**ANNEXURE – B**

**SUBMISSION OF ENTROLMENT PARTICULARS TO THE PROGRAMME**

**CO-ORDINATOR, UNIVERSITY**

Name of the College: ……………………………………………………………………………

Unit No……………………………………………………………………………………………..

Name of the Programme Officer……………………………………………………………….

Programme Officer’s Mobile Phone Number………………………………………………..

Programme Officer’s E-Mail ID…………………………………………………………………

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.**  **No.** | **Particulars** | **SC** | | | **ST** | | | **Other Category (OC)** | | | **Total** | | |
| **M** | **F** | **T** | **M** | **F** | **T** | **M** | **F** | **T** | **M** | **F** | **T** |
| 1 | No. of volunteers newly enrolled in NSS  (1st Year) |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | No. of volunteers continued in NSS (year) |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Total |  |  |  |  |  |  |  |  |  |  |  |  |

**Signature of the Programme Officer**

**Note:**Please furnish the details (hard & soft copy) to University for compilation and

onward transmission to NSS Regional Directorate & State NSS Cell.