

**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 \_\_\_\_\_

Total Number of Participants:

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

Date: \_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_  
Signature of the  
NSS Programme Officer/s

\_\_\_\_\_  
Signature of the  
College Principal

(Rubber Stamp of the College)