

**Annexure-I**

**BIODATA OF PARTICIPANT**

**NATIONAL INTEGRATION CAMP**

**A: PERSONAL DETAILS (in capital letters)**

Name: Mr/Ms : \_\_\_\_\_  
(Surname) (First name)

Father's Name : \_\_\_\_\_

NSS Volunteer / NSS Prog Officer : \_\_\_\_\_

Date of birth : \_\_\_\_\_ Male / Female: \_\_\_\_\_

Class Studying in : \_\_\_\_\_ Whether SC/ST/OBC/GEN: \_\_\_\_\_

University/+2 : \_\_\_\_\_ State/U.T.: \_\_\_\_\_

Paste Passport  
Size Photograph  
here

**B: CONTACT DETAILS**

College /Institution Name & Address:

Residential/ Permanent Address:

Telephone No :

Telephone No :

Fax No :

Mobile No :

E mail ID :

E mail ID:

**C: OTHER DETAILS**

(i) Food habit: Veg / Non-Veg: \_\_\_\_\_

(iii) NSS Enrollment Year: \_\_\_\_\_

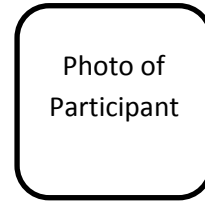
(ii) NSS Camps attended: \_\_\_\_\_

(iv) No of years completed in NSS: \_\_\_\_\_

Signature of the NSS Volunteer

Signature of the NSS Programme Officer

..... COLLEGE  
**NATIONAL SERVICE SCHEME**



**INDEMNITY BOND**

In consideration of my being nominated at my request to undergo all types of training and also participating in any camp/course/adventure training activities in/outside NSS and travelling I undertake and agree that neither I nor my executer/administrator will make any claim against the Government of India or against any officer of NSS/Principal/Programme Officer/Programme Coordinator/State Liaison Officer/Youth Officer/Assistant Programme Adviser/Deputy Programme Adviser/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 travelling and I understand that no compensation will be paid by Government of India or any such loss or injury (including injury resulting in death) and I agree so as to bind myself, executers and administrators to indemnity to the Government of India, against any claim which may be made any third party against them or any of them arising out of any act or default on my part during or in connection of said training camp/course/NSS Pre-RD Parade Camp/adventure training and journey by road/rail/sea/river/and flight. In case of any mistake done by me, I will be responsible for it.

**Signature of Applicant**

With Address :

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In the presence of the following witness -----

Witness 1 -----

Witness 2 -----

*NB:* witness must be parents or guardian of the NSS Volunteer.

Date: / /

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**NSS Volunteership Certificate – A Specimen**

**It is certified that Shri/Kum..... Son/Daughter of Shri..... is a bonafide student of (name of institution).....**

**He / She is a regular NSS volunteer from..... and 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.**

**Signatures of the Programme Officer  
with seal**

**Signatures of the Principal  
with seal**

**Note: Volunteership certificate should be on the letter head of the college/ Institution.**

**Certificate of Medical / Physical Fitness – A Specimen**

**Signature of the Candidate.....**

**I do hereby certify that I have examined Mr./Ms.....  
S/o/D/o..... and found fit for undergoing rigorous training for  
National Integration Camp/ Pre-Republic Day/Republic Day Camp/Adventure Camp/NSS  
Mega Summer Camp**

**The candidate whose signature is given above is not suffering any  
communicable or chronic disease, which may cause any hindrance in his/her participation  
in the above-mentioned rigorous training programme.**

**Station:**

**Dated:**

**Signature of the Medical Officer  
with Registration Number & Seal**

**MANDATE FORM**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT (RTGS ) FACILITY FOR RECEIVING PAYMENTS**

**DETAIL OF ACCOUNT HOLDER:**

NAME OF THE ACCOUNT HOLDER	
COMPLETE CONTACT ADDRESS	
TELEPHONE NUMBER/ FAX/ E MAIL	

**B. BANK ACCOUNT DETAILS:**

BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS	
TELEPHONE NUMBER AND E MAIL	
WHETHER THE BRANCH IS COMPUTERISED?	
WHETHER THE BRANCH IS RTGS ENABLED? IF YES, GIVE <u>IFSC CODE</u>	
IS THE BRANCH NEFT ENABLED?	
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
COMPLETE BANK ACCOUNT NUMBER (LATEST)	
MICR CODE OF BANK	

**DATE OF EFFECT:**

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed for any reasons of incomplete or incorrect information I would not hold the user Institution responsible. I accept the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Date:

(Signature of the Customer)

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Signature