

University of Mumbai



National Service Scheme Unit,
Tel /Fax No.: 022-22873696
Vidyapeeth Vidyarthi Bhavan,
2nd Floor, B. Road, Churchgate,
Mumbai-400 020
No. NSS/ /2011-2012.
Date:

(NSS Programme coordinator)

To,
The Principal,
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Sub: - Participation of NSS Volunteers in NSS University Level Camp reg.....

Dear Sir / Madam,

As decided in the NSS University District co-ordinator & area co-ordinator meeting held on 15th November 2011 under the Chairmanship of Prof. Atul Salunke I/c, Programme Co-ordinator NSS, The University NSS Cell jointly with L. D. Sonawane College, Kalyan is organizing University Level Camp of 250 NSS Volunteers at **Sanskar Shibir Kendra, Kotwalwadi, Neral , (karjat) from 09th to 15th January 2012.**

The NSS Volunteers from the various Colleges of Mumbai, Thane, Raigad Ratnagiri and Sindhudurg District will participate in this Special Camp.

You are requested to depute the ____ (____ Male & ____ Female) along with the NSS Programme Officer(as decided by the respective NSS District Co-ordinator) to participate in this seven Days University Level Camp. The participants are requested to reach venue on 8th January evening OR 9th January by 09.00 a.m. the information may sent to the following contact numbers.

The travelling expenses towards the to and fro travelling to participate in this camp may incur from the College NSS Registration Fees / NSS Grants.

The contact numbers –

L. D. Sonawane College, Kalyan. Tel No. 0251 – 2212372, 2212378
Fax No. 0251 – 2212378
Email- jeevanvichare2@gmail.com
ldsonawane@rediffmail.com
Prof. Jeevan Vichare, Programme Officere, L.D.Sonawane College, Kalyan
Mob. 09221297484/8652712991
Prof. Anis Choudhary, NSS District Co-ordinator, Thane Central –
Mobile No. 09224763158

The participant must carry College Identity card, Undertaking from parents, and other material required for the camp.

With regards,

Yours sincerely,

Prof. Atul Salunke,
I/c, Programme Co-ordinator, NSS

Note- Prof. _____, The NSS District Co-ordinator is requested to co-ordinate & depute ____ Male & ____ female NSS Volunteers along with ONE Programme officers (Male/Female) to this camp. The team is expected to reach as above at. Camp site. The Dist Co-ordinator / team incharge must ensure that the volunteers carry all the required documents/ material. Kotwal wadi (Camp venue) is near to Neral Railway Station (Central Railway)

Distribution of NSS Volunteers for the University Level Camp to be held at

Sanskar Shibir Kendra, Kotwalwadi, Neral (near Karjat) from

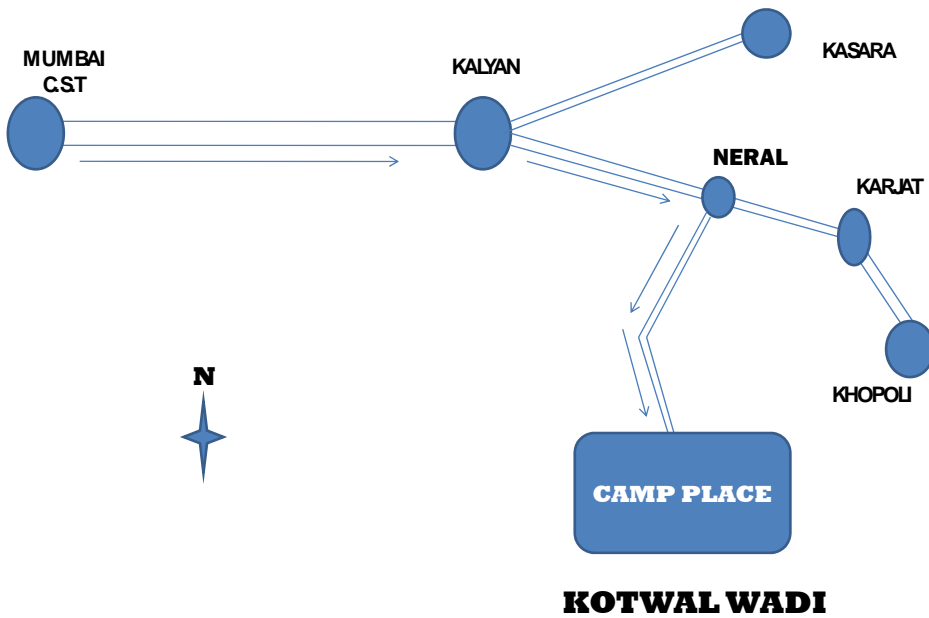
9th to 15th January 2012.

Sr	Name of the District / Zone	Prog. Officers/ Organizers			NSS Volunteers		
		M	F	Total	M	F	Total
1	Mumbai City	01	01	02	15	10	25
2	Mumbai Western Suburb	01	01	02	15	15	30
3	Mumbai Central Suburb	01	01	02	15	10	25
4	Thane District- Central Line	01	01	02	25	25	50
5	Thane District – Western Line	01	01	02	15	05	20
6	Raigad District	01	01	02	15	10	25
7	Ratnagiri District	01	01	02	15	05	20
8	Sindhudurg District	01	01	02	10	00	10
9	L.D.Sonawane College – Host College participants	01	01	02	10	10	20
10	Organizers	05	02	07	--	--	--
		14	11	25	135	90	225

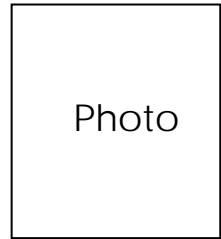
Prof. Atul Salunke,

I/c, Programme Co-ordinator, NSS

MAP OF THE UNIVERSITY RESIDENTAL CAMP



FORM OF INDEMNITY



In consideration of my being nominated at my request to undergo all types of training and also participating in any camp/course/adventure training in/outside NSS and traveling I undertake and agree that neither I nor my executor/administrator will make any claim against the Government of India or against any officer of NSS/Principal/Programme Officer/Programme Co-Ordinator/State Liaison Officer/Youth Officer/Assistant Programme Adviser/Deputy Programme Adviser in respect of any loss or injury to the property or person (including injury resulting in death), which I may suffer while or in consequence of my being in training/ Participating in any camp/course/adventure training activities in/outside NSS and traveling and I understand that no compensation will be paid by the Government of India or any official as mentioned against any such loss or injury (including death) and I agree so as to bind myself, executors and administrators to indemnity to the Government of India, any NSS official and any third party against them or any person in the service of Government of India, against any claim which may be by any third party against them or any of them arising out of any act of default on my part during or in connection with the said training camp/course/college Regular activities/Special Camp/District/University/State level Camp/NSS selection Camp of SRD/NRD/NSS Pre-SRD Camp/NSS SRD Parade Camp/NSS Pre-R.D. Parade/Youth Festival/National Integration Camp/ Adventure training Camp and journey by road/rail/sea/river and flight.

Details of the Camp/Programme:-

Title

Duration: - Days date from To

Venue: -

Name of the Volunteer

Signature of Student/applicant

Signed by the applicant in my presence.

Witness no. 1) Parent/Guardian's Signature _____

Name _____

Address _____

Witness no. 2) Parent/Guardian's Signature _____

Name _____

Address _____

Signature of NSS Programme Officer

Signature of Principal

College Seal

N. B.: one of the witnesses must be the Parent/Guardian of the NSS Volunteer.