



OFFICE OF THE DIRECTOR/PRINCIPAL
MAHATMA GANDHI GOVT. ENGG. COLLEGE, KOTLA (JEORI)
TEHSIL RAMPUR DISTT. SHIMLA H.P.

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Phone No:-01782-292904/905

No. 416

Dated: 13/10/2023

✓
NOTICE

NSS UNIT ENROLLMENT SESSION 2023-2024

Students who wish to enroll NSS in for the academic year 2023-24 are informed that they are required to fill in the detail in the NSS enrolment form. The maximum intake of NSS Unit is 100 volunteers. Hence enrolment will be on first come first serve basis. The NSS programme officer shall have the discretion to decide the enrolment.

f. *[Signature]*
Director/Principal 13/10/2023

Endst No:- GEC/KJR/NSS/2020

Dated:-

Copy to:-

1. The director Technical Education, Vocational and Industrial Training H.P. Sundernagar for information and necessary action please..
2. website in charge with request to upload the same on website.
3. Notice Board.

f. *[Signature]*
Director/Principal
Mahatma Gandhi Govt. Engg. College
Kotla (Jeori) Rampur



NATIONAL SERVICE SCHEME
Mahatma Gandhi Govt. Engg. College Kotla (Jeori)

ENROLLMENT FORM
{PLEASE FILL IN CAPITAL LETTERS}.

Affix Passport
Size Photo

1	Name Of the Student	:			
2	Year of joining the University	:			
3	University Register/Roll No.	:			
4	Class	:			
5	Current Semester	:			
6	Date of Birth	:			
7	Category	:	SC()	ST()	Other ()
10	Sex (Please Tick)	:	Male: ()	Female: ()	Other ()
11	Health status - illness (if any)	:			
12	PH/Visually impaired	:	Yes ()	No ()	
13	Father's Name	:			
14	Mother's Name	:			
15	Permanent Address	:			
16	Residential Address (Ignore if it is same as Permanent Address)	:			
17	Telephone No. (Mobile)	:			
18	Telephone No. (Land)	:			
19	Email Address	:			
20	Blood Group	:			
21	Extra-curricular Talents	:			
22	Areas of interest	:			
23	Previous experience in NSS	:			

DECLARATION

I.....(your Name in CAPTIAL LETTERS) hereby agree to obey all rules and regulations of National Service Scheme (NSS) and agree to work within the framework of NSS. I state that all the information furnished by me above are true and correct to the best of my knowledge and belief. I understand that any wrong information and disobedience of NSS rules and regulations lead to my disqualification from NSS membership.

Date:

Place:

Signature of Applicant

For Office use only

Date of enrolment:

Enrolment No.:

Remarks if any:

Signature of the Programme Coordinator