



# NATIONAL SERVICE SCHEME

ଜାତୀୟ ସେବା ଯୋଜନା  
ଉଚ୍ଚ ମାଧ୍ୟମିକ ଶିକ୍ଷା ପରିଷଦ, ଓଡ଼ିଶା

CHSE, ODISHA

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**(Annexure-H)**

## APPLICATION FORM FOR OPENING OF NSS UNIT.

1. Indicate the requirement of unit Male /Female :  
(Mention only one category)
2. Name of the Institution. :  
Detail Address :  
  
Phone No. :  
Fax. :  
E.Mail :
3. Year of Establishment. :
4. Status of the Institution :  
(Government / Aided/ Unaided).Others
5. Affiliated to :  
(Affiliation copy to be attached).
6. Year of affiliation :
7. Affiliated student strength :  
(Only +2)
8. No. of Regular students appeared last :  
CHSE Examination as per MNR.
9. Current student strength :Male :.....  
(Only +2 ) Female:.....
10. No. of teaching staff :
11. Name of the Principal :  
  
Phone No. :
12. Detailed route chart from Bhubaneswar :
13. Whether NSS unit was allotted earlier but withdrawn –  
(If yes mention the cause)

### Enclosure

- 1)Xerox copy of affiliation.
- 2)4/5 Photographs showing infrastructure of the institution.

Place:

Date:

Signature of the Principal  
(With seal)