

## SPECIAL CAMP PROPOSAL

NSS Special Camp Proposal for the year .....

Name of Institution.....

Name of Principal.....

1.	Name of the Programme Officers & Contact Number							
2.	Name of the Unit Secretaries	1. 2.						
3.	Date of the Camp	From			To			
4.	Place of the Camp							
5.	Distance from the Institution							
6.	Bus Route from Institution/ Bus stand to the Camp site							
7.	No. of. Participants	STUDENT S		TEACHERS		LOCAL PARTICIPANTS		TOTAL
		M	F	M	F	M	F	

8. Theme of the Special Camp :.....  
(Please ascertain from Prog. Co-ordinator/State NSS Cell)

9. Important activities to be undertaken .....  
(a detailed day to day activities chart to be enclosed)

It is declared that the camp will be residential in nature and we know that if it is found as default, the entire amount sanctioned for camping will be recovered from the organizers. If any change in date or place of camp it will be intimated to the Programme Co-ordinator, State NSS Cell and NSS Regional Centre, Chennai.

Date: \_\_\_\_\_ Principal \_\_\_\_\_ Programme Officer Unit I/II \_\_\_\_\_

(For use at the State NSS Cell)

Remarks: \_\_\_\_\_ Programme Co-ordinator

Remarks: \_\_\_\_\_ State NSS Officer