STATEMENT OF NSS VOLUNTEERS ENROLLMENT FOR THE YEAR 20 - 20

Name of the College & Address: _____

_____

Name of the Principal with No.:_____

Name of the P.O. with Mobile No:_____

Sl. No.	Name of the Volunteer	Father's Name	Class & Year	Male / Female	Community OC/BC/ SC/ST	Remarks if any
(1)	(2)	(3)	(4)	(5)	(6)	(7)

Place:

Signature of the NSS PO
(College Seal)

Signature of the Principal &
Chairman, NSS
(College Seal)