



DINSHA PATEL COLLEGE OF NURSING, NADIAD

Managed by Mahagujarat Medical Society, Nadiad

NATIONAL SERVICE SCHEME UNIT



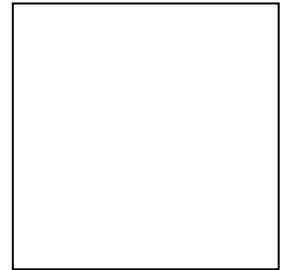
Volunteer's Enrolment Form

1. Name -----

2. Date of Birth -----

3. Class of Studying -----

4. Residential Address -----



5. Year of joining NSS -----

6. NSS Group No. -----

7. Father/Guardian's Name -----

8. Parent's Occupation -----

9. Blood Group -----

10. Category: General/ OBC/ ST/ SC

11. Mobile No ----- Father: -----

12. Email ID -----

OATH

I swear that I will follow all the duties and responsibilities as clear vision as A volunteer of NSS, Social Welfare Scheme of Indian Govt. I agree that I will honestly undertake responsibilities of all the programmes under NSS. I will follow all the rules and regulations with full sincerity. If by any mean I default than I will not remain a volunteer of NSS.

Signature of Volunteer

Programme Officer

Programme Chairman

Date: -----

Date: -----