**SUBMISSION OF SPECIAL CAMP PROPOSAL TO THE UNIVERSITY**

|  |  |  |
| --- | --- | --- |
|  | Theme: |  |
| * 1. Name of the college |  |
| * 1. Full Postal Address |  |
| * 1. Telephone No. of the College with STD code & Mobile No. |  |
| * 1. E-Mail ID |  |
| 2. | Name of the Principal |  |
| 2.1 Telephone No. of the Principal | with STD Code: |
| Mobile No.: |

3. Details of the Programme Officer(s)

|  |  |  |  |
| --- | --- | --- | --- |
| S.No | Name of the PO(s)  Conducting the  Camp | Residential  Address | Phone No.(R) & Mobile No. |
|  |  |  | Tel. No.(R) :  Mobile No.:  E-Mail ID : |

4. Name of the Teachers deputed to help the Programme Officer:

(Staff must be deputed to assist the P.O/NSS)

1.

2.

5. Adopted Village(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the camp venue(i.e) adopted village(s) | Name of the Panchayat  Union | Full address of the camp venue | Mobile No and Tel.No. in the camp venue | Name of the contact person in the adopted village and Mobile No. |
|  |  |  |  |  |

6. Distance of the camp venue from the college :

6.1 Mode of Conveyance :

6.2 Bus/ Train fare from the College to Camp venue :

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OC** | | **SC** | | **ST** | | **TOTAL** | |
| **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

7. Camp Strength planned (50 campers/Unit)

1. No.of Camp Organizers : 2
2. No.of NSS Volunteers : 43
3. No.of Non-Student Volunteers : 5

Total : 50

8. Date of commencement of the Camp :

Date of valedictory of the Camp :

Duration of the Camp : 7 Days

9. Activities to be completed during the Camp (detailed programme)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No | Name of the Activity/ Programmes planned | Name of the Adopted Village | Duration  (Days) | No.of beneficiaries  (Villagers) | No. of Campers to be involved(NSS Volunteers) |
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10. Details of evening guest lecture :

11. Name of the Government Department(s)

whose co-operation is sought :

12. Voluntary agencies, if any who will help for

the success of the camp :

13. Date and venue of the previous camp held :

14. Whether audited statement of accounts duly

certified by the Chartered Accountant sent : Yes No

**Signature of the NSS Programme Officer(s) Signature of the Principal with seal**