Dr.B.R.AMBEDKAR UNIVERSITY, ETCHERLA,SRIKAKULAM
NATIONAL SERVICE SCHEME
NSS UNIT - REGISTRATION FORM

1. Name of the College with address   :
   with PIN Code

2. Name of the Principal   :
             Phone with Code   : (O):   ®:

3. Name of the Programme Officer :
             Phone with Code   : (O):   ®:

4. Date of appointment as P.O   :

5. Date of Birth & Age of P.O.   :

6. Whether the P.O. belongs to SC/ST/   :
   BC/OC (for statistical purpose only)

7. Name of the Adopted village/Slum   :   Mandal:

8. Faculty of P.O.   :

9. Date of Joining of P.O. in the college   :

10. Whether the P.O. worked previously   :
    in other college. Please mention the
    the details of service.

11. No. of special camps conducted   :

12. Total service of Programme Officer   :

13. Whether the Programme Officer has   :
    attended a 10-day Orientation and
    Training Programme. If yes, give
    dates.

14. Whether the Programme Officer   :
    has attended a 5-day Refresher
    Course. If yes, give dates (Refresher
    Course will be given to the P.O. who
    has undergone Orientation training
    earlier)

15. NSS volunteer strength sanctioned   :
    to the Unit

16. NSS volunteers actually enrolled in the
    unit

Gender	SC	ST	BC	Minority	OC	Total

17. Whether the college is having NSS
    Account being operated jointly by
    the Principal and Programme Officer
    or individually. Give details.

18. Name and address of the Bank, Branch :
    & Account No.

Signature of the PO.

Dr.B.R.AMBEDKAR UNIVERSITY, ETCHERLA,SRIKAKULAM
NATIONAL SERVICE SCHEME

BIO-DATA

Name of the Student Volunteer   :

Name of the Father   :

Date of Birth   :

Class   :

Gender   :   Male / Female   Blood Group:

Category   :   OC/BC/SC/ST

Percentage of Marks   :

Residential Address with Phone No   :

Cell No.   :

Aadhaar No.   :

E-mail ID   :

Hobbies   :

Height (in cms)   :

Weight (in kgs)   :

Food Habits   :

Extra Curricular Activities   :

Achievements   :

Signature of the volunteer

PROFORMA FOR SUBMISSION OF VOLUNTEERS LIST

S. No.	Name of the Volunteer	Father Name	Class	Gender	Category	Blood Group	Phone Number	Aadhaar Number	Mail ID
1.									
2.									
3 to 50	-	-					-	-	

ABSTRACT

	OC	BC	SC	ST	Total
Male	-	-	-	-	-
Female	-	-	-	-	-
Total	-	-	-	-	-

PROFORMA FOR SUB MITTING THE SPECIAL CAMP
PROPOSAL 202 - 2

1. Name of the College & Address :

2. Name of the Principal :
                                        Phone   (O):   Mobile:

3. Name of the Programme Officer :
                                          Phone   (O):   Mobile:

4. Camping Dates :

5. Camping Place with address : (Contact Phone
   No. at Camping Place) :

   (If there is any change in the camp place or date, prior permission is to beobtained by giving reasons
    from this office)

6. Strength of the volunteers : Male: Female: Total :(Enclose
   campers' list with their signature)

7. Distance of the camp site from the College : Kms.(Enclose a
   Route Map)

8. Nearest Rail/Bus station to the camping place :
9. Nature of programmes to be undertaken :during the 7
   days (Enclose day-wise programme sheet)
10. Any other specific activity :
11. Agencies involved Governmental/Non- :
    Governmental
12. Particulars of pre-camp planning :(Mention
    the names of persons whom you have contacted both
    officials and non- officials and the No. of times that you
    have visited the camp site to look afterthe
    arrangements)
13. No. of camps so far organized during this year :

14. Any other information :

Signature of the   Signature of the
 P.O. with seal   Principal with seal
- -- - - - - - -
(FOR OFFICE USE ONLY)
       The camp proposal is in order. Proposal may be accepted and a grant of may be sanctioned.
The camp proposal is not in order. Hence the proposal may be rejected.

                                                         Programme Coordinator
                                                          NSS, Dr B.R.A.U.

NOTE: The Principal is requested to send it through the Programme Officer immediately along with 7
days tentative programme, list of participants and Root Map of the Camp place, etc..

PROFORMA FOR SUBMISSION OF SPECIAL CAMP PARTICIPANTS LIST

Camping place:_____Dates: From_____to _____

S. No.	Name of the Volunteer	Father Name	Class	Gender	Category	Blood Group	Phone Number	Aadhaar Number	Mail ID
1.									
2.									
3 to 50	-	-					-	-	

ABSTRACT

	OC	BC	SC	ST	Total
Male	-	-	-	-	-
Female	-	-	-	-	-
Total	-	-	-	-	-