****

VIKRAMA SIMHAPURI UNIVERSITY

NELLORE

NATIONAL SERVICE SCHEME (NSS)

**VERIFICATION FOR NEW/EXISTING NSS UNIT**

**PROFORMA– 2021-22**

**NSS Unit : New Unit Existing Unit**

**Name of the College:**

**College Address :**

**Academic Year :**

**College type : Intermediate Degree P.G**

**Course :**

**Reference No. Date :**

****

NATIONAL SERVICE SCHEME

VIKRAMA SIMHAPURI UNIVERSITY

KAKUTUR, VENKATACHALAM (M)

SPSR NELLORE- 524 324

ANDHRA PRADESH, INDIA

**NSS UNIT PHYSICAL VERIFCATION**

1. **Affiliation Type:**

* **Permanent affiliation**
* Any **other affiliation**

1. **College information:**
2. **Name & Address of the College:** ( in CAPITAL LETTERS)

**College Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Year of Establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**College Code : \_\_\_\_\_\_\_\_\_\_** (for existing college only)

**College Status :** Minority Non-Minority

**College Location :** Urban Rural Tribal

**Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City / Town : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pin Code : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (+91): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location : Latitude \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey No. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Landline (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (+91): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website : http://www.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Status of college :** Co-Education Women’s

**Status of Affiliation** : Govt. Autonomous

Govt. Autonomous Aided Unaided

**If Autonomous duration from: (DD/MM/YYY)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to (DD/MM/YYYY) \_\_\_\_\_\_\_\_**

**Year of Commencement of**

**First batch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UGC status conferred :** 12B 2F

**NBA :** Yes No

**NAAC :**  Yes No

**College Type :** Engineering Integrated Campus Standalone / PG College

**Courses offered by College :**

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| --- | --- | --- |
| **+2** | **UG** | **PG** |
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**Hostel Available : Yes No**

**If yes : Boys Girls**

**Hostel within the campus : Yes No**

**Status of the Hostel Recognition : Yes No**

1. **Information regarding the student intake:**

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| --- | --- | --- | --- |
| **S.No** | **Name of the Course** | **Sanctioned**  **Intake** | |
| **Approved** | **Admitted** |
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**Note:** *Attach a Separate sheet if required.*

**Ad-on / Certificate / Diploma / PG Diploma/Engineering/Pharmacy**

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| **S.No** | **Name of the Course** | **Sanctioned**  **Intake** | |
| **Approved** | **Admitted** |
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1. **Details of the Principal:** (in CAPITAL LETTERS)

**Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(in CAPITAL LETTERS)

**Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualification : Doctorate Non – Doctorate**

**Faculty (Ph.D in) : Engineering Management Others**

**Ph.D Awarded From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**University  **Year : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (YYYY)

**Date of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(DD/MM/YYYY)

**Land line (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Details of Director:** (Please specify in CAPITAL LETTERS)

**Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(in CAPITAL LETTERS)**

**Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Qualification : Doctorate Non – Doctorate**

**Date of Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (DD/MM/YYYY)

**Land line (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **a) Name & Address of the Educational Society:** (in Capital Letters)

**Name of the Society : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year of Establishment : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (YYYY) **Registered Number :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address D.No : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City / Town : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pincode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Landline with (STD Code) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile(+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website : http://www.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Name & Address of the Chairperson / Correspondent / Secretary of the Society:** (in CAPITAL LETTERS)

**Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(in CAPITAL LETTERS)**

**Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City / Town : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mandal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pincode : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Landline (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile (+91) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Whether the society has more than one college in the same premises:** Yes No

**If yes, give the details:** (in CAPITAL LETTERS)

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| **S. No.** | **Name of the College / Institution** | **Established Year (YYYY)** | **Affiliated University** |
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**4. LAND:**

1. **Land Details of the College:** (in CAPITAL LETTERS)

**Extent of Land Area : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Acres

**Land Type :** Single Piece Two or Three pieces

**Land Registration Type :** Registered Sale Deed Registered Gift Deed Period of Lease Deed

**If Leased, Period of Lease Deed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registered in the name of :** IndividualSociety

**Land Category :** Rural Urban Tribal

1. **Building Plan in the name of the proposed institution prepared by Licensed Surveyor and Certified**

Municipal Corporation Municipality Gram Panchayat

1. **Building Registered type : Own Leased**

**Compound Wall/Fencing:** YesNo

**Power Supply :**  Adequate Inadequate

**Water Supply :** Adequate Inadequate

**Drinking Water :** Municipal Water Borewell Water

**Is Water Purified ? :** Yes No

1. **Particulars of Building Accommodation**

**(Class rooms, Tutorial rooms, Computer Laboratories, Library, Seminar Halls, Computer Centre and etc.,)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **Building Door No. / Floor** | **Room No.** | **Dimensions**  **(in feet)** | **Carpet Area**  **(in sft.)** | **Purpose for which it is used** |
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1. **DETAILS OF STAFF MEMBERS (Teaching & Non-teaching)**

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| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Faculty** | **Qualifications** | **Designation** | **Social Status** | **Permanent /**  **Temporary /**  **Part-Time /**  **Contract** | **Teaching / Non – Teaching /**  **Technical /**  **Library** | **Total**  **Years of Service** |
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* **Mode of Payment of Salary : Cash Cheque Bank Transfer Other**
* **Total No. of Faculty : Teaching \_\_\_\_\_\_\_\_ Non-Teaching \_\_\_\_\_\_\_\_ Technical \_\_\_\_\_\_\_\_\_**

1. **LIBRARY FACILITIES:** (Please specify in CAPITAL LETTERS)

**Library Phone Number (Land line/Mobile) :**

**Seating Capacity :**

**Working Hours of Library : From:\_\_\_\_\_\_\_\_\_\_\_\_\_(HH:MM) To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(HH:MM)**

1. **Anti – Ragging Committee:**

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| --- | --- | --- |
| **S. No.** | **Names of the Members** | **Designation in the Committee** |
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1. **SPORTS FACILILTIES:**

**Number of Playgrounds : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sports Committee Members:**

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| **S. No.** | **Names of the Members** | **Designation in the Committee** |
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**ADDITIONAL INFORMATION:**

**Students Canteen Yes No**

**Health Care Centre Yes No**

**Conference Hall** (if Yes, Capacity: \_\_\_\_\_\_\_\_\_\_\_\_) **Yes No**

**Auditorium** (if Yes, Capacity: \_\_\_\_\_\_\_\_\_\_\_\_) **Yes No**

**NSS / NCC / YOGA club etc Yes No**

**Industry Institute Interaction Cell Yes No**

**MOU with Industry / R & D Units Yes No**

**Existing NSS Unit Yes No**

**If Yes Give The NSS Unit Details:**

**Existing NSS Unit started from : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Existing NSS Unit Programme Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Programme Officer trained/untrained : Trained Untrained**

**If trained how many training programmes he attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many years he working as Programme Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NSS UNIT ADVISORY COMMITTEE MEMBERS:**

|  |  |  |
| --- | --- | --- |
| **S.NO.** | **NAME OF THE COMMITTEE MEMBER** | **DESIGNATION IN ADVISORY COMMITTEE** |
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**How many Special camps, Mega caps, Skill Development programmes and any programme conducted details:**

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| --- | --- | --- | --- | --- |
| **S.NO.** | **NAME OF THE CONDUCTED CAMPS** | **STARTING CAMP DATE** | **ENDING CAMP DATE** | **CAMP CONDUCTED AT VILLAGE / SLUM** |
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**DECLARATION**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Society / College hereby declare that the details given above are true and correct to the best of my knowledge.

I also understand that in case the particulars furnished in the Verification are found incorrect at any juncture, the New NSS Unit permission may be withdrawn without information.

**Name and Signature of the**

**Head of the Institution**

**Name and Signature of the**

**Chairperson / Secretary of the Society**

**Verification Officer Signature**

**Place:**

**Date:**