



तस्यै तपो दमः कर्मणि प्रतिष्ठा

GOVERNMENT DEGREE COLLEGE BAROTIWALA, DISTT. SOLAN , HIMACHAL PRADESH



NSS ENROLMENT FORM FOR THE SESSION 2025-26

New/old

Name of the Volunteer : _____
 Father's Name : Sh. _____
 Mothers Name : Smt. _____
 Aadhar Number : _____
 Date of Birth : ____/____/____
 Class : _____
 Roll No. : _____
 Blood Group : _____
 Category : _____
 E-Mail ID : _____
 Mobile No. : _____
 Hobby : _____
 Residential Address : _____

PHOTO

I Mr./Ms. _____ S/D of _____ Class _____
 Roll No. _____ wish to participate in NSS activities for the year _____. I shall maintain discipline, punctuality and spirit of cooperation during NSS activities. I shall uphold the values of social service, national integration, communal harmony and environmental consciousness. I undertake to follow all instructions given by NSS Programme Officer and respect the rules of the college during NSS activities. **I further undertake that I will learn the NSS Lakshya Geet by heart.**

Signature of the Volunteer

Particulars of Guardians/Parents:

Name: _____ Mobile No. _____ Relationship with
 Students: _____ Date : _____

Signature of Guardians / Parents

Programme Officer
 NSS Unit
 GC Barotiwala
 Distt.- Solan H.P.

Principal
 Govt. Degree College Barotiwala
 Distt.- Solan H.P.

FOR OFFICE USE ONLY:-

• Whether accepted as NSS Volunteer
 • If Yes, received NSS Registration Fee of Rs. 10/-
 • Allocated Volunteer Enrolment Code Number (V.E.C.)
 Name of Unit Incharge NSS Programme Officer Signature

: Application received date : _____
 : YES / NO
 : YES / NO
 : _____
 : _____