Annexure - A

-------REGISTRATION FORM-------

NATIONAL SERVICE SCHEME
REGIONAL DIRECTORATE OF NSS, Ahmedabad

photo

A: PERSONAL DETAILS (in capital letters)

(i) Name: Mr./Miss_____

(ii) Date of birth: _____

(iii) Father's Name: _____

(iv) Name of the State /UT: _____

(v) Educational Qualification: _____

B: CONTACT DETAILS OF THE NSS VOLUNTEER

Contact Address & Telephone no.: _____

_____

_____

Mobile No.(s): _____

Email:_____

C: NSS UNIT AND COLLEGE/SCHOOL ADDRESS

1.Name of NSS Programme Officer (PO): _____

2. Address of the college: _____

NSS PO Mobile No(s):_____

Email: _____

D: OTHER DETAILS

(a) Height (in cm):	(e) Blood group:
(b) Weight (Kg):	(f) Year of Joining in NSS:
(c) Food Habit: Veg./Non-Veg.:	(g) Hobbies:
(d) NSS Camps Attended:	

Signature of the Volunteer & Date	Signature of the Prog. Officer & Date, ***(SEAL)***

Annexure–B

NATIONAL SERVICE SCHEME
REGIONAL DIRECTORATE OF NSS, Ahmedabad

Volunteer-ship Certificate

It is certified that Shri/Kumari. _____ 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& attended / not attended Special Camp.

Signature of Programme Officer
With seal

Signature of Principal
With Seal

Annexure - C

NATIONAL SERVICE SCHEME
REGIONAL DIRECTORATE OF NSS, Ahmedabad

FORMOF INDEMNITY

In consideration of my being nominated at my request to undergo alltypes of training and also participating in any camp/course/ adventure trainingactivities in/ outside NSS and travelling I undertake and agree that neither I normy executer/ administrator will make any claim against the Government ofIndia or against any officer of NSS/ Principal/ Programme Officer/Programme Coordinator/ State NSS Officer/ / Youth Officer/ AssistantProgramme Adviser/ Deputy Programme Adviser/ Programme Adviser inrespect of any loss or injury to the property or person (including injuryresulting in death), which may suffer while or inconsequence of my being intraining/ participating in any camp / course/adventure training activities in/out side NSS and travelling and I understand that no compensation will be paidby Government of India or any Officer as mentioned against any such loss orinjury (including injury resulting in death) and I agree so as to bind myself, executers and administrators to indemnity to the Government of India, anyNSS official and any person in the service of Government of India, against anyclaim which may be made any third party against them or any of them arisingout of any act or default on my part during or in connection of said trainingcamp course/ NSS Pre-RD parade/ RD parade camp/adventure training / Mega Camp andjourney by road/ rail/ seal river/ and flight.

Signature of applicant

Signed by the applicant with address

In the presence ofMr/Ms. _____

Witness 1 _____

Witness 2 _____

Note: One of the witness must be the parent *I* guardian of the NSS volunteer with address

Annexure -D

BANK MANDATE FORM

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

A. **Details of Accounts Holders**:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. **Bank Account Details**:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
what is the Branch's IFSC Code	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No.	
MICR Code of Bank	

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 the Scheme.

Signature of Customer

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

(Bank's Stamp)

Date:

Signature of Bank Manager

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
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 proforma to the Department at the earliest.