

## NATIONAL SERVICE SCHEME

(NSS SPECIAL CAMP PROPOSAL FORM)

ଜାତୀୟ ସେବା ପୋଜନା ଉଚ୍ଚ ମାଧନିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡିଶା CHSE, ODISHA Plot No. C/2, Samantapur, Bhubaneswar-751013 Tele-Fax :0674-2301152 Email: nsschseo1983@gmail.com



## (Annexure-D)

|     | <u>( TO BE FILLED IN CAP</u>   | PITAL                  | LETTERS ONL                                   | <u>.(Y)</u>                   |  |
|-----|--|------------------------|---|-------------------------------|--|
| 1.  | Name of the institution<br>Address with Phone, Fax, E-Mail   |                        |   | :                             |  |
| 2.  | Alphanumeric Code No.  |                        |   | :                             |  |
| 3.  | Unit (Male / Female ).   |                        |   | :                             |  |
| 4.  | Name of the Principal with Mobile No. & E-mail ID  |                        |   | :                             |  |
| 5.  | Name of the Programme Officer & Designation.<br>Mobile No. & E-Mail  |                        |   | :                             |  |
| 6.  | Name of the Adopted Village.   |                        |   | :                             |  |
| 7.  | No. of population of adopted village.  |                        |   | :                             |  |
| 8.  | Place of Stay during camping period  |                        |   | :                             |  |
| 9.  | Distance of the campsite from institution.<br>(Within 8 Kms. to enable the Volunteers for<br>follow up action) |                        |   | :                             |  |
| 10. | Duration of the camp ( From dtto dtto :  |                        |   |                               |  |
| 11. | Fully Residential camp ?   |                        |   | :                             |  |
| 12. | Number of participants.  | : a)<br>b)<br>c)<br>d) | Volunteers<br>Non-Student<br>Teacher<br>Total | -<br>t Volunteers -<br>-<br>- |  |
| 13. | The agencies contacted to help :<br>Organise programmes in the camp  | a)<br>b)<br>c)<br>d)   |   |                               |  |

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| 14.  | Major projects to be undertaken<br>(On community need basis).   | : a)<br>b)<br>c)<br>d)   |  |  |
|------|---|--|--|--|
| 15.  | Special topics/ issues to be discuss  | sed       : a)         b)  |  |  |
| 16.  | Name of the Block Development Officer , :<br>full postal address with office telephone/<br>Mobile No. & E-mail ID.  |  |  |  |
| 17.  | Name of the Head/any dignified person of :<br>adopted village with full postal address<br>and telephone/ Mobile No.   |  |  |  |
| 18.  | Name of Volunteer leader<br>(With contact No. if any )  | :  |  |  |
| 19.  | Daily routine of the camp-( separa<br>to be attached).<br>A) Route from CHSE(O) to the c<br>in detail with names of the Road,<br>chhaka from which the diversion<br>kilometres in total to be travelled | amp site :<br>important<br>is to be made,  |  |  |
|      | <b>B)</b> Condition of the road   | :  |  |  |
| 20.  | S.B.Account Details   | <ul> <li>: a) S/B. Account No</li> <li>b) Name of the Bank</li> <li>c) Name of Branch</li> <li>d) Branch Code No</li> <li>e) IFSC Code No</li> </ul> |  |  |
| Full | Signature of Programme Officer.   | Full Signature of Principal.   |  |  |

(With Seal)

ature of Principal. (With Seal)

N.B:- Copy of the proposal to be submitted to Programme Coordinator, NSS, CHSE, Odisha, Bhubaneswar-13 & forwarded to the S.N.O-Cum-Dy.Secy.to Govt., Deptt. Of Higher Education, Govt. of Odisha, Odisha Secretariat, Bhubaneswar-1/Regional Director, Regional Directorate of NSS,, Govt. of India, Kharvel Nagar, Bhubaneswar-751001 for information.