

A COMMUNITY SERVICE PROJECT REPORT ON

STUDY OF HERBAL PLANTS

submitted in partial fulfillment of the requirements

for the award of the degree

of

BACHELOR OF TECHNOLOGY

in

MECHANICAL ENGINEERING

By

A JAGADEESH

23751A0375



**SREENIVASA INSTITUTE OF TECHNOLOGY AND
MANAGEMENT STUDIES, CHITTOOR-517127, A.P.**

(Autonomous)

(Approved by AICTE & Affiliated to JNTUA, Ananthapuramu)

DEPARTMENT OF MECHANICAL ENGINEERING

(2025-26)

**SREENIVASA INSTITUTE OF TECHNOLOGY AND
MANAGEMENT STUDIES, CHITTOOR-517127, A.P.**
(Autonomous – NAAC Accredited)
(Approved by AICTE, New Delhi & Permanently Affiliated to JNTUA,
Ananthapuramu)



DEPARTMENT OF MECHANICAL ENGINEERING

CERTIFICATE

This is to certify that the community service project report “**STUDY OF HERBAL PLANTS**” is agenuine work of

A JAGADEESH

23751A0375

submitted to the department of Mechanical Engineering, in partial fulfillment of the requirements for the award of the degree of Bachelor of Technology in Mechanical Engineering, during the academic year 2025-26.

Signature of the Faculty Guide

Mr.XXXXXXXXXXX

Assistant Professor,

Department of XXXXXXXX Engineering,

Sreenivasa Institute of Technology and
Management Studies, Chittoor, A.P.

Signature of the Head of Department

Dr.XXXXXXXXXX.,

Professor & HOD,

Department of XXXXXXXX Engineering,

Sreenivasa Institute of Technology and
Management Studies, Chittoor, A.P.

Submitted for Semester End Examination held on

INTERNAL EXAMINER

EXTERNAL EXAMINER

Student's Declaration

I,.....,a student ofProgram, Reg. No.of the Department of....., College do hereby declare that I have completed the mandatory community service from..... to.....in (Name of the Community/Habitation) under the Faculty Guideship of....., (Name of the Faculty Guide), Department of.....in.....College

(Signature and Date)

Endorsements

Faculty Guide

Head of the Department

Principal

Certificate from Official of the Community

This is to certify that (Name of the Community Service Volunteer) Reg. No..... of Name of the College) underwent community service in (Name of the Community) from..... to

The overall performance of the Community Service Volunteer during his/her community service is found to be..... (Satisfactory/Good).

Authorized Signatory with Date and Seal

ACKNOWLEDGEMENTS

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CHAPTER 1: EXECUTIVE SUMMARY

The community service report shall have only a one-page executive summary. It shall include a brief description of the Community and summary of all the activities done by the student in CSP and five or more learning objectives and outcomes.

CHAPTER 2: OVERVIEW OF THE COMMUNITY

- *About the Community/Village/Habitation including historical profile of the community/habitation, community diversity, traditions, ethics and values.*
- *Brief note on Socio-Economic conditions of the Community/Habitation.*

CHAPTER 3: COMMUNITY SERVICE PART

Description of the Activities undertaken in the Community during the Community Service Project. This part could end by reflecting on what kind of values, life skills, and technical skills the student acquired.

ACTIVITY LOG FOR THE FIRST WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1			
Day - 2			
Day - 3			
Day - 4			
Day - 5			
Day - 6			

WEEKLY REPORT

WEEK – 1 (From Dt..... to Dt.....)

[illegible]

ACTIVITY LOG FOR THE SECOND WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1			
Day - 2			
Day - 3			
Day - 4			
Day - 5			
Day - 6			

WEEKLY REPORT

WEEK – 2 (From Dt..... to Dt.....)

[illegible]

ACTIVITY LOG FOR THE SECOND WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1			
Day - 2			
Day - 3			
Day - 4			
Day - 5			
Day - 6			

WEEKLY REPORT

WEEK – 2 (From Dt..... to Dt.....)

[illegible]

ACTIVITY LOG FOR THE THIRD WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1			
Day - 2			
Day - 3			
Day - 4			
Day - 5			
Day - 6			

WEEKLY REPORT

WEEK – 3 (From Dt..... to Dt.....)

[illegible]

ACTIVITY LOG FOR THE FOURTH WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1			
Day - 2			
Day - 3			
Day - 4			
Day - 5			
Day - 6			

WEEKLY REPORT

WEEK - 4 (From Dt..... to Dt.....)

[illegible]

ACTIVITY LOG FOR THE FIFTH WEEK

DAY & DATE	BRIEF DESCRIPTION OF THE DAILY ACTIVITY	LEARNING OUTCOME	Person In-charge Signature
Day - 1			
Day - 2			
Day - 3			
Day - 4			
Day - 5			
Day - 6			

WEEKLY REPORT

WEEK – 5 (From Dt..... to Dt.....)

[illegible]

CHAPTER 5: OUTCOMES DESCRIPTION

Details of the Socio-Economic Survey of the Village/Habitation. Attach the questionnaire prepared for the survey.

[illegible]

[illegible]

Short-term and long term action plan for possible solutions for the problems identified and that could be recommended to the concerned authorities for implementation.

[illegible]

Description of the Community awareness programme/s conducted w.r.t the problems and their outcomes.

[illegible]

Report of the mini-project work done in the related subject w.r.t the habitation/village.

A mini-project work in the related subject w.r.t the habitation/village. (For ex., a student of Botany may do a project on Organic Farming or Horticulture or usage of biofertilizers or biopesticides or effect of the inorganic pesticides, etc. A student of Zoology may do a project on Aquaculture practices or animal husbandry or poultry or health and hygiene or Blood group analysis or survey on the Hypertension or survey on the prevalence of diabetes, etc.

The Report shall be limited to 6 pages.

CHAPTER 6: RECOMMENDATIONS AND CONCLUSIONS OF THE MINI PROJECT

Student Self-Evaluation for the Community Service Project

Student Name:

Registration No:

Period of CSP: From: To:

Date of Evaluation:

Name of the Person in-charge:

Address with mobile number:

Please rate your performance in the following areas:

Rating Scale: 1 is lowest and 5 is highest rank

1) Oral communication	1	2	3	4	5
2) Written communication	1	2	3	4	5
3) Proactiveness	1	2	3	4	5
4) Interaction ability with community	1	2	3	4	5
5) Positive Attitude	1	2	3	4	5
6) Self-confidence	1	2	3	4	5
7) Ability to learn	1	2	3	4	5
8) Work Plan and organization	1	2	3	4	5
9) Professionalism	1	2	3	4	5
10) Creativity	1	2	3	4	5
11) Quality of work done	1	2	3	4	5
12) Time Management	1	2	3	4	5
13) Understanding the Community	1	2	3	4	5
14) Achievement of Desired Outcomes	1	2	3	4	5
15) OVERALL PERFORMANCE	1	2	3	4	5

Date:

Signature of the Student

Evaluation by the Person in-charge in the Community/Habitation

Student Name:

Registration No:

Period of CSP: From: To:

Date of Evaluation:

Name of the Person in-charge:

Address with mobile number:

Please rate the student's performance in the following areas:

Please note that your evaluation shall be done independent of the Student's self-evaluation

Rating Scale: 1 is lowest and 5 is highest rank

1) Oral communication	1	2	3	4	5
2) Written communication	1	2	3	4	5
3) Proactiveness	1	2	3	4	5
4) Interaction ability with community	1	2	3	4	5
5) Positive Attitude	1	2	3	4	5
6) Self-confidence	1	2	3	4	5
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13) Understanding the Community	1	2	3	4	5
14) Achievement of Desired Outcomes	1	2	3	4	5
15) OVERALL PERFORMANCE	1	2	3	4	5

Date:

Signature of the Supervisor

PHOTOS AND VIDEO LINKS