

REPUBLIC DAY PARADE CAMP-2018-19	
NOMINATION FORM FOR STATE/UT LEVEL SELECTION CAMP	
A: PERSONAL DETAILS (in capital letters)	
(i) Name: <u>Mr./Miss</u> (Surname) (First name)	Photo
(ii) Nomination is for : Pre R.D. Parade Camp	
(iii) Date of birth: _____	
(iv) Father's Name: _____	
(v) Mother's Name: _____	
(vi) Class in the current Session : _____	
B: CONTACT DETAILS	
(i) Contact Address & Telephone no. Telephone No(s): Mobile No(s):	(ii) Permanent Address & Telephone no. Telephone No(s): Mobile No(s): E mail ID
C: NSS UNIT DETAILS	
(i) Name & Address of Prog. Officer Telephone No(s): Mobile No(s):	(i) Name & Address of Prog. Coordinao Telephone No(s): Mobile No(s):
D: OTHER DETAILS	
(i) Height (in cm) _____ (iii) Food habit: <u>Veg/ Non-Veg</u> (v) NSS Camps attended:	(ii) Weight (Kg.) _____ (iv) Blood Group: _____ (vi) NSS Enrollment Year: _____ (viii) Hobbies:
Signature of the Volunteer & Date	Signature of the Prog. Officer & Date (SEAL)

Photo

Certificate of Medical/Physical Fitness – A Specimen

Signature of the Candidate-----

I do hereby certify that I have examined Mr./Ms-----
Son/Daughter of----- and found fit for undergoing rigorous training
for Adventure Camp/Mega Camp/Pre-Republic Day/Republic Day Camp.

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 in consequence 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 act or default on my part during or in connection of said training camp/course/NSS Pre-RD Parade/RD Parade Camp/adventure training/Mega Camp 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

Volunteership Certificate – A Specimen

It is certified that Shri/Kum..... Son/Daughter of Shri..... is a
bonafide student of (name of institution).....

He/She is a regular NSS volunteer from..... and has completed his/her one year of
volunteership and he/she is neither a member of NCC nor a member of Scouts and Guides/
Rovers/Rangers.s

He has attended NSS Special camp from.....to.....(date) at.....(venue).

Signatures of the Programme Officer
with seal

Signatures of the Principal
with seal

प्री-आर.डी.शिविर-2018-19

अंडरटेकिंग (स्वयंसेवक द्वारा अपेक्षित)

मैं,.....पुत्र/पुत्री-श्री.....
.....छात्र/छात्रा.....
.....(विश्वविद्यालय/महाविद्यालय का नाम) कक्षा..... यह
घोषित करता/करती हूँ कि मेरी जन्मतिथि (अंको में)
....(शब्दों में-.....
.....) है । मैं सत्र.....से राष्ट्रीय सेवा योजना का
स्वयंसेवक/स्वयंसेविका हूँ तथा वर्तमान सत्र 2018-19 में भी
स्वयंसेवक/स्वयंसेविका के रूप में पंजीकृत हूँ । मैंने दिनांक.....से
.....तक आयोजित सात दिवसीय रा0से0यो0 विशेष शिविर में
सहभागिता की है ।

उक्त सूचना में यदि कोई असत्यता पाई जाती है तो किसी भी समय मेरा चयन
रद्द कर दिया जाए । इसका पूर्ण उत्तरदायित्व मेरा होगा ।

दिनांक: , 2018

(स्वयंसेवक/स्वयंसेविका के हस्ताक्षर)

MANDATE FORM
Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS)
facility for receiving payments.

A. Details of Accounts Holders:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No. (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 use 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)

Date:

Signature of Customer

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.