GONDWANA UNIVERSITY, GADCHIROLI

(Established by Government of Maharashtra Notification No. MISC-2007/(322/07)/UNI-4Dated27th 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
Mo. No. - 7020482443

MIDC Road, Complex, GADCHIROLI - 442 605 (M.S)
web: www.unigug.org
Email : nssdsw.gug@gmail.com

पत्र क्र. No.GU/NSS/ 217 /2025 Dt : 24 /11/2025

प्रति,

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

विषय:— आव्हान—२०२५—२६ राज्यस्तरीय आपत्ती व्यवस्थापन प्रशिक्षण शिबीराकरीता निवड चाचणी करीता उपस्थित राहण्याबाबत.

महोदय / महोदया,

उपरोक्त विषयान्वये आपणास कळविण्यात येते की, **आव्हान—२०२५—२६** या राज्यस्तरीय आपत्ती व्यवस्थापन प्रशिक्षण शिबीराचे आयोजन दि. १६ ते २३ जानेवारी २०२६ या कालावधीत डॉ. पंजाबराव देशमुख कृषी विद्यापीठ, अकोला येथे आयोजन करण्यात आले आहे. सदर शिबीरामध्ये गोंडवाना विद्यापीठातील चंद्रपुर जिल्हातुन १५ मुले, १० मुली, ०१ पुरुष संघनायक व ०१ महीला संघनायक गडचिरोली जिल्हातुन १५ मुले, १० मुली, ०१ पुरुष संघनायक व ०१ महीला संघनायक असा एकुन ५४ लोकांचा संघ सहभागाकरीता पाठविणे अनिवार्य आहे. राष्ट्रीय सेवा योजनेच्या स्वंयसेवकांच्या दृष्टीने आपल्या महाविद्यालयातील रासेयो स्वयंसेवकांची संलग्नीत नियमावलीच्या आधाराने निवड करून विद्यापीठस्तरीय शिबीरामध्ये सहभागी होण्यासाठी पाठवावयाचे आहे. रासेयो स्वंयसेवकांची निवड करण्यासाठी आपल्या महाविद्यालयातील ५ रासेयो स्वंयसेवक व ५ स्वंयसेविकांना दिनांक ३०/११/२०२५ रोजी सकाळी १० वाजता राष्ट्रीय सेवा योजना विभाग, गोंडवाना विद्यापीठ, गडचिरोली येथे महाविद्यालय पत्र, व ओळखपत्र सह उपस्थित राहण्याचे निर्देश द्यावे. हि विनंती. (रासेयो स्वंयसेवक, स्वंयसेविका व कार्यक्रम अधिकारी यांचा प्रवास खर्च, दैनिक भत्ता महाविद्यालयातील नियमित अनुदानातुन करावा.)

धन्यवाद!

निवडचाचणी स्थळ:— गोंडवाना विद्यापीठ, गडचिरोली.
दिनांक :— ३०/११/२०२५
दिवस:— रविवार
वेळ:— सकाळी १० ते ४ वाजेपर्यंत

डॉ. श्याम खंडारे
संचालक
राष्ट्रीय सेवा योजना
गोंडवाना विद्यापीठ, गडचिरोली.

Annexure 3

Avhan: Maharashtra State Inter-University Disaster Preparedness Training Programme

Registration Form of the Participants

A)	**Personal Information**	
1)	Name	
2)	Programme	
3)	Semester	
4)	Class	
5)	Division	
6)	University PRN / Registration / Enrollment No.	
7)	Roll No.	
8)	Residential Address	
9)	Taluka	
10)	District	
11)	PIN Code	
12)	Residential Phone No. with STD Code	
13)	Mobile No.	
14)	WhatsApp No.	
15)	Email ID	
16)	Date of Birth	
17)	Age in Years	
18)	Spectacles (Yes / No)	
19)	Height	
20)	Weight	
21)	Blood Group	
22)	Hemoglobin	
B)	**Parents Information**	
1)	Name	
2)	Residential Address	
3)	Taluka	
4)	District	
5)	PIN Code	
6)	Residential Phone No. with STD Code	
7)	Mobile No.	

8)	WhatsApp No.	
9)	Email ID	
C)	**Institutional Information**	
1)	Name of the College / Institute	
2)	Address of the College / Institute	
3)	Taluka	
4)	District	
5)	PIN Code	
6)	Landline No. of the Office with STD Code	
7)	Email ID	
8)	Website	
D)	**Details of the Principal of the College**	
1)	Name	
2)	Office Phone No. with STD Code	
3)	Residential Phone No. with STD Code	
4)	Mobile No.	
5)	WhatsApp No.	
6)	Email ID	
E)	**Details of the Programme Officer**	
1)	Name	
2)	Office Phone No. with STD Code	
3)	Residential Phone No. with STD Code	
4)	Mobile No.	
5)	WhatsApp No.	
6)	Email ID	
F)	**Details of the University**	
1)	Name	
2)	Office Address	
3)	Office Phone No. with STD Code	
4)	Email ID	
5)	Website	

G)	**Details of the Director, NSS**	
1)	Name	
2)	Office Phone No. with STD Code	
3)	Residential Phone No. with STD Code	
4)	Mobile No.	
5)	WhatsApp No.	
6)	Email ID	
H)	**Enrollment Year of the NSS**	
I)	**Participated in (Tick to the Relevant)**	
1)	Sports	
2)	MCC/NCC	
3)	Scout / Guide	
4)	Tracking	
5)	Hiking	
6)	RSP	
7)	Civil Defence	
8)	First Aid	
9)	Home Guard	
J)	**Participated in (Tick to the Relevant)**	
1)	Pre SRD	
2)	Pre NRD	
3)	SRD	
4)	NRD	
5)	Adventure Camp	
6)	Mega Camp	
7)	Youth Festival	
8)	Utkarsh	
K)	**Skills Known (Tick to the Relevant)**	
1)	Driving	
2)	Swimming	
3)	Cooking	
4)	Photography	
5)	Report Writing	
6)	Fire Fighting	

Annexure 4

Avhan: Maharashtra State Inter-University
Disaster Preparedness Training Programme

Undertaking by the Participating Student

(To be given 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/Programme Officer/Programme Coordinator/State Liaison Officer/Youth Officer/Assistant Programme Adviser/Deputy Programme Adviser in respect of any loss or injury to the property or person (including injury resulting in death), which may suffer while or inconsequence of my being in training/participating in AVHAN

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

Date

Signature of the Student

Annexure 5

Avhan: Maharashtra State Inter-University
Disaster Preparedness Training Programme

Responsibility Certificate

(To be given by the Parent/Guardian of the Participating Student)

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 from

_____ to _____ 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, on account of my Son/Daughter/Ward being a part this camp.

Date:

Signature of the Parent/Guardian

Annexure 6

Avhan: Maharashtra State Inter-University
Disaster Preparedness Training Programme

Volunteership Certificate

(To be given by the NSS Programme Officer and Principal of the College/Institute of the Participating Student)

It is certified that the volunteer, Mr./Ms. _____

_____ is the bonafide student of the College/Institution/Academic Department 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 the NSS Programme Officer **Signature of the Principal**

College Seal

Annexure 7

Avhan: Maharashtra State Inter-University
Disaster Preparedness Training Programme

Certificate of Medical/Physical Fitness

(To be given by the Medical Officer)

I do hereby certify that I have examined Mr. / Ms. _____

Son / Daughter of _____

and found fit for undergoing rigorous training for AVHAN-Disaster Management Training Camp held at _____

_____ University, from _____ to _____.

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.

Date:

Signature of the Medical Officer with Seal

Annexure 8

Avhan: Maharashtra State Inter-University
Disaster Preparedness Training Programme

Verification Certificate

(To be given by the NSS Director/Programme Co-ordinator of the University of the Participating Student)

This is to certify that, Mr./Ms. _____

NSS Volunteer of _____

_____ College is a

bonafide student and NSS Volunteer of the University.

The information provided in the Registration Form by the volunteer and all the certificates signed by him/her, Parents, Programme Officer, Principal and Medical Officer are endorsed by me as a Programme Co-ordinator of the University.

Date:

Signature of the
NSS Director / Programme Co-ordinator

University Seal