



GONDWANA UNIVERSITY, GADCHIROLI

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

National Service Scheme



Dr. Shyam Khandare

Director

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पत्र क्र. No.GU/NSS/ 397/2023

Di :15/02/2023

प्रती,

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

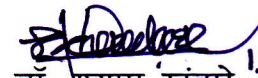
विषय:— एन आय सी शिबीराकरीता रासेयो स्वयंसेवक पाठविण्याबाबत.

संदर्भ :—f.no.18/nic/rd-pune/Nagpur/2022-23/548-576, Date 21.01.2023

महोदय,

उपरोक्त संदर्भाकीत विषयान्वये कळविण्यात येते की, एन आय सी शिबीराचे आयोजन राष्ट्रसंत तुकडोजी महाराज नागपुर विद्यापीठ, नागपुर येथे दिनांक २६ फेब्रुवारी २०२३ ते ०४ मार्च २०२३ या कालावधीत आयोजित करण्यात आलेले आहे. सदर एन आय सी शिबीरात सहभागी होण्यासाठी आपल्या महाविद्यालयातील ०१ स्वयंसेवक किंवा ०१ स्वयंसेविका यांचे नाव संलग्नीत प्रपत्रामध्ये भरून दिनांक २०/०२/२०२३ पर्यंत राष्ट्रीय सेवा योजना, गोंडवाना विद्यापीठ, गडचिरोली यांचे कडे पाठविण्यात यावे, हि विनंती.

धन्यवाद!


डॉ. श्याम खंडारे 15/02/23

संचालक
राष्ट्रीय सेवा योजना
गोंडवाना विद्यापीठ, गडचिरोली

Volunteer ship 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 & Guides/Rovers/ Rangers.

He/She has attended NSS Special Camp from.....to.....,.....held at.....

All the above information are true and as per the office record of Institution.

**Signatures of the Programme Officer
(with seal)**

**Signatures of the Principal
(with seal)**

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 executor/administrator will make any claim against the Government of India or against any officer of NSS/Principal/Programme Officer/Programme Coordinator/State NSS 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, executors 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 account of default on my part during or in connection of said training camp/course/NSS Republic Day Parade Camp/adventure training/NIC and journey by road/rail/sea/river/flight.

Signatures of the applicant with address

In the presence of

Witness 1 (Parent)

Witness 2

NB: One of the witness must be the parent/guardian of the NSS Volunteer with address

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

A. Details of AccountsHolders:-

Name of Account Holder	
UNIQUE ADHAR NUMBER	
WHETHER UNIQUE ADHAR NUMBER IS LINKED WITH BANK	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank AccountDetails:-

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

Signature of Customer

Date

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

(Bank's Stamp)

Date

SignatureofBank Manager

- 1. Please attach a photocopy of cheque or Bank Passbook first page along with the verification obtained from thebank.**
- 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 Performa to the Department atearliest.**

LIST OF PARTICIPANTS

STATE:

Sl. No	Full Name of the Volunteer / NSS PO	Sex	Date of Birth	Course of Study	Name of the University	Name of Institution with address Tel , Email	Mobile Number of the Camper	Email ID of NSS Volunteer / Prog. Officer
1								
2								
3								
4								
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7								
8								
9								
10								
11								

Signature of the NSS Prog. Coordinator