

# MADHAV INSTITUTE OF TECHNOLOGY & SCIENCE GWALIOR-05



## **National Service Scheme**

Registration for Academic Year 2016-17

						OLOR HOTO
1- Name of volunteer						
2- Father's Name						
3- Mother's Name						
4- Sex (Male/ Female)						
5- Category (ST/SC/OBC/UR)						
6- Date of Birth						
7- Blood Group						
8- Class of Study Year				Branch		
9- Volunteer's Mobile No.						
& Email ID						
10-Residential address with Telephone						
No.						
11-Permanent address with Telephone						
No.						
12-Height in Cms						
13-Language Known						
14-Food Habits	Veg	(	)	Non Veg	(	)
15-Are you having 'A' Certificate of NSS	YES	(	)	NO	(	)
16-Hobbies						
(a) Cultural Activities						
(b) Sports						
(c) Any Other						



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Appendix – B

### **FORM OF INDEMNITY**

In consideration of my being nominated at my request to under go all types of training and also participating in any camp/course/adventure training activities in/outside NSS and traveling. I undertake and agree that neither I nor my executor/ administrator will make any claim against the Government of India or Government of M.P. of against the officer of NSS/ Principal/ Program Officer/ Program Coordinator/ State Liaison Officer/ Youth Officer/ Assistant Program Adviser/ Deputy Programme Adviser/ Program Adviser in respect of any loss of injury to the property or person (including injury resulting in death), which may suffer while or inconsequence of my being in outside NSS and traveling and I understand that no compensation will be paid by Government of India or any officer as mentioned against any such loss or injury (including injury resulting death) and I agree so as to bind myself, executes and administrators to indemnity to the Government of India, against any claim which may be made any third party against them or any of them arising out of any act or default on my part during or in connection of said training camp/ course/ NSS Pre-RD Parade/ RD Parade Camp/ Adventure Training/ State Camp and journey by road/ rail/ sea/ river and flight.

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Signed by the applicant with address	Signature of applicant
In the presence of:	
Name of Father:	Signature
Name of Mother:	Signature
Note: One of the witnesses must be the parent/guardia	n of the NSS volunteer with address.