



**GONDWANA UNIVERSITY, GADCHIROLI**  
(Established by Government of Maharashtra Notification No. MISC -2007/(322/07) UNI -4  
Dated 27<sup>th</sup> Sept. 2011 State University Governed by Maharashtra University Act, 1994 )



## National Service Scheme

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पत्र क्र. No.GU/NSS/ 229 /2016

Dt: 28/04/2016

प्रति,

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

विषय: दि. ०३/०५/२०१६ रोजी दु. ०२.०० वा. आयोजित रासेयो अनुदान धनादेश वितरण सभेस  
उपस्थित राहणेबाबत.

महोदय/महोदया,

आपणांस कळविण्यात येते की, रासेयो अनुदान सत्र २०१५-१६ चा प्रथम हप्ता धनादेशाद्वारे वितरीत करण्याकरीता मा. प्राचार्य व राष्ट्रीय सेवा योजना कार्यक्रम अधिकारी यांची सभा मा. कुलसचिव यांच्या अध्यक्षतेखाली मंगळवार दि. ०३/०५/२०१६ ला दु. ०२.०० वाजता गोंडवाना विद्यापीठ सभागृह येथे आयोजित करण्यात आली आहे.

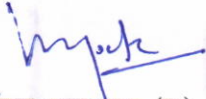
सदर सभेमध्ये सर्व महाविद्यालयांचे एकत्रीत धनादेश वितरीत करावयाचे असून सर्व रासेयो महाविद्यालयांचे कार्यक्रम अधिकारी उपस्थित असणे आवश्यक आहे.

टीप: ज्या महाविद्यालयांनी वार्षिक अहवाल व अंकेक्षण विवरणे व लेखे अद्यापही सादर केले नाही त्यांनी सभे दरम्यान सादर करावे. अन्यथा धनादेश अदा केल्या जाणार नाही तसेच 'आव्हान-२०१६' करीता आर. डी. परेड मध्ये निवड केलेल्या विद्यार्थ्यांचे प्रपत्र महाविद्यालयांनी भरून सभेदरम्यान रासेयो कक्षास सादर करावे, याची नोंद घ्यावी.

कृपया वेळेपूर्वी सभेला उपस्थित राहून सहकार्य करावे, हि विनंती.

धन्यवाद!

सहपत्र : आव्हान — २०१६ चे प्रपत्र.

  
कार्यक्रम समन्वयक (प्र.)  
राष्ट्रीय सेवा योजना विभाग  
गोंडवाना विद्यापीठ, गडचिरोली

**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-----

*Medial fitness with conditions mentioned above*

*Decision making attitude*

- The list of selected volunteers (20 Male and 10 Female) with following details should be sent to program Coordinators for the final approval.

*Name in the full beginning with surname.*

*College Name with Complete Address and Contact Numbers.*

*Including Fax No.*

*Date of Birth with the proof.*

*Residential Address with contact number including Mobile, Email ids Class in which studying with the proof.*

- The volunteers comprising a contingent should be preferably from different colleges providing opportunities for participation to more institutes.
- The list of selected volunteers should be certified by the panelist and District Coordinator
- the final list should be sent with all documentary proofs as mentioned in the selection criteria
- Two Program Officers (Male & Female) preferably in the age group of 30-40 to be selected as contingent leaders who will fulfill the conditions mentioned above and should be mentally prepared to undergo training during AVHAN.

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	Utkarrsha	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: -----