



**Annex-I**

REPUBLIC DAY PARADE CAMP-2012-13

NOMINATION FORM FOR STATE/UT LEVEL SELECTION CAMP

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

- (i) Name: Mr./Miss  
(Surname) (First name)
- (ii) Nomination is for.....
- (iii) Date of birth: \_\_\_\_\_
- (iv) Father's Name: \_\_\_\_\_
- (v) Mother's Name: \_\_\_\_\_
- (vi) Educational Qualification: \_\_\_\_\_

**B: CONTACT DETAILS**

(i) Contact Address & Telephone no.

(ii) Permanent Address & Telephone no

Telephone No(s):

Mobile No(s):

Telephone No(s):

Mobile No(s):

E mail ID

**C: NSS UNIT DETAILS**

<p>(i) Name &amp; Address of Prog. Officer</p>       <p>Telephone No(s):</p> <p>Mobile No(s):</p>	<p>(i) Name &amp; Address of Prog. Coordinaoor</p>       <p>Telephone No(s):</p> <p>Mobile No(s):</p>
<p><b>D: OTHER DETAILS</b></p>	
<p>(i) Height (in cm) _____</p> <p>(iii) Food habit: <u>Veg/ Non-Veg</u></p> <p>(v) NSS Camps attended:</p>	<p>(ii) Weight (Kg.) _____</p> <p>(iv) Blood Group: _____</p> <p>(vi) NSS Enrollment Year: _____</p> <p>(viii) Hobbies:</p>
<p>Signature of the Volunteer &amp; Date</p>	<p>Signature of the Prog. Officer &amp; Date</p> <p><b>(SEAL)</b></p>

## 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 volunteership 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**

CERTIFICATE OF MEDICAL/PHYSICAL FITNESS

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 Pre- Republic Day/ Republic Day Camp/ National Camp/

State Camp/ Dis. Camp.

The candidate whose signature is 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.

Station :

Signature of the Medical Officer

Date :

Seal :

## FORM OF INDEMNITY – A SPECIMEN

In consideration of my being nominated at my request to under go all types of training and also participating in any camp/course/adventure training activities 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 Coordinator/ State Liaison Officer/ Youth Officer/ Assistant Programme Adviser/ Deputy Programme Advise/ Programme Adviser in respect of any loss or injury to the property or person (including injury resulting in death), which may suffer while or inconsequence of my being in training/ participating in any camp/ course/ adventure training activities in / out NSS and traveling 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 training camp/ course/ NSS Pre-RD parade / RD parade camp/ adventure training and journey by road/ rail/ sea/ river/ and flight.

Signature of applicant

Signed by the applicant with address

In the presence of Sh. ....

Witness 1 .....

Witness 2 .....

**NB:** one of the witness must be the parent/ guardian of the NSS volunteer with address