

PROFORMA- XVII

INFORMATION REGARDING SPECIAL CAMP PARTICIPANTS

**(TO BE SENT TO THE NSS OFFICE, UNIVERSITY OF MUMBAI
WITHIN 3 DAYS OF THE COMMENCEMENT OF THE CAMP)**

Name of the College: _____

Name of Village, Taluka & District: _____

Duration: _____ form _____ to _____

a- Total Number of Participants:

STUDENTS			NON STUDENTS			TEACHERS			TOTAL		
M	F	T	M	F	T	M	F	T	M	F	T

b- Total number of NSS Volunteers of S.C. / S.T. / Other attended Special Camp

CASTE	STUDENTS		
	Male	Female	Total
S.C.			
S.T.			
OTHER			
TOTAL			

Date: _____

Place: _____

Signature of the
NSS Programme Officer/s

Signature of the
College Principal

(Rubber Stamp of the College)