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पत्र क्र. No.GU/NSS/ 959/2020

Dt: 28/01/2020

प्रति,

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

विषय:- राज्यस्तरीय शिबीरा करीता रासेयो स्वयंसेवक पाठविण्याबाबत.

- संदर्भ: १) क्रमांक:वायसीएल/१३३३१/२०२० दिनांक १४/०१/२०२०
२) रातुमनाविना/रासेयो/२०१९-२०/१३९/दिनांक ०६/०१/२०२०

महोदय/महोदया,

उपरोक्त संदर्भिय पत्राच्या अनुषंगाने कळविण्यात येते की, मा. राज्य संपर्क अधिकारी/ विशेष कार्य अधिकारी उच्च व तंत्र शिक्षण विभाग महाराष्ट्र शासन मंत्रालय मुंबई यानी दिलेल्या मान्यतेनुसार राष्ट्रसंत तुकडोजी महाराज नागपुर विद्यापीठ, नागपुर अंतर्गत यशवंतराव चव्हाण कला वाणिज्य व विज्ञान महाविद्यालय, लाखांदुर जिल्हा- भंडारा येथे दि. ०२ फेब्रुवारी २०२० ते ०८ फेब्रुवारी २०२० या सात दिवसाच्या कालावधीत जिल्हा परिषद उच्च प्राथमिक शाळा भागडी ता. लाखांदुर. जिल्हा- भंडारा येथे राज्यस्तरीय शिबीराचे आयोजन करण्याची जबाबदारी सोपविली आहे.

सदर शिबीरामध्ये सहभागी होण्याकरीता आपल्या महाविद्यालयातील ०२ स्वयंसेवक, ०२ स्वयंसेविका यांची नावे संचालक राष्ट्रीय सेवा योजना विभाग, गोंडवाना विद्यापीठ, गडचिरोली यांच्या कडे दिनांक २९/०१/२०२० वाजेपर्यंत पर्यंत पाठवावे.

(स्वयंसेवकांचा प्रवास खर्च महाविद्यालयीन रासेयो अनुदानातून करावे)

धन्यवाद!

डॉ. नरेश मडावी

संचालक (प्र.)

राष्ट्रीय सेवा योजना

गोंडवाना विद्यापीठ, गडचिरोली

सलग्न

शिबीराचे पतशिल, वैद्यकिय प्रमाणपत्र, जोखीम पत्र.

INDEMNITY FORM

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 my/our side N.S.S. and traveling. I undertake and, agree that neither I nor my executor administration will make any claim the government of India or against any officer of NSS/Principal Officer/Programmer Co-ordinators State Liaison Officer/Youth Officer, Assistant Programmer Adviser/Deputy Programmer Adviser in respect of any loss or injury to the property of person (Including Injury Resulting in death) which may be suffer while or in consequence of my being act in/out NSS and traveling I understand that no compensation will be paid by the 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 exactors administrators to indemnity to the service of Government of India against any claims which may by any third party in connection of the accident arising out of any act default on my part during in connection of said training comp/course/NSS RD parade/ adventure training camp and journey by road/ rail/sea/river and flight.

(Signature of Parent)

(Signature of the applicant)

HOME ADDRESS:

In the presence of

Witness No. 1. _____

2. _____

Appendix A

CERTIFICATE OF MEDICAL / PHYSICAL FITNESS

I do hereby certify that I have examined,

Mr./Mrs. _____

S/o./ D/o. _____

and found fit for undergoing rigorous for State Level Camp.

The candidate whose signature is given above is not suffering from any communicable or chronic disease, which may cause any hindrance in his/her participation in the above mentioned rigorous training program.

Signature of the Candidate _____

Station :

Signature of the Medical Officer

Date :

VOLUNTEERSHIP CERTIFICATE

It is certify that

Mr./Mrs. _____

S/o./ D/o. Shri/ _____

is a bonafied student of (Name of Institute) _____

He / she is regular NSS Volunteer from _____

and has completed his/her one of volunteership and he/she is neither a member of NCC nor a member of Scouts and Guides / Rovers / Rangers.

Signature of Programme Officer
with seal

Signature of Principal
with seal