



# GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No. MISC -2007/(322/07) UNI -4 Dated 27<sup>th</sup> Sept. 2011 & Presently a State University governed by Maharashtra Public University Act, 2016 (Maharashtra Act No. VI of 2017)

## National Service Scheme



Dr. Naresh M. Madavi

Director(I/c.)

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पत्र क्र. No.GU/NSS/ 891 /2019

Dt : 15/04/2019

प्रति,

मा. प्राचार्य/ रासेयो कार्यक्रम अधिकारी,  
सर्व रासेयो महाविद्यालये,  
गोंडवाना विद्यापीठ, गडचिरोली.

विषय:- आव्हान-२०१९ या आपत्ती व्यवस्थापन प्रशिक्षण शिबीरामध्ये सहभागाकरीता संलग्नित प्रपत्रामध्ये विद्यार्थांची माहिती भरून रासेयो जिल्हा समन्वयक यांच्याकडे पाठविण्याबाबत.

महोदय/महोदया,

उपरोक्त विषयान्वये आपणास कळविण्यात येते की, आव्हान-२०१९ या राज्यस्तरीय आपत्ती व्यवस्थापन प्रशिक्षण शिबीराचे आयोजन दि. ०३ जून ते १२ जून २०१९ या कालावधीत स्वामी रामानंद तिर्थ मराठवाडा विद्यापीठ, नांदेड येथे करण्यात आले आहे. सदर शिबीरामध्ये गोंडवाना विद्यापीठातील प्रत्येक जिल्हातून २० मुले, १० मुली, ०१ पुरुष संघनायक व ०१ महीला संघनायक असा एकूण ६४ लोकांचा संघ सहभागाकरीता पाठविणे अनिवार्य आहे. करिता आपल्या महाविद्यालयातील ईच्छुक रासेयो ०१ स्वयंसेवक व ०१ स्वयंसेविका यांचे नावे संलग्नित प्रपत्रामध्ये भरून तातडीने जिल्हा समन्वयक यांच्या कडे दि. २७ एप्रिल २०१९ पर्यंत सादर करावे, ही विनंती.

धन्यवाद!

डॉ. नरेश मडावी

संचालक (प्र.)

राष्ट्रीय सेवा योजना

गोंडवाना विद्यापीठ, गडचिरोली

- ०१) मा. डॉ. विजया गेडाम. मो. क्र. ९७६६४३५१२३  
जिल्हा समन्वयक रासेयो जिल्हा- चंद्रपूर  
डॉ. बाबासाहेब आंबेडकर महाविद्यालय, चंद्रपूर
- ०२) मा. डॉ. नरेंद्र आरेकर मो. क्र. ९४२१७३१०८३  
जिल्हा समन्वयक रासेयो जिल्हा- गडचिरोली.  
श्री. गोविंदराव मुनघाटे महाविद्यालय, कुरखेडा

AVHAN-CHANCELLOR BRIGADE TRAINING PROGRAM ON DISASTER  
PREPAREDNESS

REGISTRATION FORM AND COMMITMENT CERTIFICATES PERSONAL  
INFORMATION

Name: -----  
Class-----Div-----Roll No-----  
Residential Address-----  
-----Taluka-----District----- Pin Code-----  
Contact detail STD Code ----- Residence Tel-----Mobile-----  
Email I D -----  
Date of Birth -----Age-----Spectacles: Yes/ No-----  
Height-----Weight-----Blood Group-----Hb%-----

PARENTS INFORMATION

Name: -----  
Office Address-----  
-----Taluka-----District----- Pin Code-----  
Contact detail STD Code ----- Residence Tel----- Mobile ---  
Email I D -----

INSTITUTIONAL INFORMATION

Name OF College: -----  
Official Address -----  
-----Taluka-----District----- Pin Code-----  
Contact detail STD Code ----- Tel----- Fax No -----  
Email I D ----- website-----  
**Name of Principal** -----  
Residential Address-----  
-----Taluka-----District----- Pin Code-----  
Contact detail STD Code ----- Tel-----Mobile No -----  
Email I D ----- website-----  
**Name of Program Officer**-----  
Residential Address -----  
Contact detail STD Code ----- Tel-----Mobile No -----  
Email I D ----- website-----  
**Name of University:** -----  
Office Address-----  
Contact detail STD Code ----- Tel-----Fax No -----  
Email I D ----- website-----

Name of Program Coordinator-----

Residential Address -----

Contact detail STD Code ----- Tel-----Mobile No -----

Email I D ----- website-----

**Other Information**

Enrollment Year of NSS: -----

Note Please make a tick mark wherever applicable

**Participated in**

Sports	MCC/NCC	Scout/Guide	Tracking	Hiking	RSP	Civil Defense	First Aid	Home Guard
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**Participated in**

Pre SRD	Pre NRD	SRD	NRD	Adventure Camp	Mega Camp	Youth Festival	Utkarsha	Any other
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**Skills known:**

Driving	Swimming	Cooking	Photography	Report Writing	Fire Fighting
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**Wish to participate**

Swimming	diving	First Aid training	Fire Fighting	Any Other
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- will like to know Procedure in police station/Legal knowledge
- Any other additional information: -----

1) COMMITMENT CERTIFICATES

(Jointly Singe NSS Volunteer/Parents/Programmer officer & Certify by Principal)

**A) UNDERTAKING BY THE PARTICIPATING STUDENT**

I undertake to state that I shall be attending the training program of AVHAN to be held at -----  
-----University from----- to -----at my own risk.

In consideration of my being nominated at my request to undergo all types of training and also participating in any NSS training activities in/outside NSS and traveling. I undertake and agree that neither I nor my executor/administrator will make any claim against any officer of NSS/Principal /Program Coordinator/State Liaison Officer/ Youth Officer/Assistant Program Adviser/Deputy Program 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 AVHAN.

I further undertake to state that I shall be abiding by all rules & regulation of the camp and shall be liable for strict disciplinary action for violation of the same=

Signature of the Student

Date: -----

**B) RESPONSIBILITY CERTIFICATE**

I agree as a responsible person that my Son/Daughter/Ward is being allowed to participate in the above mentioned camp to be held at ----- University at my own risk. If any accident or death occurs during this camp/program, I or any of my relation of legal heir will not demand any claim from State Govt./ University/College NSS unit, an account of my Son/Daughter /Ward being a part this camp.

Signature of the Parent/Guardian

Date: -----

**C) VOLUNTEERSHIP CERTIFICATE**

It is certificate that the volunteer is a confide student of the College/Institution and he/she is a regular NSS Volunteer from the year -----and has completed his/her one year of volunteer ship and he/she is neither a member of NCC nor a member of Scouts and Guides/Rovers/Rangers.

Signature of NSS Program Officer

Signature of the Principal

College Seal

**2) CERTIFICATE OF MEDICAL/PHYSICAL FITNESS**

Signature of the candidate: -----

I do hereby certify that I have examined the volunteer and found him/her fit for undergoing rigorous training for AVHAN- Disaster Preparedness Program the candidate whose signature given above is not suffering from any communicable or chronic disease, which may cause any hindrance due to his/her participation in the above mentioned rigorous training program.

Signature of the Medical Officer

Seal

Address with Contact No

Date-----

**3) VERIFICATION CERTIFICATE**

This is to certify that Mr/Ms----- NSS Volunteers of -----  
----- College is a bonafide student and NSS Volunteers of-----  
-----University. The information provided in the registration form by the volunteer and all the certificates signed by him/her. Parents Program Officer, Principal and medical Officer are endorsed by me as a Program Coordinator of the University.

Signature of the Program Coordinator

University Seal

Date: -----

## FORM OF INDEMNITY

In consideration of my son/daughter.....  
being nominated/selected to attend State Level Research Convention Programme and also participate in Programme undertake and agree that neither I nor my executor/administrator will make any claim against the Government of Maharashtra or against any officer of Student Welfare/Principal/Cultural incharge/team managers 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 participating in activities in/outside Student Welfare and travelling and I understand that no compensation will be paid by Government of Maharashtra or any officer as mentioned against any such loss or injury (including injury resulting in death), and I agree so as to bind myself, executors and administrators to indemnity to the Government of Maharashtra, any Student Welfare official and any person in the service of Government of Maharashtra, 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 the said programmes and journey by Road/Rail/Sea/river/flight.

Signature of the applicant

Signed by the applicant with address

In presence of

1) Team Manager (Gents)

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2) Team Manager (Lady)

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Date: