

UNIVERSITY OF MUMBAI
NATIONAL SERVICE SCHEME



Web site- www.nssmu.org.in
Tel. / Fax- 2287 3696
Vidyapeeth Vidyarthi Bhavan,
2nd Floor, 'B' Road, Churchgate,
Mumbai – 400 020.
No. NSS / 148 / 2016-17
Date :- 27.05.2016

To,
The Principal,
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Sub:- Selection of NSS Volunteers / NSS Programme Officer for AVHAN 2016- Special Camp on Disaster Preparedness reg...

Dear Sir / Madam,

As informed by the NSS District Co-ordinator, I am happy to inform you that Mr./Ms NSS Volunteer / Programme Officer of your college have been selected for the AVHAN – Disaster Preparedness Special Camp to be held at **Savtribai Phule Pune University, Pune from 5th to 14th June 2016.**

The District Level team of AVHAN is consisting of 32 participants -20 male volunteer, 10 female volunteers, one male & one female Programme Officers as team managers will attend the programme. The team will be finalized by the respective NSS District Co-ordinator, under the guidance of Co-coordinator, Kindly collect the name & contact details of the team Managers / participating volunteers.

The participants may carry with them the following documents at Camp venue for the AVHAN-Special Camp on Disaster Preparedness. Registration Form and Commitment Certificate as follows.

- *Registration Form (as per format)
- *Volunteership Certificate
- *Certificate of Medical / Physical Fitness from MBBS Doctor
- *College ID card & 2-passport size photograph
- *Undertaking by participating volunteers
- *Responsibility Certificate signed by Parents

The selected NSS volunteer / Programme Officer must report on 5th June 2016 at 10.00 a.m. to respective venue...

The organizer will provide lodging & boarding. Travelling expenditure should be borne by the respective College NSS Unit. The participants are requested to carry necessary article for Camp.

The details of organizers with contact numbers as follow.

- ✓ Dr. Sanjay Kumar Dalvi, NSS Programme Co-ordinator, Savtribai Phule Pune University, Pune - Mobile No. 9850014466/ Office No. 020- 25697341/ 25601153.

You are requested to confirm the participation of the volunteer to NSS District Co-ordinator / NSS University NSS Cell urgently. The details of travel plan & Contingent Incharge may be confirmed from the respective NSS District Co-ordinator.

With regards

Yours sincerely,

Prof. B.S.Bidve,
NSS Programme Co-ordinator

Encl:- All related formats

Copy to NSS District Co-ordinator with request to give proper orientation to the participants, Contingent Leader and to do the necessary registration of volunteer. The travel plan be communicate to the organizer for proper arrangement.

**AVHAN-CHANCELLOR'S 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 id: _____
 Date of Birth: _____ Age: _____ Spectacles : Yes / No _____
 Height _____ Weight _____ Blood Group _____ HB % _____

PARENT'S INFORMATION

Name: _____
 Office Address _____ Taluka _____
 District _____ Pin Code _____
 Contact detail: STD Code _____ Residence Tel _____ Mobile _____
 Email id: _____

INSTITUTIONAL INFORMATION

Name of the college _____
 Office Address _____ Taluka _____
 District _____ Pin _____ Contact detail: STD Code _____ Tel _____ fax No _____
 Email id: _____ Website _____

Name of Principal _____
 Residential Address _____
 Taluka _____ District _____ Pin Code _____
 Contact detail: STD Code _____ Tel _____ Mobile No _____
 Email id: _____ Website _____

Name of Program officer _____
 Residential Address _____
 Taluka _____ District _____ Pin Code _____
 Contact detail: STD Code _____ Tel _____ Mobile No _____
 Email id: _____ Website _____

Name of University: **University of Mumbai**, Office Address:- NSS Programme Co-ordinator, Vidyapeeth Vidyarthi Bhavan, 2nd Floor, 'B' Road, Churchgate, Mumbai – 400 020.
 Contact detail: STD Code 022 Tel/ fax 22873696 Email id: nssmu.pc@gmail.com
 Website www.nssmu.org

Name of Program Coordinator: **Prof. B.S.Bidve**,
 Residential Address:- Plot No. 3, Survey No. 103-A, Subhashnagar, Badlapur (W), Dist- Thane Pin- 421 503 -
 Contact detail: STD Code:-0251 Tel:- ----- Office :- 022-22873696 MobileNo- 09420574704 Email id:- bsbidve@gmail.com Website:- www.nssmu.org

Other information :- Enrollment Year of NSS: _____ (Please make a tick mark wherever applicable)

- Participated in:

Sports	MCC/NCC	Scout/Guide	Trekking	Hiking	RSP	Civil Defence	First Aid	Home Guard
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- Participated in:

Pre-SRD	Pre-NRD	SRD	NRD	Adv.Camp	Mega camp	Youth fest	Utkrsha	Any other
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- Skills known :

Driving	Swimming	Cooking	Photography	report Writing	Fire Fighting	Any other
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- Wish to participate:

Driving	Swimming	First Aid training	Fire Fighting	Any other
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- Any other additional information : _____

1) COMMITMENT CERTIFICATES

(Jointly signed NSS Volunteer/Parents/ Programme 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 Smt. Nathibai Damodar Thakarsy Mahila Vidyapeeth, Mumbai from 25th May to 3rd June 2015at 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 Officer/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 Camp.

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 Smt. Nathibai Damodar Thakarsy Mahila Vidyapeeth, Mumbai from 25th May to 3rd June 2015at 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.

Signature of Parent/Guardian

Date: _____

C) VOLUNTEERSHIP CERTIFICATE

It is certified that the volunteer is a bonafide student of the College/Institution and He /She is a regular NSS Volunteer from the yearand 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 Volunteer of _____ College, is a bonafide student and NSS Volunteer of University of Mumbai, Mumbai. 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 NSS Program Co-ordinator

University Seal

Date : _____

UNIVERSITY OF MUMBAI
NATIONAL SERVICE SCHEME

DISTRICT LEVEL AVHAN – CHANCELLOR’S BRIGADE: NSS WING

University: University of Mumbai District:- _____

S.N.	Name of the Volunteers	M/F	Blood Group	College address	Residence Tel. Nos	Mobile Number
PO		F				
PO		M				
1		F				
2		F				
3		F				
4		F				
5		F				
6		F				
7		F				
8		F				
9		F				
10		F				
11		M				
12		M				
13		M				
14		M				
15		M				
16		M				
17		M				
18		M				
19		M				
20		M				
21		M				
22		M				
23		M				
24		M				
25		M				
26		M				
27		M				
28		M				
29		M				
30		M				

Note:- Identify any special talent possessed by the members such as Swimming, Driving, Cooking, etc

The Names of the committee with the details are checked and certify by us

NSS District Co-ordinator

Chairman District Committee

NSS Programme Co-ordinator
University of Mumbai