

**SNDT Women's University
National Service Scheme Cell
Disaster Management Training Camp 2015
Registration Form and Commitment Certificates**

PERSONAL INFORMATION

Name: _____

Class: _____ Div _____ Roll No _____

Residential Address: _____

_____ Taluka _____ District _____ PinCode _____

Contact detail: STD Code _____ ResidenceTel _____ Mobile _____

Emailid: _____

Date of Birth: _____ Age: _____ Spectacles : Yes / No _____

Height _____ Weight _____ BloodGroup _____ Hb % _____

PARENT'S INFORMATION

Name: _____

Office Address _____

_____ Taluka _____ District _____ PinCode _____

Contact detail: STD Code _____ ResidenceTel _____ Mobile _____

Email id: _____

INSTITUTIONAL INFORMATION

Name of the college _____

Office Address _____

_____ Taluka _____ District _____ Pin Code _____

Contact detail: STD Code _____ Tel _____ faxNo _____

Email id: _____ Website _____

OTHER INFORMATION

Enrollment Year of NSS: _____

Note: Please make a tick mark wherever applicable

- *Participated in*

Sports	MCC/NCC	Scout/Guide	Trekking	Hiking	RSP	Civil Defense	First Aid	Home Guard
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Participated in

Pre SRD	Pre NRD	SRD	NRD	Adventure Camp	Mega Camp	Youth Festival	Utkarsha	Any Other
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Participated in

Driving	Swimming	Cooking	Photography	Report Writing	Fire Fighting
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Wish to participate

Swimming	Diving	First Aid Training	Fire Fighting	Any Other
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- *Will like to know Procedure in police station/Legal knowledge*

- *Any other additional information:* _____

1) COMMITMENT CERTIFICATES

(Jointly signed NSS Volunteer/Parents/ Programme Officer & certify by Principal)

A) UNDERTAKING BY THE PARTICIPATING STUDENT

I, undertake to state that, I shall be attending the training program of AVHAN to be held at _____ University from _____ to _____ at my own risk.

In consideration of my being nominated at my request to undergo all types of training and also participating in any NSS training activities in/outside NSS and traveling, I undertake and agree that neither I nor my executor/administrator will make any claim against any officer of NSS/Principal/Program Officer/Program Coordinator/State Liaison Officer/Youth Officer/Assistant Program Adviser/Deputy Program 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 disaster management training camp

I, further undertake to state that I shall be abiding by all rules & regulation of the camp and shall be liable for strict disciplinary action for violation of the same.

Signature of the Student Date: _____

B) RESPONSIBILITY CERTIFICATE

I agree as a responsible person that my Son/Daughter/Ward is being allowed to participate in the above mentioned camp to be held at Sholapur University at my own risk. If any accident or death occurs during this camp/program, I or any of my relation of legal heir will not demand any claim from State Govt. /University /College NSS unit, on account of my Son/Daughter/Ward being a part this camp.

Signature of Parent/Guardian Date: _____

C) VOLUNTEERSHIP CERTIFICATE

It is certified that the volunteer is a bonafide student of the College/Institution and He /She is a regular NSS Volunteer from the yearand has completed his/her one year of volunteer ship and he/she is neither a member of NCC nor a member of Scouts and Guides/Rovers/Rangers.

Signature of NSS Program Officer Signature of the Principal
College Seal

2) CERTIFICATE OF MEDICAL/PHYSICAL FITNESS

Signature of the candidate:

I, do hereby certify that I have examined the volunteer and found him/her fit for Undergoing rigorous training for AVHAN- Disaster Preparedness Program The candidate whose signature given above is not suffering from any Communicable or chronic disease, which may cause any hindrance due to his/her Participation in the above mentioned rigorous training program.

Signature of the Medical Officer Seal
Address with Contact No Date: _____