



By Email only
COUNCIL OF HIGHER SECONDARY EDUCATION:ODISHA.
NATIONAL SERVICE SCHEME BUREAU
PLOT NO. C/2, SAMANTAPUR, BHUBANESWAR : 751013
Mob:9040827352 e-mail: nsschseo1983@gmail.com



No.NSS-12/2024 690 /CHSE,Dt: 06.12.2024
From

Dr. Biswa Mohana Jena,OES-I,
Programme Coordinator,NSS.

To
The Princippal,
Govt. H.S.School, Angul.
Govt. Women's H.S.School, Dhenkanal.
Kamala Nehru Women's H.S.School,Bhubaneswar.
KISS Higher Secondary School ,Bhubaneswar.

Sub:- DEPUTATION OF NSS VOLUNTEERS AND PROGRAMME OFFICER FOR
NATIONAL INTEGRATION CAMP TO BE HELD AT BIT, PATNA FROM
12TH TO 18TH DECEMBER,2024.

Ref:- This Bureau email dated 28.11.2024, 03.12.2024.

Madam/Sir,
In inviting a reference to the subject cited above I am to inform you that the
following NSS volunteers under the leadership of SRI SURYAKANTA SWAIN ,
Asst. (Prof.) in Zoology- Cum-Programme Officer,NSS, Govt. H.S.School, Angul
(Govt. Auto.College,Angul) have been selected to participate in the NATIONAL
INTEGRATION CAMP TO BE HELD AT BIT, PATNA FROM 12TH TO 18TH
DECEMBER,2024.

Therefore, you are requested to kindly ensure that the selected NSS volunteer is
registered on My Bharat Portal. The selected NSS volunteer be deputed with the
following items, articles.

1)Bio-data (2)NSS Volunteership Certificate, (3)Form of Indemnity bond (4)Medical
fitness certificate (5)Passport size colour photograph 3 copies (6)Institution ID Card
(7) Bank Mandate form for disbursement of TA (8) Necessary articles for daily use,
traditional costume, dresses & ornaments (not gold) (9) Exhibition materials (10)
Photographs etc. (Relevant formats in respect of Sl.No.01, 02, 03,04 & 07 .

Sl. No.	Name of the Volunteers	Gender	Name of the H.S.School.	Class	Mobile No.
1	SMRUTI PURNA SWAIN	FEMALE	KAMALA NEHRU WOMENS H.S.SCHOOL, BHUBANESWAR	PLUS 2, FIRST YEAR	9692909743
2	NAMRATA MOHANTY	FEMALE	KAMALA NEHRU WOMENS H.S.SCHOOL, BHUBANESWAR	PLUS 2, FIRST YEAR	9861816107

Contd...P/2

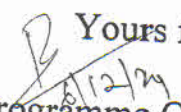
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Sl. No.	Name of the Volunteers	Gender	Name of the H.S.School.	Class	Mobile No.
3	PUNAM MATI	FEMALE	GOVT. WOMEN'S H.S.SCHOOL, DHENKANAL	PLUS 2, FIST YEAR	7008182559
4	PRIYADARSHINI KHUNTIA	FEMALE	GOVT. WOMEN'S H.S.SCHOOL, DHENKANAL	PLUS 2, FIST YEAR	7327941340
5	GYATRI BARIK	FEMALE	GOVT. WOMEN'S H.S.SCHOOL, DHENKANAL	PLUS 2, FIST YEAR	7873323893
6	SUSANTA GADABA	MALE	KISS HIGHER SECONDARY SCHOOL, BHUBANESWAR	PLUS 2, FIST YEAR	7077970684
7	SIBA TIRKEY	MALE	KISS HIGHER SECONDARY SCHOOL, BHUBANESWAR	PLUS 2, FIST YEAR	7205406216
8	CHINMAYA SAHOO	MALE	GOVT. H.S.SCHOOL, ANGUL	PLUS 2, FIST YEAR	9178923250
9	SINKUN DAS	MALE	GOVT.H.S.SCHOOL, ANGUL	PLUS 2, FIST YEAR	9090425311
10	RASHMI RANJAN NAYAK	MALE	GOVT. H.S.SCHOOL, ANGUL	PLUS 2, FIST YEAR	8847817542

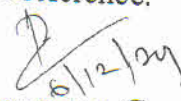
The Travel plan is enclosed herewith. All the volunteers be informed to report at Bhubaneswar Railway Station, Plat Form No.01 on 11.12.2024 morning by 5.00 a.m. and report before the contingent leader SRI SURYAKANTA SWAIN, Asst. (Prof.) in Zoology- Cum-Programme Officer, NSS, Govt. H.S.School, Angul (Govt. Aut. College, Angul) Mob: 9438732726.

The receipt of this letter along with enclosures may please be acknowledged.

Encl: As above.

Yours faithfully

 Programme Coordinator, NSS.

Memo No. 691 /CHSE.Dt. 06.12.2024
 Copy forwarded to P.S. to Chairperson for kind information of Chairperson / Principal, Programme Officer of respective institution for kind information & necessary action / SNO-Cum-Dy.Secy.to Govt. Department of Higher Education, Govt. of Odisha, Lokseva Bhawan, Bhubaneswar-751001 for kind information / Regional Director, Regional Directorate of NSS, Govt. of India, 30 Kharavela Nagar, Bhubaneswar-1 for kind information with reference to their office letter No.2597-2600 dt.27.11.2024 / Regional Director, Regional Directorate of NSS, Govt. of India, Patna for kind information / Prof. Shridhar, Programme Coordinator, NSS, BIT, Patna for kind information / DPOs, ADPOs of respective districts for information & necessary action/ Concerned Institution File / Guardfile NSS for record and reference.


 Programme Coordinator, NSS.

NATIONAL INTEGRATION CAMP, 2024
REGIONAL DIRECTORATE OF NSS, PATNA
VENUE : BIRLA INSTITUTE OF TECHNOLOY MESRA, PATNA CAMPUS
DURATION : 12th TO 18th, DECEMBER 2024

Sl. No	Name of the Volunteers	Father's Name	Gender	Date of Birth	Residential Address	University Name	College/ Institute Name	Class of Study	Mobile No	Email Id
1	SMRUTI PURNA SWAIN	Trilochan Swain	FEMALE	27-06-2008	Old Town, Bhubaneswar Pin-751002	CHSE, ODISHA	KAMALA NEHRU WOMENS H.S.SCHOOL, BHUBANESWAR	PLUS 2, FIRST YEAR	9692909743	swinesmrutiparna@gmail.com
2	NAMRATA MOHANTY	Swadhin Kumar Mohanty	FEMALE	29-04-2008	Jharpada, Bhubaneswar Pin- 751006	CHSE, ODISHA	KAMALA NEHRU WOMENS H.S.SCHOOL, BHUBANESWAR	PLUS 2, FIRST YEAR	9861816107	mohantynamrata026@gmail.com
3	PUNAM MATI	Sanjay Mati	FEMALE	17.02.2009	AT-Sarion, PO- Kankadahad Dist. Dhenkanal, Odisha-759015	CHSE, ODISHA	GOVT. WOMEN'S H.S.SCHOOL, DHENKANAL	PLUS 2, FIST YEAR	7008182559	mati.draupadi@gmail.com
4	PRIYADARSHINI KHUNTIA	Prasanta Khuntia	FEMALE	11.07.2008	AT-Jamunakote, Bhuban, Dist. Dhenkanal, Odisha-759024	CHSE, ODISHA	GOVT. WOMEN'S H.S.SCHOOL, DHENKANAL	PLUS 2, FIST YEAR	7327941340	privapriyadarsini0143@gmail.com
5	GYATRI BARIK	Santosh Kumar Barik	FEMALE	13.03.2008	AT-Mahulapunji, PO- Bhapur, Dist. Dhenkanal, Odisha-759015	CHSE, ODISHA	GOVT. WOMEN'S H.S.SCHOOL, DHENKANAL	PLUS 2, FIST YEAR	7873323893	gayatrinamita85@gmail.com
6	SUSANTA GADABA	SURESH GADABA	MALE	03.03.2006	KISS BOYS HOSTEL	CHSE, ODISHA	KISS HIGHER SECONDARY SCHOOL , BHUBANESWAR	PLUS 2, FIST YEAR	7077970684	susantagadaba55@gmail.com
7	SIBA TIRKEY	BIRSA TIRKEY	MALE	01.04.2006	KISS BOYS HOSTEL	CHSE, ODISHA	KISS HIGHER SECONDARY SCHOOL , BHUBANESWAR	PLUS 2, FIST YEAR	7205406216	sibatirkey152@gmail.com
8	CHINMAYA SAHOO	DEBABRATA SAHOO	MALE	07.01.2009	ASURABANDHA, CHANDI	CHSE, ODISHA	GOVT. H.S.SCHOOL, ANGUL	PLUS 2, FIST YEAR	9178923250	debabratasahoo676@gmail.com
9	SINKUN DAS	PRADEEP KUMAR DAS	MALE	22.08.2008	SIMILIPADA, ANGUL	CHSE, ODISHA	GOVT. H.S.SCHOOL, ANGUL	PLUS 2, FIST YEAR	9090425311	cycuvustdgig@gmail.com
10	RASHMI RANJAN NAYAK	BIJAYA NAYAK	MALE	28.08.2008	MAHIDHARPUR, BANARP	CHSE, ODISHA	GOVT. H.S.SCHOOL, ANGUL	PLUS 2, FIST YEAR	8847817542	rashmيرانjann919@gmail.com

Sl. No	Name of the Programme Officer	Gender	Residential Address	University Name	College/ Institute Name	Mobile No	Email Id
1	SURYAKANTA SWAIN	MALE		CHSE, ODISHA	GOVT. H.S.SCHOOL, ANGUL	9438732726	swainsuryakanta@gmail.com

-----VOLUNTEER'S BIO-DATA FORM-----

NATIONAL SERVICE SCHEME REGIONAL DIRECTORATE OF NSS, PATNA NATIONAL INTEGRATION CAMP - 2024 Birla Institute of Technology, Patna Campus From 12th Dec. to 18th Dec. 2024		photo <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
A: PERSONAL DETAILS (in capital letters) (i) Name: Mr./Miss _____ (ii) Date of Birth: _____ (iii) Father's Name: _____ (iv) Name of the State /UT: _____ (v) Name of College/ Institute: _____ (vi) Class of Study: _____		
B: CONTACT DETAILS OF THE NSS VOLUNTEER		
i. Address for Communication : _____ _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> State: _____ Pincode: _____ </div> Mobile No.(s): _____ Email: _____		
C: NSS UNIT AND COLLEGE ADDRESS		
1. Name of NSS Programme Officer (PO): _____ 2. Address of the college: _____ NSS PO Mobile No(s): _____ Email ID: _____		
D: OTHER DETAILS		
(A) Food Habit: Veg. <input type="checkbox"/> Non-Veg.: <input type="checkbox"/>		(B) Blood Group: _____
Signature of the Volunteer with Date	Signature of the Programme Officer with Date & Seal	

Volunteer-Ship Certificate

It is certified that Shri/Kumari. _____
Son/Daughter of Shri _____ is a bonafide student of

(name of the institution). He/ she is a regular NSS Volunteer from
_____ (Year) and has completed his/ her one year of volunteer-
ship. He/she is neither a member of NCC nor a member of Scouts and Guides.

Signature of Programme Officer

With seal

Signature of Principal

With Seal

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 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 NSS 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 may suffer while or in consequence of my being in training/ participating in any camp / course/adventure training activities in/out side NSS and travelling and I understand that no compensation will be paid by Government of India or any Officer as mentioned against 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, any NSS official and any person in the service of 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 National Integration camp and journey by road/ rail/ sea river/ and flight.

Signature of applicant

Signed by the applicant with address

In the presence of Mr/Ms. _____

Witness 1 _____

Witness 2 _____

Note: One of the witness must be the parent / guardian of the NSS volunteer with address

Certificate of Medical / Physical Fitness

Signature of the Candidate.....

I do hereby certify that I have examined Mr./Ms.....
Son/Daughter of.....and found fit for undergoing Camp.

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

Place:

Dated:

Signature of the Medical Officer
With Seal

BANK MANDATE FORM

Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS) facility for receiving payments.

A. Details of Accounts Holders:-

Name of Account Holder	
Complete Contact Address	
Mobile No	
E-Mail Id	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
What is the Branch's IFSC Code	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No.	
MICR Code of Bank	

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

Signature of Customer

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

(Bank's Stamp)

Date:

Signature of Bank Manager

-
1. Please attach a photocopy of cheque along with the verification obtained from the bank.
 2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at the earliest.



NATIONAL SERVICE SCHEME
REGIONAL DIRECTORATE OF NSS, PATNA
NATIONAL INTEGRATION CAMP, 2024
Birla Institute of Technology, Mesra, Patna Campus
From 12th Dec. to 18th Dec. 2024

Travel Plan

Name of Contingent Leader : Sri Suryakanta Swain.
Name of the State : Odisha
No. of participant : 10 Volunteers + 01 Contingent leader.
Mob. No. of Contingent Leader : 9438732726.

Particulars		Train Name & No	Date	Time
Onward Journey	Departure	JANA SATABDI EXP 12074 FROM BHUBANESWAR (BBS)	11.12.2024	06.00
	Arrival	HOWRAH JN – (HWH)	11.12.2024	12.40
	Departure	JANA SATABDI EXP 12023 FROM HOWRAH JN – HWH	11.12.2024	14.05
	Arrival	PATNA JN (PNBE)	11.12.2024	22.20
Return Journey	Departure	PNBE PURI SPL 03230	19.12.2024	08.45
	Arrival	BHUBANESWAR (BBS)	20.12.2024	00.55