

Proforma – XXIV- REGISTRATION OF N.G.O. FOR NSS PROJECT

TO BE FILLED BY THE SOCIAL / NON- GOVERNMENT ORGANISATION TAKING ASSISTANCE OF COLLEGE NSS UNIT IN CONDUCTING THEIR ACTIVITIES

1. Name of the Organization: _____
2. Address : _____

- Tel .No. _____ Fax No. _____ Email Address _____
3. Name of the Responsible person for the co-ordination of Project _____
4. Contact details of the person : Mobile No. _____ Land line No. _____
Email Id. _____
5. If registered under charitable Trust/ Society Registration Act. Registration No. _____
6. General Description of type of activities conducted by the organization :

7. Districts / Localities in which activities are conducted:

8. Associated with N.S.S.Since _____
9. Details of Activities conducted with NSS Volunteers

| S.N. | Nature of Work | Area of Work | No of NSS units approached/ responded | No. of volunteers reported to work |
|------|----------------|--------------|---------------------------------------|------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Seal of the organisation.

Signature of Authorised Person.

Name _____ Designation _____