DASHMESH KHALSA COLLEGE, ZIRAKPUR

NATIONAL SERVICE SCHEME (NSS) ENROLMENT FORM

College Name: _____

Academic Session: _____

Volunteer Enrollment No. (Office Use): _____

Student Information

Student Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____

Gender: _____

Class/Course: _____

Semester/Year: _____

College Roll Number: _____

University Registration Number: _____

ABC ID: _____

Mobile Number: _____

Email ID: _____

Permanent Address:

_____

_____

NSS Participation Details

Have you been an NSS Volunteer earlier? ☐ Yes ☐ No

If Yes, Enrollment Number: _____

Special Skills/Hobbies:

_____

Areas of Interest (Tick as applicable):

☐ Environment Protection
☐ Health & Hygiene
☐ Literacy Programmes
☐ Blood Donation Camps
☐ Disaster Management
☐ Community Service
☐ Cultural Activities
☐ Other: _____

Medical Information

Blood Group: _____

Any Medical Condition/Allergy (if any): _____

Declaration by Student

I voluntarily wish to enroll as an NSS Volunteer. I agree to participate in NSS activities, camps, and community service programmes and will abide by the rules and regulations of the National Service Scheme.

Student Signature: _____

Date: ___ / ___ / _____

Recommendation

Programme Officer (NSS): _____

Signature: _____

For Office Use Only

Enrollment Approved: ☐ Yes ☐ No

NSS Enrollment Number: _____

Principal Signature & Seal: _____