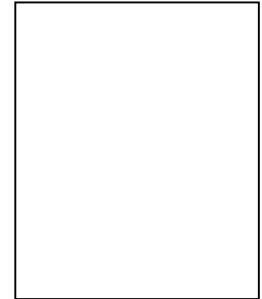




STATE NSS CELL (U.T.)
EDUCATION DEPARTMENT,
CHANDIGARH ADMINISTRATION



ENROLMENT FORM 2016-17



NAME OF THE INSTITUTION _____

1.	NAME (BLOCK LETTERS)	
2.	FATHER'S NAME	
3.	MOTHER'S NAME	
4.	DATE OF BIRTH (IN WORDS & FIGURES)	
5.	CLASS	
6.	CLASS ROLL NO.	
7.	GENDER	
8.	CATEGORY (GEN/SC/ST/OBC)	
9.	PERMANENT ADDRESS	
10.	CORRESPONDENCE ADDRESS	
11.	OCCUPATION OF FATHER & DESIGNATION	
12.	INCOME OF FATHER/GUARDIAN	
13.	PREVIOUS EXPERIENCE OF NSS (YES/NO)	
14.	HAVE YOU OPTED FOR SPORTS/NCC	

I WILL DEVOTE MINIMUM 120 HOURS FOR NSS WORKD.

DATE:

(SIGNATURE OF THE VOLUNTEERS)

(SIGNATURE OF THE PROGRAMME OFFICER)