



**National Service Scheme**

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पत्र क्र. No.GU/NSS/ 10/2017

Dt: 17/01/2017

प्रति,

मा. प्राचार्य  
संलग्नित सर्व रासेयो महाविद्यालये,  
गोंडवाना विद्यापीठ, गडचिरोली

विषय: राष्ट्रीय एकात्मता शिबिराकरीता स्वयंसेवक/स्वयंसेविका पाठविण्याबाबत.

संदर्भ : F.No.18/10/NSS/RC/2017/558 to 561, Dated 10<sup>th</sup> Jan. 2017.

महोदय,

उपरोक्त संदर्भाकरीत विषयान्वये आपणांस कळविण्यात येते की, मा. राज्यसंपर्क अधिकारी उच्च व तंत्र शिक्षण विभाग, रासेयो मंत्रालय कक्ष, मुंबई यांनी मंजूरी दिल्याप्रमाणे दि. ०९ ते १५ फेब्रुवारी, २०१७ या कालावधीमध्ये श्री रामचंद्र मीशन आश्रम, अमलेश्वर, जि. दुर्ग (छत्तीसगड राज्य) येथे राष्ट्रीय एकात्मता शिबिराचे आयोजन करण्यात आले आहे. यामध्ये गोंडवाना विद्यापीठातील ५ मुले व ५ मुली असे एकूण १० विद्यार्थी शिबिरामध्ये सहभागाकरीता पाठवावयाचे आहेत.

त्या अनुषंगाने आपल्या महाविद्यालयातील इच्छुक रासेयो स्वयंसेवकांचे नामनिर्देशन [nssdsw.gug@gmail.com](mailto:nssdsw.gug@gmail.com) या ई-मेलवर दि. २३ जानेवारी, २०१७ पर्यंत संलग्नित प्रपत्रांमध्ये माहिती भरून कळवावे.

कळावे.  
धन्यवाद!

कार्यक्रम समन्वयक (प्र.)  
राष्ट्रीय सेवा योजना तथा  
कुलसचिव (कार्य.)  
गोंडवाना विद्यापीठ, गडचिरोली  
कार्यक्रम समन्वयक  
राष्ट्रीय सेवा योजना विभाग  
गोंडवाना विद्यापीठ, गडचिरोली



**FORM OF INDEMNITY . NSS NATIONAL INTEGRATION CAMP**

In consideration of my being nominated at my request to undergo all types of training and also participating in any Mega camp/NI camp/Festival/PreRD/RDCamp/course/ adventure training activities in/ outside NSS and travelling I undertake and agree that neither I nor my executer/ administrator will make any claim against the Government of India or against any officer of NSS/ principal/programme officer/programme Coordinator/State Liaison officer/Youth Officer/Assistant programme Adviser/Deputy Programme Adviser/Programme Adviser in respect of any loss or injury to the property or person (including injury resulting in death), which may suffer while or in consequence of my being in training/ participating in any camp/ course/adventure training activities in/ out side NSS and travelling and I understand that no compensation will be paid by Government of India or any Officer as mentioned against any such loss or injury (including injury resulting in death) and I agree so as to bind myself, executers and administrators to indemnity to the Government of India, any NSS official and any person in the service of Government of India, against any claim which may be made any third party against them or any of them arising out of any act or default on my part during or in connection of said training camp/course/National Youth Festival/adventure training and journey by road/rail/sea/river/and flight

Signature of applicant

Signed by the applicant with address

in the presence of sh.

Witness 1,

Witness 2.

NB: one of the witnesses must be the parent/guardian of the NSS volunteer with address,

**VOLUNTEERSHIP CERTIFICATE**

It is certified that Shri/ Kumari -----

Son / Daughter of Shri -----

is a bonafide student of (name of institution) -----

He/ she is a regular NSS Volunteer &from-----

and as empleted his/ her one year of Volunteer ship and he / she is neither  
member of NCC nor a member of Scouts and Guides/ Rovers/ Rangers.

Signature of Programme Officer

With seal

Signature of Principal

With Seal

### Certificate of Medical Physical Fitness

Signature of the candidate-----

that I have examined s/o / D/o-----

I do here by certify Mr/Mrs,-----

Station-----

Dated:-----

and found it fit for undergoing rigorous Day/Republic Day/training for National Integration Camp/  
Pre-Republic Day Camp/Adventure Camp/NSS Mega Summer Camp'

The candidate whose signature is given above is not suffering any communicable or chronic disease,  
which may cause any hindrance in his/her participation in the above mentioned rigorous training  
programme.

Signature of the Medical Officer

Name with seal

**National Integration Camp – Ramchandra Mission Ashram, Amleshwar  
Chhattisgarh.**

**From 9<sup>th</sup> February, 2017 to 15<sup>th</sup> February, 2017**

Photo

**PERSONAL DETAILS (in capital letters)**

(i) Name: \Mr./Miss -----

(ii) Date of birth: -----

(iii) Father's Name: -----

(iv) Mother's Name: -----

(v) College/School Name: -----

(vi) Course./ Subject studying : -----

(i) Contact Address & Telephone no.-----

Telephone No(s): -----

Mobile No(s): -----

Telephone No(s):-----

No(s):

(i) Height (in cm) -----

(iii) Blood Group: attended: -----

Br CONTACT DETAILS : -----

Telephone No(s): -----

Mobile No(s): -----

D: OTHER DETAILS

(ii) Permanent Address & Telephone no -----

Telephone No(s): -----

Mobile No(s):-----

C: NSS UNIT DETAILS

(i) Name & Address of Prog. Officer -----

(i) Name & Address of Prog. Coordinator -----

(ii) weight (Kg.) -----

iv) NSS Camps -----

(vi) Hobbies: -----

(vii) Mandate Form Bank Account Details : -----

Signature of the Volunteer & Date

Signature of the Programme Officer & Date (SEAL)

**MANDATE FORM**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS**

**SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS**

A. DETAIL OF ACCOUNT HOLDER :

NAME OF ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/FAX/EMAIL	

B. BANK ACCOUNT DETAILS:

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
WHETHER THE BRANCH IS COMPUTERIZED ?	
WHETHER THE BRANCH IS RTGS ENABLED ? IF YES, THEN WHAT IS THE BRANCH 'S <b><u>IFSC CODE</u></b>	
IS THE BRANCH ALSO NEFT ENABLED ?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

DATE OF EFFECT :

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

(.....)  
Signature of Customer

Date :

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)  
(.....)

Signature of Customer