

COUNCIL OF HIGHER SECONDARY EDUCATION;ODISHA.
NATIONAL SERVICE SCHEME BUREAU.
PLOT NO. C/2, SAMANTAPUR, BHUBANESWAR : 751013.

MODIFIED TO THE OFFICE ORDER NO.90 DT.13.02.13.

OFFICE ORDER.

Bhubaneswar, dated the 16th Feb,2013.

No.NSS 92 /CHSE(O) In pursuance of NSS Regional Centre, Bhubaneswar Lt.No.355-358 dt.11.02.2013 and subsequent discussion over telephone with Programme Officers the Principals of following institutions are requested to depute their volunteers for participation in Adventure Camp for NSS volunteers in North Eastern Region as per the details given below:-

Programme:-

<p>Theme:-Promotion of Adventure in the North Eastern Region under Pilot Scheme “Youth to the Edge”.</p> <p>Venue:-Arunachal Trail-1, Roing (Lower Dibang District)</p> <p>Arrival and Departure schedule at Transit Camp (TC) & Base Camp (BC)</p> <p>Arrival at Guwahati – 07.03.2013, Arrival at Rupa dtd.09.03.2013</p> <p>Training Period – 10.03.2013 to 15.03.2013</p> <p>Departure from Rupa to Guwahati – 16.03.2013</p> <p>Departure from Guwahati to respective States – 16.03.2013.</p>
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Reporting at Bhubaneswar:-

The volunteers will report at Bhubaneswar on 05.03.2013 .The exact time & venue will be intimated later on.

All the volunteers should bring their (1) college identify card, (2) Medical Certificate (3) Undertaking (forms enclosed).

The participants should be directed to come equipped with sports shoes, two pairs of socks, toiletries, pen/pencil, note book, cap/hat, short pant, dark sunglass, sun-skin lotion, rain court, T-Shirt, torch, etc.

TA/DA.

The participants will be reimbursed expenses towards to and fro journey by sleeper Class Rail/ Ordinary Bus by shortest route from their institution to the Training Centre and back as per TA norms through the organizers on production of the tickets. The volunteers will also be provided track suit and training materials, lodging & boarding free.

Physical Exercise:-

The selected volunteers be informed to do physical exercise in each morning to keep themselves fit for the ensuing programme.

Contd.....P/2.

List of participants.

Sl. No	Name of the Participant.	College Address	Age	Sex	Contact Tel.No.
1	Sri Sitakantha Das, Lect. in Edn – cum NSS P.O, (Escort Officer).	P.R.M. Mahavidyalaya, Sarat,At/Po:Sarat-757079, Dist:Mayurbhanj	38	M	9437612410
2	Kunmun Behera	Rani Sukadei Mahila Mahavidyalaya, At:Po:Banki-754008, Dist:Cuttack.	17	F	9583224183
3	Pratisita P. Mohapatra	-do-	17	F	9938141484
4	Chandrakanti Behera	-do-	17	F	8658399966
5	Priyanka Deuri	-do-	17	F	7381958250
6	Aparna Sahoo	Govt. Women's jr. College, Keonjhar, At/Po:Dist:Keonjhar	16	F	9668539283
7	Sunita Mohanty	-do-	16	F	9777274965
8	Padmabati Sahoo	-do-	16	F	9938971054
9	Hillirani Mahanty	Krushna Chandra Pipili Mahavidyalaya,At/Po: Jagai, Via: Pratappur.,Dist:Balasore.	16	F	9583245023
10	Mandakini Kulhari	-do-	16	F	9556512693
11	Apurba Ranjan Sahoo	Parimal College, Pandua, At: Pandua, Po:R.N.Pur, Via:Anlaberani-759026, Dist:Dhenkanal	17	M	8895128263
12	Diptish Ranjan Sahoo	-do-	17	M	9938956348
13	Subash Chandra Sahoo	Anchalika Mahavidyalaya, Birashal, At/Po: Birashal Dist:Dhenkanal.	17	M	9776277493
14	Krushna Chandra Behera	-do-	17	M	9937861672
15	Chaitanya Prasad Murmu	P.R.M. Mahavidyalaya, Sarat,At/Po:Sarat-757079, Dist:Mayurbhanj	17	M	9777833811
16	Anama Singh	-do-	16	M	9692061022
17	Chandan Kumar Parida	-do-	16	M	8018089240
18	Saubhagya Ranjan Rout	Krushna Chandra Pipili Mahavidyalaya,At/Po: Jagai, Via: Pratappur. ,Dist:Balasore	16	M	7381763363
19	Satya Priya Swain	Sudarsan Jr.Mahavidyalaya, Bayalish Mouza, At/Po:Dadhibamanpur, Via- Bentkar-754112,Dist:Cuttack	16	M	9658408717
20	Biplab Mallick	-do-	16	M	9556900547

Contact person in case of any clarifications:-

- 1) Mr.Sunil Kumar Basumatary,
Incharge Guwahati Section of NSS
Tel-(0361)2229031, Mobile:09706050305
E-Mail: basum68@rediffmail.com”
- 2) Dr. Romeo Meetei
Incharge (Adventure Cell) Govt of Arunachal
Mobile:09436052286
E-Mail: advcellsya@gmail.com”
- 3) Mr.Raju Mepi
District Sports Officer
(DSO)
Mobile:09402476508
09436447944
- 4) Ms. Tine Mine,
Everester
Mobile:0943875102
- 5) For Overall conduct
Col H S Chauhan, SM, VSM,FRGS Adviser Adventure
Ministry of Youth Affairs & Sports Mobile:09818807710
- 6) For Odish incharge.
Ms. Sarita Patel,
Head of Office, NSS Regional Centre,
Govt. of India, Bhubaneswar.
Mobile:9438733008

Sd/Dr. Ramesh Chandra Behera.
Programme Coordinator.

Memo No. 93(22) /CHSE, Dt. 16.02.2013
Copy forwarded to Principals/Programme Officer, NSS of concerned institutions for favour of information & necessary action/Principal, P.R.M. Mahavidyalaya, Sarat, At/Po:Sarat-757079, Dist:Mayurbhanj /

S.L.O-Cum-Dy.Secy.to Govt., Deptt. Of Higher Education, Govt. of Odisha, Bhubaneswar-1/Head of Office, NSS Regional Centre, Govt. of India, Plot No.754/1,Jayadev Vihar,Bhubaneswar-751013 for favour of information and necessary action/Concerned Institution file / Director, NIC, Bhubaneswar with a request to kindly upload this letter along with the enclosed proformas in the NSS website) (<http://ori.nic.in/chseonss>) for information to general public/ Concerned Institution file / Guardfile NSS for information and necessary action for record.

Sd/Programme Coordinator.

Op.

Annexure 'A'

Medical Certificate

Name _____

Age _____ Weight _____

Respiration rate at rest _____

Chest Expansion _____

Pulse Rate _____

Blood Pressure _____

Condition of Upper limb _____

Toes and Feet _____

Urine Examination _____

Blood Test _____

Blood Group _____

Applicant should not have Asthma, Epilepsy or other fits and any other major deformity, hernia and chronic diseases

In my opinion Mr/Mrs/Miss _____ whose signature and address is given below is fit to undergo special adventure training.

Signature of the applicant

Signature of Medical Officer with seal

Date _____

Place _____

Note: The medical officer should be MBBS and give his registration number of the council.

Annexure 'B'

Undertaking

It is certified that I agree to detail my son / daughter / ward / Mr / Myself _____ for Special Adventure Course being held in Arunachal Pradesh / Nagaland at my own risk and no compensation will be paid to me in case of accident and I will not hold the organizers or its staff wholly or partially responsible for any mis-happening.

Date: _____
Principal -

Signature of Parents / Guardian /

School - College / Applicant

Place:

COUNTERSIGNED

Note: The risk certificate for applicants below 18 years of age is to be signed by the Parents/Guardian & for other by applicant himself / herself and countersigned by sponsoring authority.