



NATIONAL SERVICE SCHEME

ଜାତୀୟ ସେବା ଯୋଜନା
ଉଚ୍ଚ ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡ଼ିଶା

CHSE, ODISHA

Plot No. C/2, Samantapur, Bhubaneswar-751013

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(Annexure-D)

(NSS SPECIAL CAMP PROPOSAL FORM) (TO BE FILLED IN CAPITAL LETTERS ONLY)

1. Name of the institution :
Address with Phone, Fax, E-Mail
2. Alphanumeric Code No. :
3. Unit (Male / Female) . :
4. Name of the Principal with Mobile No. & E-mail ID :
5. Name of the Programme Officer & Designation. :
Mobile No. & E-Mail :
6. Name of the Adopted Village. :
7. No. of population of adopted village. :
8. Place of Stay during camping period :
9. Distance of the campsite from institution. :
(Within 8 Kms. to enable the Volunteers for follow up action)
10. Duration of the camp (From dt.....to dt.....) :
11. Full camp or Day Camp ? :
(Full camp Rs.11,250/- or Day camp Rs.5000/-)
12. Number of participants. : a) Volunteers -
b) Non-Student Volunteers -
c) Teacher -
d) Total -
13. The agencies contacted to help : a)
Organise programmes in the camp b)
c)
d)

Contd.....P/2.

14. Major projects to be undertaken : a)
(On community need basis). b)
c)
d)
15. Special topics/ issues to be discussed : a)
b)
c)
d)
16. Name of the Block Development Officer , :
full postal address with office telephone/
Mobile No. & E-mail ID.
17. Name of the Head/any dignified person of :
adopted village with full postal address
and telephone/ Mobile No.
18. Name of Volunteer leader :
(With contact No. if any)
19. Daily routine of the camp-(separate copy :
to be attached).
A) Route from CHSE(O) to the camp site :
in detail with names of the Road, important
chhaka from which the diversion is to be made,
kilometres in total to be travelled.
B) Condition of the road :
20. S.B.Account Details : a) S/B. Account No. _____
b) Name of the Bank _____
c) Name of Branch _____
d) Branch Code No. _____
e) IFSC Code No. _____

Full Signature of Programme Officer.
(With Seal)

Full Signature of Principal.
(With Seal)

N.B:- Copy of the proposal to be submitted to Programme Coordinator,NSS, CHSE,Odisha, Bhubaneswar-13 & forwarded to the S.L.O-Cum-Dy.Secy.to Govt.,Deptt. Of Higher Education, Govt. of Odisha, Odisha Secretariat, Bhubaneswar-1/Regional Director, Regional Directorate of NSS,, Govt. of India, Kalinga Stadium, Bhubaneswar-751012 for information.