

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

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Dt: 13/02/2020

पत्र क्र. No.GU/NSS/ 971 /2020

प्रति,

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

विषय:--राष्ट्रीय एकात्मता शिबीरा करीता रासेयो स्वंयसेवक पाठविण्याबाबत.

संदर्भ: १) F/18/10/NSS/RD/2019-2020/366/444, Date 04/02/2020

महोदय/महोदया,

उपरोक्त संदर्भिय पत्राच्या अनुषंगाने कळिवण्यात येते की, मा. भारत सरकार युवा कार्य व खेल मंत्रालय, रासेयो क्षेत्रीय निदेशालय, पुणे व्दारे राष्ट्रसंत तुकडोजी महाराज नागपुर विद्यापीठ, नागपुर येथे राष्ट्रीय एकात्मता शिबीराचे आयोजन दि. १७ फेब्रुवारी २०२० ते दि. २३ फेब्रुवारी २०२० या कालावधीत आयोजीत केले आहे. या शिबीरात गोंडवाना विद्यापीठातील ०२ स्वंयसेवक व ०२ स्वंयसेविका असा संघ सहभागी होणार आहे.

सदर शिबीरामध्ये सहभागी होण्याकरीता आपल्या महाविद्यालयातील संलग्न यादीतील स्वयंसेवकांची निवड करण्यात आली आहे. करीता निवड झालेल्या स्वयंसेवकांना दिनांक १६/०२/२०२० रोजी संध्याकाळी ०५:०० वाजेपर्यंत Hostel, New Building, Old Morris College Campus, T-Point Sitabuildi, Nagpur येथे उपस्थित राहण्याचे निर्देश दयावे.

धन्यवाद!

डॉ. नरेश मडावी संचालक (प्र.) राष्ट्रीय सेवा योजना गोंडवाना विद्यापीठ, गडचिरोली

संलग्न:— उपरोक्त प्रमाणे

राष्ट्रीय एकात्मता रासेयो शिबीराकरीता निवडण्यात आलेले रासेयो स्वयंसेवक

अनु क.	विद्यार्थ्यांचे नाव	महाविद्यालयाचे नाव	वर्ग	जन्म तारीख	मो. नं ७०६६३६०४२०	
०१	कु. साक्षी बंडू उमके	शरदराव पवार कला महाविद्यालय गडचांदूर	बी.ए भाग २	११/०७/२००१		
०२	कु. वैश्नवी देवानंद चांदूरकर	श्री. शिवाजी महाविद्यालय राजुरा	बी.ए भाग २			
03	उमेश रामदास तुमरेटी वनश्री महाविद्यालय कोरची		बी.ए भाग २		९४०४३५४६०५	
08	विक्की दिलीप गौरकार	ग्रामगीता महाविद्यालय चिमुर	बी.कॉम भाग ३	२४/०८/१९९७	९७६७१७३८२१	

(डॉ. नरेश मडावी)

संचालक (प्र) राष्ट्रीय सेवा योजना

गोंडवाना विद्यापीठ,गडचिरोली

BIODATA OF PARTICIPANT

NATIONAL INTEGRATIO	ON CAMP-17-23 FEB, 2020 AT NAGPUR	
A: PERSONAL DETAILS (in capital lett		
Name: Mr/Ms:		
(Surname) Father's Name:	(First name) Paste Passp Size Photogr	
NSS Volunteer / NSS Prog Officer :	nere	
Date of birth:M	Iale / Female:	
Class Studying in :	Whether SC/ST/OBC/GEN:	
University/+2:	State/U.T.:	
B: CONTACT DETAILS		
College /Institution Name & Address:	Residential/ Permanent Address:	
Telephone No:	Telephone No:	
Fax No:	Mobile No:	
E mail ID:	E mail ID:	
C: OTHER DETAILS		
(i) Food habit: Veg / Non-Veg:	(iii) NSS Enrollment Year:	
(ii) NSS Camps attended:	- - - - - - - - - -	
	(iv) No of years completed in NSS:	
Signature of the NSS Volunteer	Signature of the NSS Programme Officer	

 COLLEGE
 COLLEGE

NATIONAL SERVICE SCHEME

INDEMNITY BOND

Photo of Participant

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 travelling I undertake and agree that neither I nor my executer/administrator will make any claim against the Government of India or against any officer of NSS/Principal/Programme Officer/Programme Coordinator/State Liaison 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 I may suffer while or inconsequence of my being in training/ participating in any camp/course/adventure training/ activities in/outside NSS and travelling and I understand that no compensation will be paid by Government of India or any such loss or injury (including injury resulting in death) and I agree so as to bind myself, executers and administrators to indemnity to the Government of India, 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 said training camp/course/NSS Pre-RD Parade Camp/adventure training/National Integration Camp iourney road/rail/sea/river/and flight. In case of any mistake done by me, I will be responsible for it.

	Signature of Applicant
	With Address:
In the presence of the following witness	
Witness 1	
Witness 2	
NB: witness must be parents or guardian of the NSS Volunteer.	Date: / /

NSS Volunteership Certificate – A Specimen

Shriinstitution).	It is certified that Shri/Kum
completed h	He / She is a regular NSS volunteer from
	Signatures of the Programme Officer with seal
Signatures o with seal	f the Principal

Note: Volunteership certificate should be on the letter head of the college/ Institution.

Certificate of Medical / Physical Fitness – A Specimen

Signature of the Medical Officer with Registration Number & Seal

List of Articles to be carried by the Participants of **National Integration Camp**

I. Documents:

- a. Volunteer Bio data (Proforma enclosed)
- b. Form of Indemnity Bond (proforma enclosed)
- c. NSS Volunteership Certificate (proforma enclosed)
- d. Physical Fitness Certificate (proforma enclosed)
- e. Student Identity card of the college/school
- f. Passport size Photograph 3Nos.

II. Items

- 1. One flex/cloth Banner depicting the University or College name and Emblem, NSS emblem to be printed
- 2. Exhibition material like Posters, Banners, Action Photographs, Newspaper clippings.(to be displayed at the camp site)
- 3. Personal articles and medicines of daily use.
- 4. Torch with spare cells.
- Suitcase along with lock & key.
- 6. Musical Instruments.
- 7. Cultural programme songs can be carried only in CD/DVD/Pen drives
- 8. Costumes and Make-up material etc. for cultural performance.
- 9. One set of traditional costumes of your State for inauguration and Valedictory functions.
- 12. Toiletries (bath & washing soap, Oil, Creams etc. for Daily routine use.)
- 13. A pair of slippers and sports shoe for physical exercises
- N.B. Volunteers should be advised not to bring valuables, costly Mobile phones and expensive articles including gold ornament etc.

LIST OF NSS VOLUNTEERS/PROGRAMME OFFICER (CONTNGENT LEADER) PARTICIPATING IN NATIONAL INTEGRATION CAMP

Name of the State: __

SI. No.	Name of the Participant	Fathers Name	Male/ Female	Date of Birth	Class Studying	Name of the University / +2 Council	Name of College Address Contact No/Mobile No Email ID