

GOVERNMENT OF ODISHA  
DEPARTMENT OF HIGHER EDUCATION

No.XHE-NSS-Misc.-19/13- <sup>\*\*\*</sup> 9298(2)/HE.,Dt., 29-4-15

From

Dr. U.N. Sahu, OES-I,  
S.L.O.cum-Dy. Secretary to Government.

To

The Programme Co-ordinator(NSS),  
All Universities, Odisha/  
C.H.S.E., Odisha, Bhubaneswar/  
Jawahar Navodaya Vidyalaya, Konark,  
Puri.

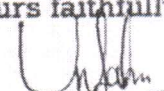
Sub: Nomination for Indira Gandhi NSS Award for the year, 2014-15.

Sir/Madam,

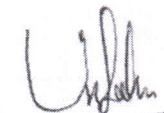
Inviting a reference to the above subject, I am directed to request you to submit necessary nominations in Prescribed format to this Department positively by 30.06.15 for selection of Indira Gandhi NSS Award for the year, 2014-15.

The prescribed format is enclosed for reference.

Yours faithfully,

  
S.L.O.cum-Dy. Secretary to Government. 28/04/15

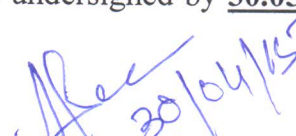
Memo No. 9299(2)/HE.,Dt., 29-4-15  
Copy forwarded to Youth Officer/ Head, NSS Regional Centre,  
Kalinga Stadium, Bhubaneswar for information.

  
S.L.O.cum-Dy. Secretary to Government. 28/04/15

COUNCIL OF HIGHER SECONDARY EDUCATION; ODISHA.  
NATIONAL SERVICE SCHEME BUREAU.  
PLOT NO. C/2, SAMANTAPUR, BHUBANESWAR: 751013  
TEL.FAX.0674-2301152, Website-<http://ori.nic.in/chseonss>  
E-Mail- [nsschseo1983@gmail.com](mailto:nsschseo1983@gmail.com)

Memo No. NSS 203 /CHSE, dt. 30-4-15

Copy forwarded to Principals of all the institutions having NSS units with a request to kindly recommend nominations in the prescribed format to the undersigned by 30.05.2015 positively / Guardfile NSS for record.

  
Dr. Ananta Kishore Jena  
Programme Coordinator

Paste  
Passport  
Size  
PHOTO

**PROFORMA FOR RECOMMENDING NSS VOLUNTEER  
FOR INIDIRA GANDHI NSS AWARDS**

1	State						
2	Name of the University / + 2 Council						
3	Name of the College with full address (In Block Letters) URL of the Website of the College if any						
4	Name of the Principal						
5	Name of the Student NSS Volunteer who is being recommended. ( in block letters and underline Surname)						
6	Date of Birth ( with documentary proof) ( Age relaxation of 3 years for SC/ ST – to be indicated )						
7	Sex of Volunteer						
8	Full address of Volunteer with contact No and E -mail ID						
9	Number of Hours completed during volunteership						
10	Period of NSS Volunteer			From :	To:		
Year	No of Saplings planted	No of Blood donation camps / No of Units donated in these camps	No. of Aids Awareness Camps/Rallies	No of people made fully literate	No of children immunized against polio	Participation in Durable assets created/Repair/constructon.	Any other activity
11	Whether maintained NSS Diary ( Certified copy of the diary should be attached)						
12	No of NSS Special Camps attended ( Give details of each camp)						
13	National Level Programme / Training attended ( Give details)						
14	Contribution in Blood Donation, Eye Donation Pledge, Tree Plantation, Organ Doination pledge, Environment preservation, literacy, Health education,						

