rinsed with deionized water to avoid cross contamination among different samples. [23] The conductivity of the samples was measured using a conductivity meter (model ECI-1025, India). The probe was calibrated using a standard solution with a known conductivity. The probe was submerged in the water sample and the reading was recorded after the disappearance of stability indicator. After the measurement of each sample, the probe was rinsed with deionized water to avoid cross contamination among different samples. The turbidity of the water samples was measured using a turbidity meter (ECI model 2100P). Each sample was poured in the sample holder and kept inside for a few minutes. After achieving the reading stability, the value was recorded. The measurements of TDS in water samples were carried out according to the standard methods of APHA and Sawyer et al. by the filtration process. A fixed volume of water sample was poured on a pre weighed glass fiber filter of a specified pore size before starting the vacuum filtration process. The filter was removed after the completion of filtration process and placed in an aluminium dish in an oven at 100°C for 2-3 hours to completely dry off the remaining water. The filter was then weighed, and the gain in filter weight represented the TSS contents, expressed in mass per volume of sample filtered (mg/L). The TDS of the water samples were determined by the gravimetric method. After filtration for TSS analysis, the filtrate was heated in oven at above 100°C until all the water was completely evaporated. The remaining mass of the residue represents the amount of TDS in a sample. [24]

Turbidity is the amount of particulate matter that is suspended in water. Turbidity measures the scattering effect that suspended solids have on light: the higher the intensity of scattered light, the higher the turbidity.

All of the drinking water samples were taken from the tap water of residential and commercial areas. All of the sampling premises are open for public such as restaurants and private houses. The samples were collected in 1-liter polyethylene (PE) bottles, which were washed with deionized water before use. These sample bottles were sealed and placed in a dark environment at a constant temperature range of 4–10°C to avoid any contamination and the effects of light and temperature. For chemical analysis of collected water samples including pH, total suspended solids (TSS), total dissolved solids (TDS), turbidity, and conductivity, a representative water sampling was carried out from each location during the summer and winter times in a period of one year.

**Standard Potassium Chloride solution (KCl) 0.01 M:** - 745.6 mg anhydrous KCl was dissolved in conductivity water and diluted to 1000 ml in a glass beaker. A volumetric flask at 25°C was taken and stored in a CO<sub>2</sub>-free atmosphere. This is the standard reference solution, which at 25°C has a conductivity of 1412 μS/cm. It is satisfactory for most samples when the cell has a constant between 1 and 2 cm<sup>-1</sup>. Care must be taken when using KCl solutions less than 0.001 M, which can be unstable because of the influence of carbon dioxide on pure water. For low conductivity standards, standard reference material 3190, with a certified conductivity of 25.0 μS/cm±0.3 μS/cm, may be obtained from NIST. The solution was stored in a glass-stopper borosilicate glass bottle. [25]

Combination Electrodes for pH measurements fitted with coaxial cable and BNC (Bayonet Neill-Concelman) type SL31 connector. The combined Electrode consists of glass and reference electrodes in a single entity. Therefore a separate, reference electrode need not be used along with this electrode. Below the cap of the electrode a hole is provided for filling the solution in the internal reference electrode. The reference electrolyte solution or filling solution is a freshly prepared 2 M potassium chloride (KCl) solution.

**Preparation for Use:** Soak The glass bulb was soaked and the fiber junction of the electrode in N/10 hydrochloric acid for 24 hrs to activate the sensing membrane. Then the bulb was rinsed with distilled water a number of times. Preparation of N/10 hydrochloric acid was done by taking 1 ml of concentrated hydrochloric acid and was dissolved it in 100 ml of double distilled water. The solution was shaken inside the electrode to let it fall into the bulb. Fill the electrode with freshly prepared 2 M potassium chloride solution into three fourth. 2 M potassium chloride solution was prepared by dissolving 14.91 g of A.R. KCl in 100 ml of double distilled water and a few crystals of A.R. AgCl was added to it.[26]

Generally water molecules are in continuous motion, even at low temperatures and when two water molecules collide; a hydrogen ion is transferred from one molecule to the other. The other molecule that

loses the hydrogen ion becomes negatively charged hydroxide ion. [27, 28]The molecule that gains the hydrogen ion becomes a positively charged hydrogen ion and this process is commonly called the self-ionization of water. In fact at room temperature (25 °C ), each concentration of hydrogen ions and hydroxide ions is only of the order of 1×10<sup>-7</sup>M, and as a result this dissociation allows a minute electrical current to flow. The current flow is in the range of conductivity of 0.05 μS/cm at room temperature. It is important to note that the amount of (H)<sup>+</sup> and (OH)<sup>-</sup> ions are approximately equal and this solution is described as a neutral solution. The resolutions of EC and TDS measurements are 0.001ms/cm and 0.001g/L respectively.

< INTU	good for health
NTU	compromise to immune system
> 5 NTU	poor drinking water

**Table -1 Sample locations of collected samples**

<b>Sl.No.</b>	<b>Sample No.</b>	<b>The location from which sample collected</b>
1	1	River water at Patrapur bridge
2	2	River water at Damarpur
3	3	River water at Jagannathpur village
4	4	Pond water at Matia village
5	5	Pond water at Pokhariapada village
6	6	Pond water at Beltai village.
7	7	Tap water at Pattamundai college
8	8	Tap water of Pattamundai Govt. Medical
9	9	Tube well of M.N. High school. Pattamundai

**Table -2** pH, conductivity and turbidity data of different samples collected.

Sample No.	Parameters		
	pH	Conductivity (S cm <sup>-1</sup> )	Turbidity (NTU)
1	7.78	2120	12
2	8.19	1541	13
3	7.91	785	15
4	8.30	1185	10
5	7.91	1547	12
6	7.96	951	9
7	7.71	2790	2.0
8	8.24	529	1.2
9	7.91	1623	1.5

**Conclusion:**

The water samples from different points of Pattamundai locality were collected and their pH, conductivity and turbidity are determined in the laboratory of chemistry department using the instruments available. The data are compared with standard value of WHO. Assessment of water quality is essential to check the suitability of a water source for the designated use. Several water quality parameters are assessed and compared with their standard values to determine the acceptability of the source of water. After prolonged research, the procedures for the assessment of the water have also been standardized for different purposes. In this article such guidelines are discussed concisely in one place for the convenience of the researchers and analysts.

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**A FIELD PROJECT ON " WATER QUALITY SURVEY DIFFERENT LOCAL WATER SOURCES "**

SESSION 2017-2018

CARRIED OUT BY DEPARTMENT OF CHEMISTRY  
PATTAMUNAI COLLEGE, PATTAMUNDAI, KENDRAPARA, ODISHA

Sl.No	Name of the Student	Class Roll No	Phone No	Signature
1	Satish Kumar Das	BS-15-050		Satish Kumar Das
2	Biswajeet Das	BS-15-059		Biswajeet Das
3	Jaganath Panda	BS-15-066		Jaganath Panda
4	Prakash Nayak	BS-15-068		Prakash Nayak
5	Sandip Satepathy	BS-15-073		Sandip Satepathy
6	Akash Parida	BS-15-074		Akash Parida
7	Madhusmita Sahoo	BS-15-079		Madhusmita Sahoo
8	Abhishek Das	BS-15-086		Abhishek Das
9	Jyotirmaye Sahoo	BS-15-102		Jyotirmaye Sahoo
10	Nishikanta Mohanty	BS-15-103		Nishikanta Mohanty
11	Sangeeta Delehat	BS-15-106		Sangeeta Delehat
12	Sanghamitra Pradhan	BS-15-108		Sanghamitra Pradhan

13					
Sl.No	Name of the Student	Class Roll No	Phone No	Signature	
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15	Sai Atreyee Dash	BS-15-119		Sai Atreyee Dash	
16	Mamoranjen Jena	BS-15-130		Mamoranjen Jena	
17	Lipse Penci Behura	BS-15-041		Lipse Penci Behura	
18	Chandon Swain	BS-15-061		Chandon Swain	
19					
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A  
REPORT ON  
AN EXTRAMURAL WEBINAR  
ON  
**"POST COVID-19 TREATMENT"**

**RESOURCE PERSONS:-**

**Dr. Sudhanshu Sekhar Lenka**  
**Asst. Prof in Community Medicine (MD)**  
**IMS & SUM Hospital, BBSR, Odisha**

On

02<sup>th</sup> November 2020

**Organized by**  
***NSS, Units***  
***Pattamundai College***  
***Pattamundai***

## REPORT

An extramural webinar was organised by the NSS Units (both Boys and Girls) of Pattamundai College, Pattamundai on 02-11-2020 on the topic, "**Post COVID-19 Treatment**". The resource person of the webinar was Dr. Sudhanshu Sekhar Lenka, Assistance Professor in Community Medicine, IMS & SUM Hospital, Bhubaneswar, Odisha. Prof. Adhikari Laxminarayan Dash, Principal of the college chaired the webinar and formally welcomed the resource person and all the participants. Mr. Pradyumna Pradhan, Programme Officer Boys Unit gave a key note address on the topic and Mrs. Nirupama Swain, Lecturer in Education introduced the resource person. Most of the students of the College, other College, staff members of the college, Programme Officers from other colleges, Universities attended the webinar. The webinar was ended with a vote of thanks by Mrs. Sarojini Mishara, Programme Officer, Girls Units of this college.



OFFICE OF THE PRINCIPAL

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# PATTAMUNDAI COLLEGE

NAAC ACCREDITED B+ GRADE

PATTAMUNDAI, KENDRAPARA, ODISHA - 754215

Ref No. : ..... 1017 .....

Date..... 23/10/2020 .....

To

Dr Sudhanshu Sekhar Lenka  
Sr Programme Officer  
Jhpiego, Odisha.

Sub: Invitation to the **Resource Person** for the webinar organised by NSS Units,  
Pattamundai College, Pattamundai on 2<sup>nd</sup> November 2020.

Sir,

I am pleased to invite you, kindly be the resource person in the webinar on  
"Post COVID-19 Treatment" organised by NSS Units on 2<sup>nd</sup> November 2020 at 3.00  
p.m. The webinar will be conducted through **Zoom Cloud Meeting**.

Your kind consent in this regard is highly solicited.

Principal  
Pattamundai College.



# NSS UNITS

of

**PATTAMUNDAI COLLEGE , PATTAMUNDAI**

Organises

A Webinar on

## "Post COVID-19 Treatment"

Date: 02.11.2020 , Time:03.00 PM



### RESOURCE PERSON

**Dr. Sudhansu Sekhar Lenka**

**MBBS, MD (Community Medicine)**

**Bhubaneswar, Odisha**



**Prof. A.L.N Dash**

**Principal**

**Pattamundai College**

**Pattamundai**



**Mr. Pradyumna Pradhan**

**P.O. NSS Boys Unit**



**Mrs. Sarojini Mishra**

**P.O. NSS Girls Unit**

## Post COVID management protocol

### **Background**

COVID – 19 disease caused by SARS-CoV-2 Coronavirus is relatively a new disease, with fresh information being known on a dynamic basis about the natural history of the disease, especially in terms of post-recovery events.

After acute COVID-19 illness, recovered patients may continue to report wide variety of signs and symptoms including fatigue, body ache, cough, sore throat, difficulty in breathing, etc. As of now there is limited evidence of post-COVID sequelae and further research is required and is being actively pursued. A holistic approach is required for follow up care and well-being of all post-COVID recovering patients.

### **Scope**

This document provides an integrated holistic approach for managing patients who have recovered enough from COVID for care at home. It is not meant to be used as preventive / curative therapy. The recovery period is likely to be longer for patients who suffered from more severe form of the disease and those with pre-existing illness.

### **Post-COVID Follow Up Protocol**

#### **(i) At individual level**

- Continue COVID appropriate behaviour (use of mask, hand & respiratory hygiene, physical distancing).
- Drink adequate amount of warm water (if not contra-indicated).
- Take immunity promoting AYUSH medicine (details of medicines and their dosage is at **Annexure I**) – To be practiced and prescribed by a qualified practitioner of AYUSH.
- If health permits, regular household work to be done. Professional work to be resumed in graded manner.

- Mild/ moderate exercise
  - Daily practice of Yogasana, Pranayama and Meditation, as much as health permits or as prescribed.
  - Breathing exercises as prescribed by treating physician.
  - Daily morning or evening walk at a comfortable pace as tolerated.
- Balanced nutritious diet, preferably easy to digest freshly cooked soft diet.
- Have adequate sleep and rest.
- Avoid smoking and consumption of alcohol.
- Take regular medications as advised for COVID and also for managing comorbidities, if any. Doctor to be always informed about all medicines that the individual is taking (allopathic/AYUSH) so as to avoid prescription interaction.
- Self-health monitoring at home - temperature, blood pressure, blood sugar (especially, if diabetic), pulse oximetry etc. (if medically advised)
- If there is persistent dry cough / sore throat, do saline gargles and take steam inhalation. The addition of herbs/spices for gargling/steam inhalation (refer to Annexure I). Cough medications, should be taken on advice of medical doctor or qualified practitioner of Ayush.
- Look for early warning signs like high grade fever, breathlessness, SpO<sub>2</sub> < 95%, unexplained chest pain, new onset of confusion, focal weakness.

(ii) At the level of community

- Recovered individuals to share their positive experiences with their friends and relatives using social media, community leaders, opinion leaders, religious leaders for creating awareness, dispelling myths and stigma.
- Take support of community based self-help groups, civil society organizations, and qualified professionals for recovery and rehabilitation process (medical, social, occupational, livelihood).
- Seek psycho-social support from peers, community health workers, counsellor. If required seek mental health support service.
- Participate in group sessions of Yoga, Meditation etc. while taking all due precautions like physical distancing.

(iii) In healthcare facility setting

- The first follow-up visit (physical/telephonic) should be within 7 days after discharge, preferably at the hospital where he/she underwent treatment.
- Subsequent treatment/follow up visits may be with the nearest qualified allopathic/AYUSH practitioner/medical facility of other systems of medicine. Poly-therapy is to be avoided due to potential for unknown drug-drug interaction, which may lead to Serious Adverse Events (SAE) or Adverse Effects (AE).
- The patients who had undergone home isolation, if they complain of persisting symptoms, will visit the nearest health facility.
- Severe cases requiring critical care support will require more stringent follow up.

**Immunity promoting AYUSH medicine (to be prescribed only by practioners permitted under law for prescribing the medicine/therapy under specific stream)**

Ayush Kwath (150 ml; 1 cup) daily, Samshamani vati twice a day 500 mg (1 gm per day) or Giloy powder 1 -3 grams with luke warm water for 15 days, Ashwagandha 500 mg twice a day (1 gm per day) or Ashwagandha powder 1-3 grams twice daily for 15 days and Amla fruit one daily/Amla powder 1-3 grams once daily.

- Mulethi powder (in case of dry cough) 1- 3 gram with luke warm water twice daily
- Warm Milk with ½ teaspoonful Haldi in (morning/evening)
- Gargling with turmeric and salt
- Chyawanprash 1 teaspoonful (5 mg) once daily in morning (as per directions from Vaidya)

**It is also suggested by the Ministry of AYUSH that the use of Chyawanprash in the morning (1 teaspoonful) with luke warm water/milk is highly recommended (under the direction of Registered Ayurveda physician) as in the clinical practice Chyawanprash is believed to be effective in post-recovery period.**



# NSS UNITS PATTAMUNDAI COLLEGE, PATTAMUNDAI

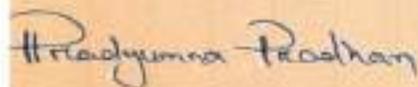
Affiliated to Utkal University, Bhubaneswar, Odisha



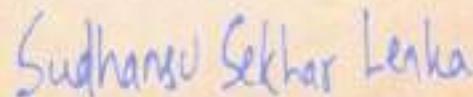
## *Certificate of Participation*

This is to certify that Mr./Ms./Mrs. **BIKASH KUMAR NAYAK**, STUDENT of Pattamundai Degree College, Pattamundai has actively participated in the Webinar on "Post COVID-19 Treatment" organized by NSS Units, Pattamundai College, Pattamundai, Kendrapara, Odisha.

Date: 02.11.2020



Mr. Pradyumna Pradhan  
Convenor



Dr. S.S. Lenka  
Resource Person



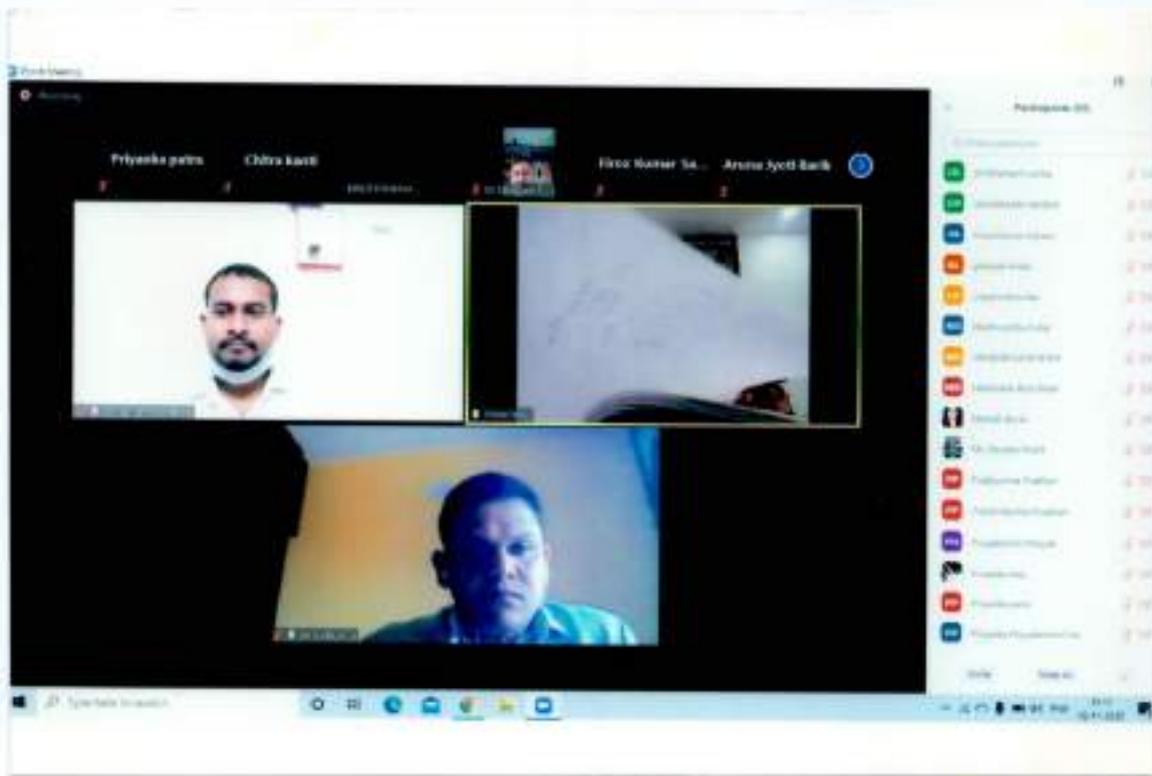
Prof. A.L.N. Dash  
Principal

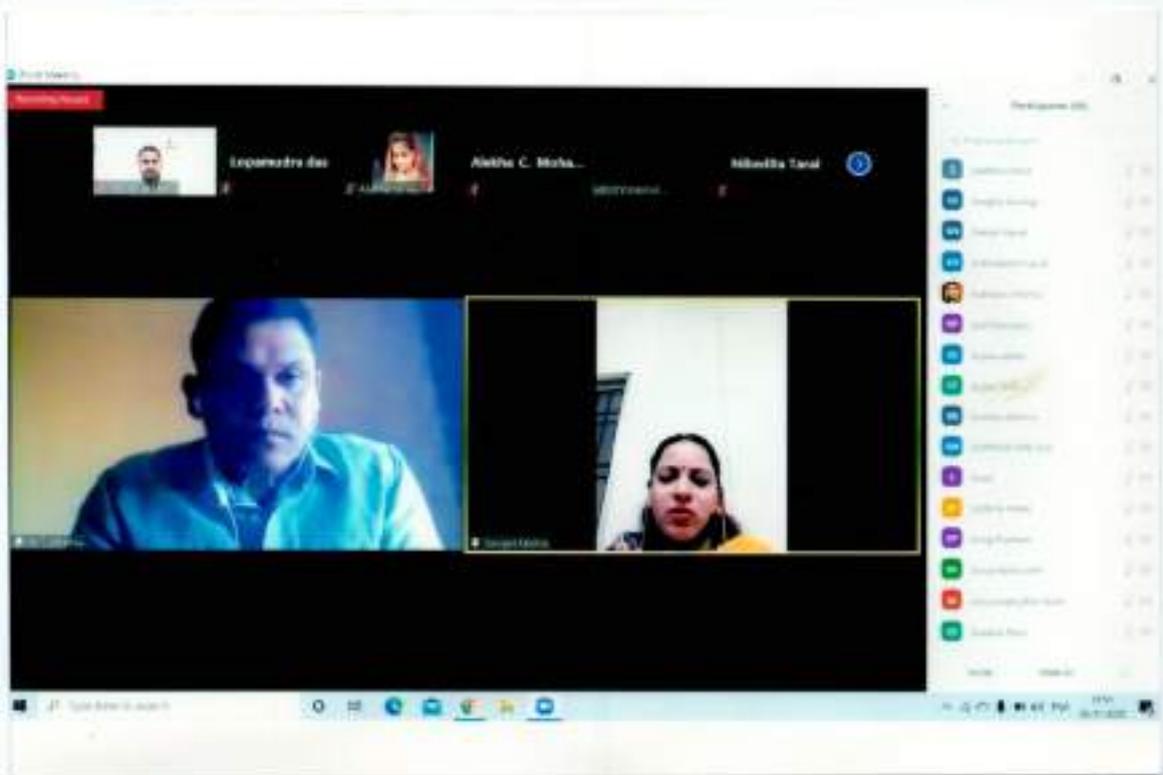
## Webinar on "Post COVID-19 Treatment"

**Organised By: NSS Units, Pattamundai College, Pattamundai, Kendrapara, Odisha Date:02.11.2020 Time: 03.00 PM**

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A  
REPORT ON  
OBSERVATION OF  
"INTERNATIONAL YOGA DAY"  
On  
21<sup>ST</sup> JUNE 2020  
Organized by  
*NSS, Units  
Pattamundai College  
Pattamundai*

## REPORT

On 21<sup>st</sup> June 2020 "International Yoga day" was celebrated by NSS & NCC Units of Pattamundai college, Pattamundai at 8 am. We celebrate the day on online basis due to the COVID-19 situation. Prof. Adhikari Laxminarayan Das, the principal of this college inaugurate the programme and told about the importance of Yoga in our day-today life. He also instructed us about the different yoga. Many students and faculties of this college participated in the Programme, the programme was conducted by Capt. Monoj Parida, NCC Officer, Mr. Pradyumna Pradhan, P.O, NSS Boys Unit and Mr. Subhasis Mishra, Lecturer in Economics. Lastly the Programme was ended with a vote of thanks by Dr. Dushasan Parida, Lecturer in Chemistry.

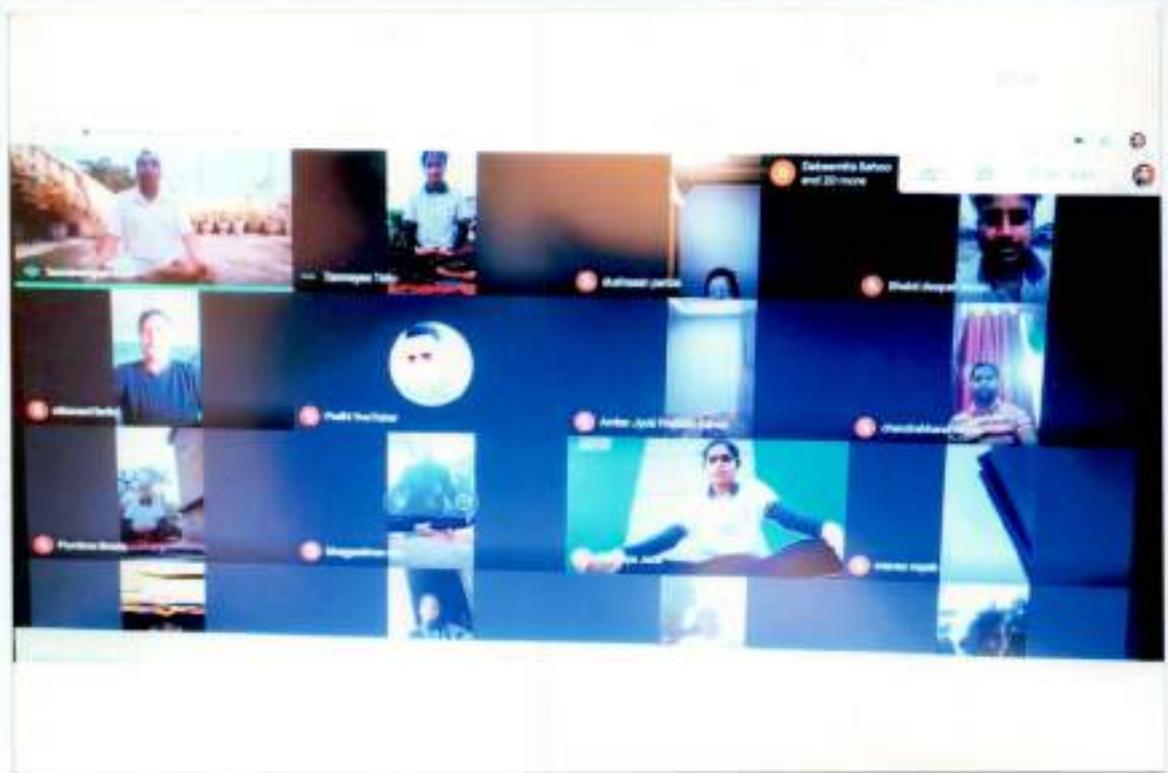
**OBSERVATION OF INTERNATIONAL YOGA DAY**  
**ON:21ST JUNE 2020**  
**ORGANISED BY : PATTAMUNDAI COLLEGE, PATTAMUNDAI**

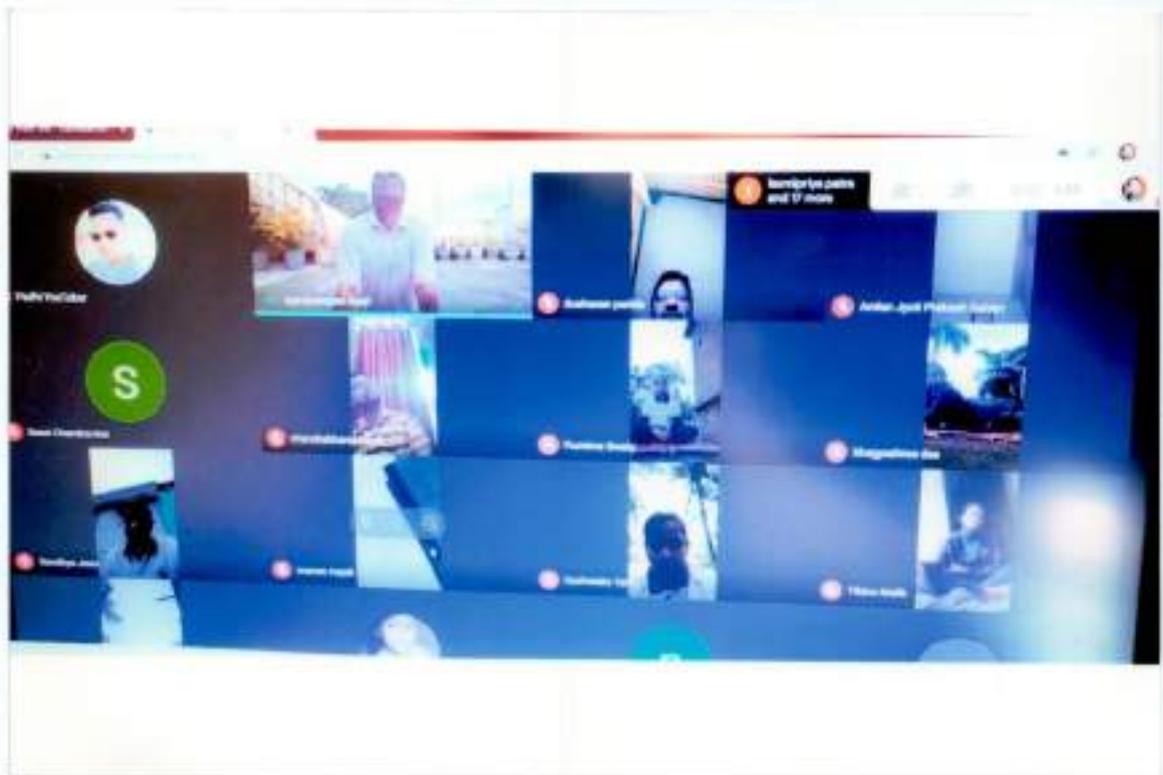
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Project Report  
on  
**Physical and social problems  
of ageds in a rural sector**



**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 from 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**

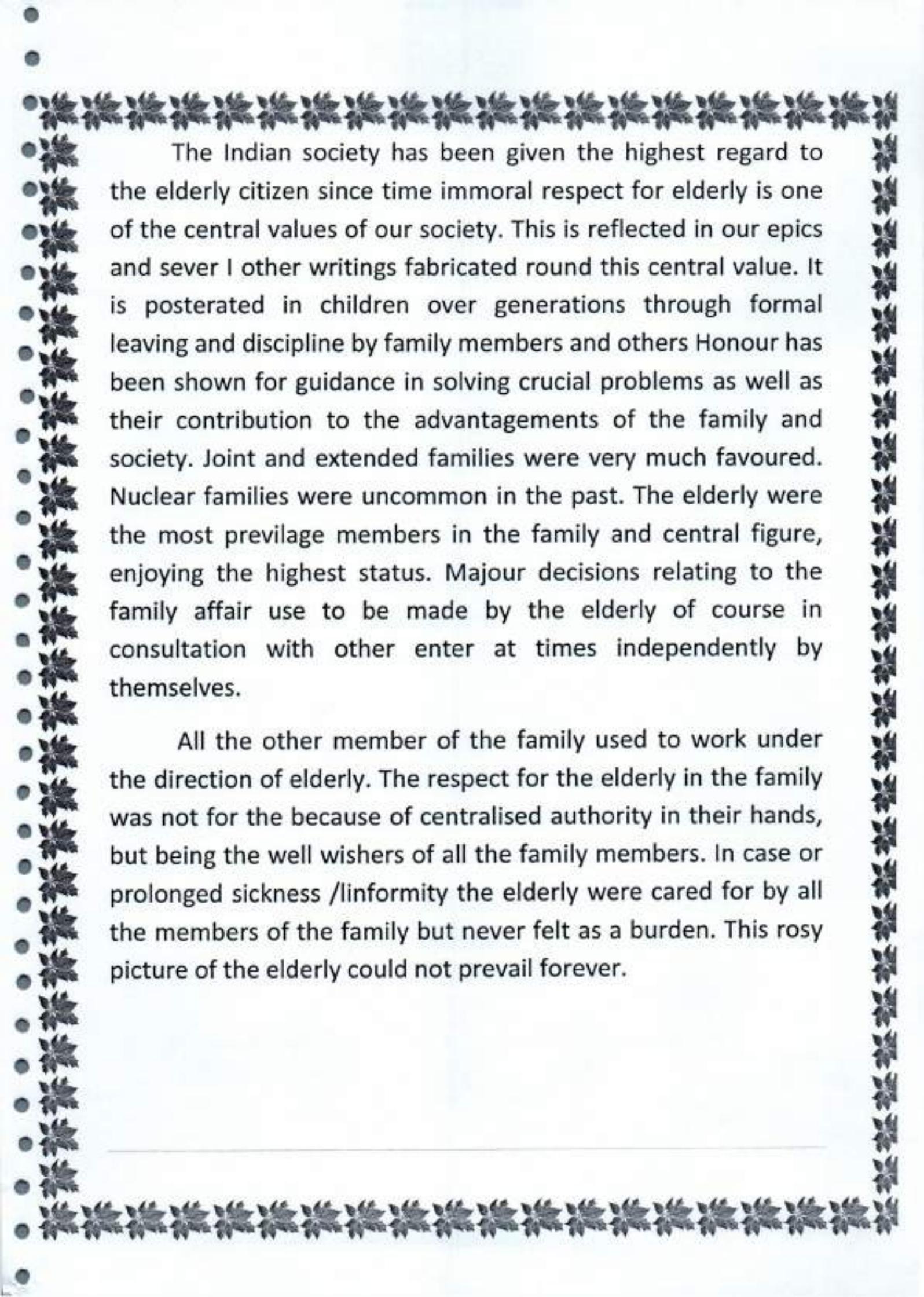
Among the age group (70-74) has been depend upon allopathy.

**75-79**

8 are depended upon allopathy and 2 are homeopathy.

**80 Above**

16 are depended upon allopathy.

A decorative border with a repeating floral pattern of leaves and small flowers surrounds the text. The border is composed of small, dark, stylized floral motifs arranged in a continuous line.

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 centralized 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.

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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 there by.

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

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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 sakes american society so dynamic and exuberant .

Basic difference between the two orientation is that in India the centripotal terrience 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 divercity 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 inclustrialisection, urbanisation and modernisation, radial 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

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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 rims future existence no more important to the society to which they belong. An older person may creat a gap in the social net work through his desise of disengagement, but society soon makes a replacements);

5) Though numerically large, the aged are too hetrogenious ra to fora an effective pressure groups in society and this coupied with their disengagement tendency weakness their involvement in r". community a fails;

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, association, 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 of modernising forces operating due to faster pace of, industrialisation the important role of its traditional culture is steel in vague in the management of cares 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 this similar opportunities-both economic and social available within and between the places, for example-the lack of economic oppertunities 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 enjoined 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.

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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.

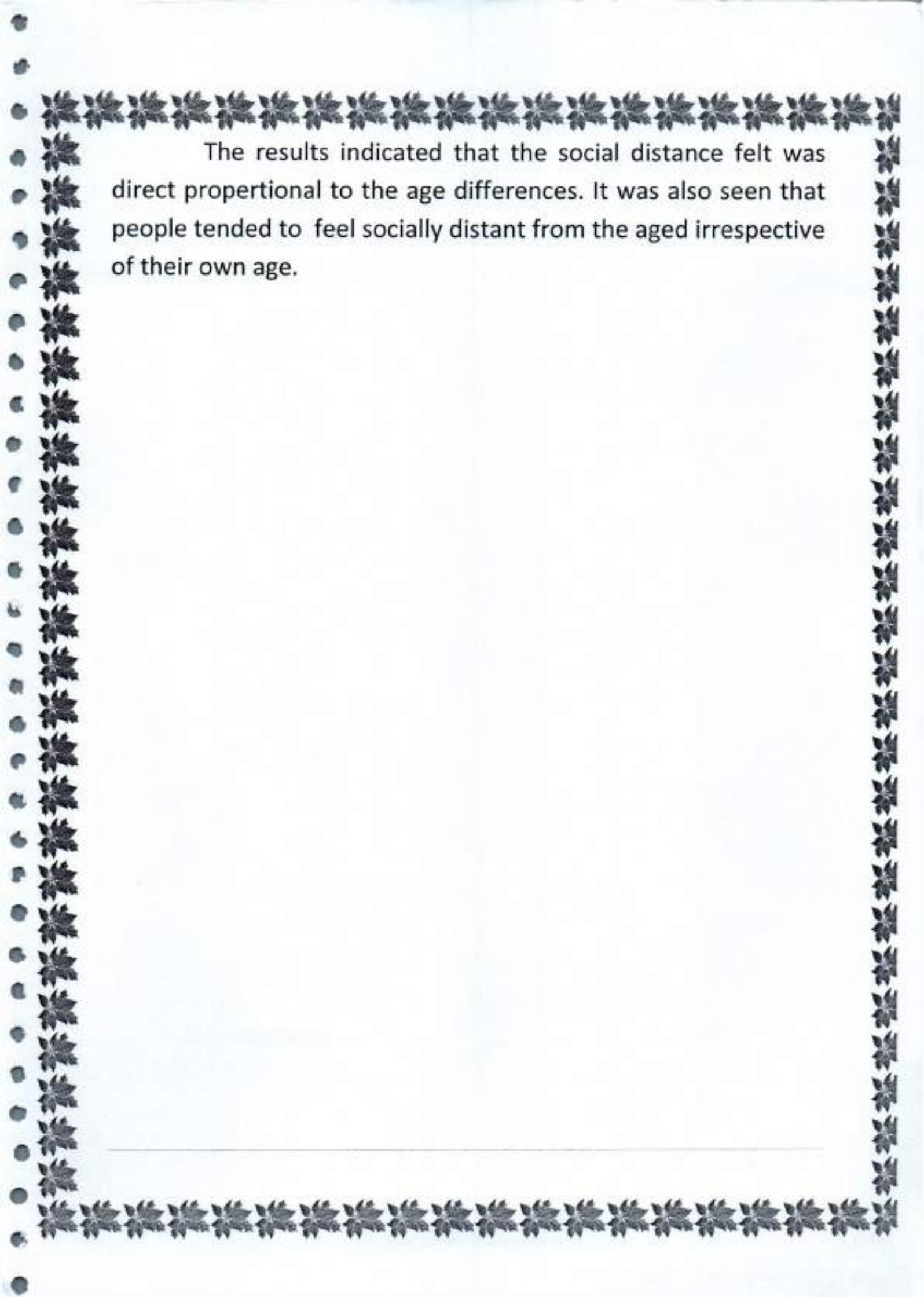
In third world countries even today the aged rely mostly on familial resources for survival. In these countries, the reliance of elderly on their families is greater as; there is a lack of provision of formal survival generally available in most industrialised nations. In Costa Rica, most older persons 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.

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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.

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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.

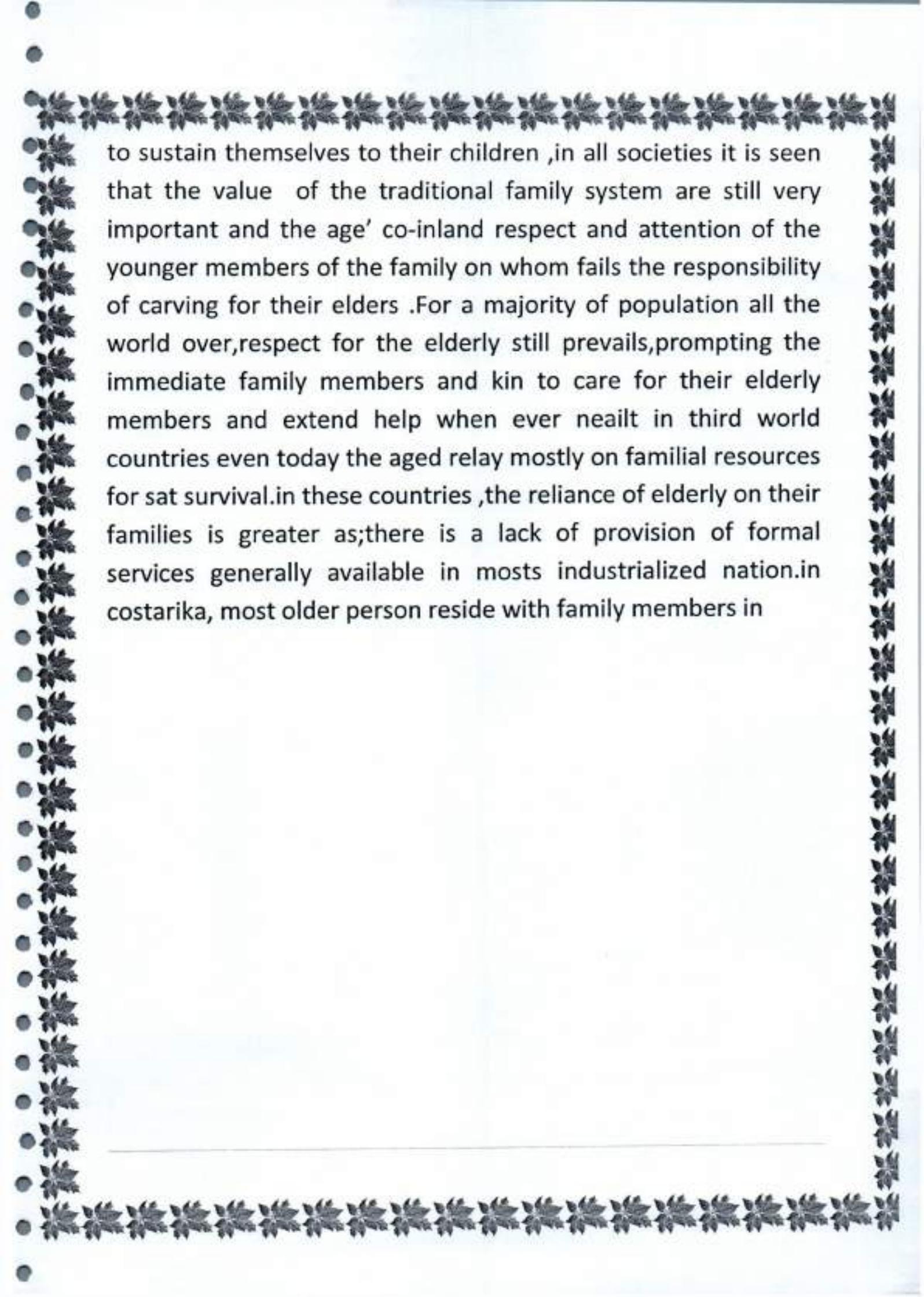
According to the table no 3.10 it is clearly found that out of 60 respondents,6 respondents feel they have lost their social recognition due to old age where as 54 respondents do not feel they have lost social recognition to old age .

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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













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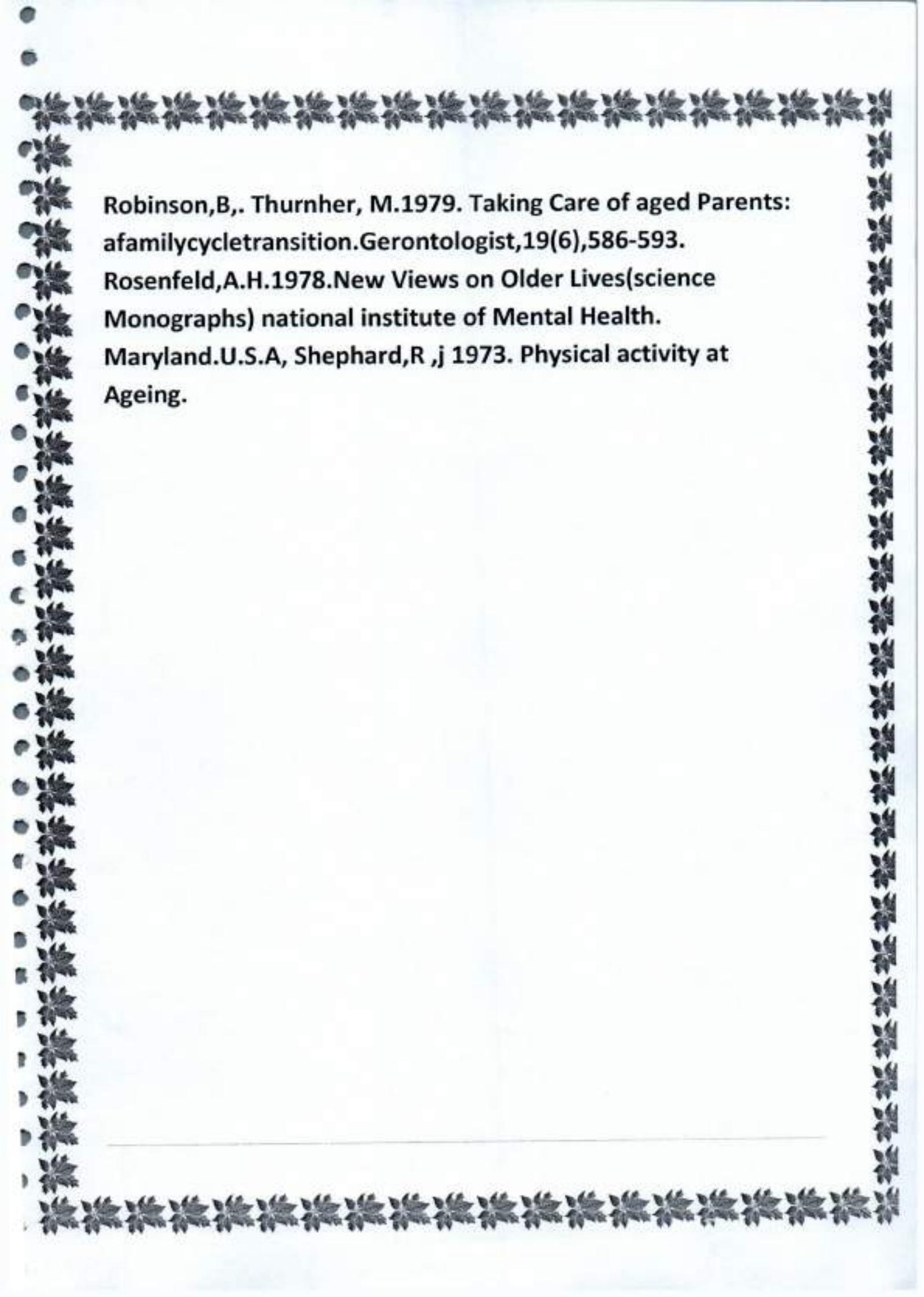
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**Project on "Social and physical problems of ageds in a rural setting"**

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

Sl.No	Name of the Student	Roll No	Signature
1	Manasi Jena	BA16-004	manasi jena
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3	Sumita Sahoo	014	Sumita 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	Sumita Das	084	Sumita 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	252	Sasmita Sethi
31	Sagarika Kund	256	Sagarika Kund
32	Jyostarani Behera	266	Jyostarani Behera
33			