NSS Cell

Annex-I

UNIVERSITY LEVEL LEADERSHIP TRAINING CAMP-2019-20			
NOMINATION FORM FOR UNIVERSITY LEVEL LEADERSHIP TRAINING CAMP -2020 A: PERSONAL DETAILS (in capital letters)			
	211126 (in capital letters)		
(i) Name: Mr./Miss			
(Surname)	(First name)		
(ii) Nomination is for	,		
(iii) Date of birth:			
(v) Mother's Name:	Mother's Name:		
(vi) Educational Qualification:			
B: CONTACT DETAILS			
(i) Contact Address & Telephone no. of NSS	(ii) Permanent Address & Telephone no of		
Volunteer (College)	NSS Volunteer (Residence)		
Telephone No(s):	Telephone No(s):		
Mobile No(s):	Mobile No(s):		
C: NSS UNIT DETAILS	E mail ID		
(i) Name & Address of NSS Prog. Officer			
(college)			
` '			
Telephone No(s):			
Mobile No(s):			
D: OTHER DETAILS			
(i) Height (in cm)	(ii) Weight (Kg.)		
(iii) Food habit: <u>Veg/ Non-Veg</u>	(iv) Blood Group:		
(v) NSS Camps attended:	(vi) NSS Enrollment Year:		
	(viii) Hobbies:		
Signature of the Volunteer & Date	Signature of the Prog. Officer & Data		
Signature of the volunteer & Date	Signature of the Prog. Officer & Date (SEAL)		

<u>Certificate of Medical/Physical Fitness – A Specimen</u>

Name & Signature of the Candidate
I do hereby certify that I have examined Mr./Ms
The candidate whose signatures are 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 with Seal Station:
Dated:

Form of Indemnity – A Specimen

In consideration of my being nominated at my request to undergo all types of training and also participating in any camp/course/adventure training activities in/outside NSS and traveling 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 inconsequence of my being in training/participating in any camp/course/adventure training activities in/ outside NSS and traveling 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 ac or default on my part during or in connection of said training camp/course/NSS University Level Leadership Training Camp /adventure training and journey by road/rail/sea/river/flight.

	Signatures of the applicant with address
In the presence of Witness 1	
Witness 2	

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

<u>Volunteer ship Certificate – A Specimen</u>

It is certified that Shri./Kum is a bona-fi	Son/Daughter of ide student of (name of institution)
He/ She is a regular NSS volunteer from. year of volunteer ship and he/she is neither a me Guides/ Rovers/Rangers.	and has completed his/her one ember of NCC nor a member of Scouts and
He has attended NSS Special camp from	to (Date) at (Venue)
Signatures of the Programme Officer with seal	Signatures of the Principal with seal

ARTICLES OF DAILY USE FOR CAMP

- 1. Light bedding
- 2. Torch with cells
- 3. White warm up shoes
- 4. Clothes for daily use
- 5. Baggage which can be locked properly
- 6. NSS Badge & diary
- 7. College/ School/ University Identity card
- 8. Costumes & musical Instruments, CDs, DVDs, cassettes for cultural activities
- 9. Lock and key
- 10. Toiletries
- 11. Essential medicines
- 12. Essential medicines
- 13. Participants are advised **not to carry** with them gold ornaments and valuable items.