



ਕੌਮੀ ਸੇਵਾ ਯੋਜਨਾ National Service Scheme



PTU

ਆਈ. ਕੇ. ਗੁਜਰਾਲ ਪੰਜਾਬ ਟੈਕਨੀਕਲ ਯੂਨੀਵਰਸਿਟੀ

Estd. Under Punjab Technical University Act, 1996
(Punjab Act No.1 of 1997)

Ref. No. IKGPTU/NSS/2016/135

Dated 14.10.2016

ਡਾਇਰੈਕਟਰ/ਪ੍ਰਿੰਸੀਪਲ ਸਾਹਿਬਾਨ
ਆਈ.ਕੇ.ਜੀ.ਪੀ.ਟੀ.ਯੂ. ਸਬੰਧਤ ਸੰਸਥਾਵਾਂ।

ਵਿਸ਼ਾ: **NSS Adventure Camp, Manali** ਲਈ ਵਲੰਟੀਅਰਾਂ ਦੇ ਨਾਮ ਭੇਜਣ ਸਬੰਧੀ।

ਸਤਿਕਾਰਯੋਗ ਜੀਓ,

ਭਾਰਤ ਸਰਕਾਰ ਦੇ ਯੁਵਕ ਅਤੇ ਖੇਡ ਮੰਤਰਾਲੇ ਵੱਲੋਂ ਪ੍ਰਾਪਤ ਪੱਤਰ ਦੁਆਰਾ **NSS Adventure Camp, Manali** ਲਈ ਵਲੰਟੀਅਰ ਭੇਜਣ ਦਾ ਆਦੇਸ਼ ਪ੍ਰਾਪਤ ਹੋਇਆ ਹੈ। ਇਹ ਕੈਂਪ ਮਿਤੀ 20 ਤੋਂ 29 ਨਵੰਬਰ 2016 ਤੱਕ **Atal Bihari Vajpayee Institute of Mountaineering & Allied Sports, Manali(HP)- ABVIMAS** ਵਿਖੇ ਲੱਗਣ ਜਾ ਰਿਹਾ ਹੈ। ਇਸ ਕੈਂਪ ਲਈ ਹਰੇਕ ਕਾਲਜ ਤੋਂ 02 ਸੂਝਵਾਨ ਅਤੇ ਵਧੀਆ ਵਲੰਟੀਅਰਾਂ (ਲੜਕੇ ਅਤੇ ਲੜਕੀਆਂ) ਦੇ ਨਾਂ ਵਿਭਾਗ ਨੂੰ ਮਿਤੀ 30 ਅਕਤੂਬਰ 2016 ਤੱਕ ਭੇਜ ਦਿੱਤੇ ਜਾਣ। ਇਨ੍ਹਾਂ ਦੀ ਚੋਣ ਕਰਦੇ ਸਮੇਂ ਨਾਲ ਨੱਥੀ ਹਦਾਇਤਾਂ ਨੂੰ ਧਿਆਨ ਵਿੱਚ ਰੱਖਿਆ ਜਾਵੇ ਅਤੇ ਵਲੰਟੀਅਰਾਂ ਦਾ ਵੇਰਵਾ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਅਨੁਸਾਰ ਭਰ ਕੇ ਭੇਜਿਆ ਜਾਵੇ। ਵਿਭਾਗ ਕੋਲ ਸੀਮਤ ਸੀਟਾਂ ਦੀ ਅਲਾਟਮੈਂਟ ਹੋਣ ਕਾਰਨ ਵਲੰਟੀਅਰਾਂ ਦੀ ਚੋਣ "ਪਹਿਲਾਂ ਆਉ, ਪਹਿਲਾਂ ਪਾਉ" ਦੇ ਅਧਾਰ ਤੇ ਕੀਤੀ ਜਾਵੇਗੀ ਜੀ।

- ਨੋਟ:- *
- ਕੈਂਪ ਦੀਆਂ ਮਿਤੀਆਂ ਦੌਰਾਨ ਜੇਕਰ ਕਿਸੇ ਪ੍ਰਤੀਭਾਗੀ ਵਲੰਟੀਅਰ ਦੇ ਪੇਪਰ ਆਉਂਦੇ ਹਨ ਤਾਂ ਯੂਨੀਵਰਸਿਟੀ ਦੇ ਨਿਯਮਾਂ ਮੁਤਾਬਕ ਇਨ੍ਹਾਂ ਦੇ ਪੇਪਰ ਕੈਂਪ ਤੋਂ ਬਾਅਦ ਲੈ ਲਏ ਜਾਣਗੇ।
 - ਇਸ ਕੈਂਪ ਲਈ ਇੱਕ ਪ੍ਰੋਗਰਾਮ ਅਫ਼ਸਰ (M) ਨੂੰ ਵੀ ਟੀਮ ਇੰਚਾਰਜ ਵੱਜੋਂ ਭੇਜਿਆ ਜਾਣਾ ਹੈ। ਭਾਗ ਲੈਣ ਦੇ ਚਾਹਵਾਨ ਪ੍ਰੋਗਰਾਮ ਅਫ਼ਸਰ ਵੀ ਆਪਣਾ ਵੇਰਵਾ ਨਾਲ ਨੱਥੀ ਪ੍ਰੋਫਾਰਮੇ ਅਨੁਸਾਰ ਭਰ ਕੇ ਭੇਜ ਦੇਣ ਜੀ।

ਹਿਤੁ

ਡਾ: ਐਸ.ਐਸ.ਰੰਧਾਵਾ 14/10/16
ਪ੍ਰੋਗਰਾਮ ਕੋਆਰਡੀਨੇਟਰ, ਐਨ.ਐਸ.ਐਸ.

ਨੱਥੀ ਹੈ :- ਜ਼ਰੂਰੀ ਹਦਾਇਤਾਂ ਅਤੇ ਪ੍ਰੋਫਾਰਮੇ।

ਉਤਾਰਾ:

1. ਰਜਿਸਟਰਾਰ ਸਾਹਿਬ - ਜਾਣਕਾਰੀ ਹਿੱਤ।
2. ਕੰਟਰੋਲਰ ਪ੍ਰੀਖਿਆਵਾਂ- ਲਾਗਇਨ ਤੇ ਪਾਉਣ ਹਿੱਤ।
3. ਡਿਪਟੀ ਰਜਿਸਟਰਾਰ, ਕੰਪਿਊਟਰ ਸੈਕਸ਼ਨ- ਵੈਬ ਸਾਈਟ ਤੇ ਪਾਉਣ ਹਿੱਤ।
4. ਖੇਤਰੀ ਐਨ.ਐਸ.ਐਸ. ਨਿਦੇਸ਼ਾਲਿਆ, ਚੰਡੀਗੜ੍ਹ।
5. ਪ੍ਰਾਂਤ ਐਨ.ਐਸ.ਐਸ. ਅਧਿਕਾਰੀ, ਪੰਜਾਬ।
6. ਸਮੂਹ ਐਨ.ਐਸ.ਐਸ. ਪ੍ਰੋਗਰਾਮ ਅਫ਼ਸਰ ਸਾਹਿਬਾਨ।

"Propelling Punjab to a Prosperous Knowledge Society"

I. K. Gujral Punjab Technical University

Jalandhar-Kapurthala Highway, Kapurthala-144 603 Ph.: 01822-662561

Email : nss.ikgptu@gmail.com Website : www.ptu.ac.in

Following guidelines should be followed strictly :

1. The volunteers selected for this programme should be physically fit and be able to undergo Adventure activities.
(Every volunteer must carry a medical fitness certificate from a recognised Medical Officer)
2. Every volunteer must carry an Indemnity bond.
3. Every volunteers must carry a Bonafide NSS Volunteers certificate & his/her I card issued by the institution
4. Every Volunteers must carry the sufficient woollen garments (Minimum one pull over / Sweater and trekking shoes.) & articles of daily use
5. The Volunteers who have already attended any Adventure Programme organised by NSS should not be repeated.
6. The maximum number of selected volunteers should not be more than two(preferably) from one institute.

The participants may directed to purchase the uniform kit (Blue-Red Track Suit,Shoes ,Socks ,water bottle) maximum upto Rs.1650/-only with bills in their name, for use in the Adventure Programme.

The participants will be reimbursed expenses towards to & fro journey by sleeper class rail/Ordinary bus fare by the shortest route from their institution as per TA norms through Regional Centre on production of the tickets. The contingent Incharge/Programme Coordinator,NSS will submit verified TA bills & Uniform Kit bills **of the whole team** who have actually participated in the Adventure Camp strictly within seven days of return from the camp to this Regional Directorate through Speed Post.

The contingent incharge will also submit a brief report/observation of the camp alongwith list of participants & action photographs of the camp.

You are, requested to submit the details of the NSS contingent with name contact no/s email id/s & travel plan directly to the organizers **through mail on or before 15th of November, 2016**, under intimation to this Regional Directorate.

CERTIFICATE OF MEDICAL / PHYSICAL FITNESS

Signature of the Candidate.....

I do hereby certify that I have examined

Mr./ Ms. _____

Son / Daughter / of Sh. _____ and found fit for
undergoing rigorous training for Pre-Republic Day/Republic Day Camp.

The candidate whose signature are given above is not suffering from any communicable or chronic disease,
which may cause any hindrance in his/her participation in the above mentioned rigorous training programme.

Station :

Signature of the Medical Officer

Date :

Seal :

Form of Indemnity – A Specimen

In consideration of my being nominated at my request to undergo all types of training and also participating in any camp/ course / adventure training activities in / outside NSS and traveling. I undertake and agree that neither I nor my executer / administrator will make any claim against the Government of India or against any official / officer of NSS/ Principal / Programe Officer / Programme Coordinator/ State Liaison Officer/Youth Officer/ Assistant Programme Adviser/ Deputy Programme Adviser / Programme Adviser in respect of any lose or injury to the property or person (including injury resulting in death), which may suffer while or inconsequence of my being in training participating in any camp course/adventure training/ activities in/outside NSS and traveling and I understand that no compensation will be paid by Government of India or any Officer as mentioned against any such loss or injury (including injury resulting in death) and I agree so as to bind myself , executers and administrators to indemnity to the Government of India , any NSS official and any person in the service of Government of India , against any claim which may be made any third party against them or any of them arising out of any ac or default on my part during or in connection of said training camp/ course/ NSS Pre-RD Parade / RD Parade Camp / Adventure training and journey by road / rail/ sea/ river/ flight.

Signature of the applicant

Signed by the applicant with address

In the presence of

Witness 1 _____

Witness 2 _____

NB : One of the witness must be the parent/ guardian of the NSS volunteers with address

Volunteership Certificate – A Specimen

It is certified that Shri/ Kum.....Son/ Daughter of
Shri.....is a bonafide student of (name of
institution).....

He/ She is a regular NSS volunteer from and has completed his/ her one year of
volunteership and he/ she is neither a member of NCC nor a member of Scouts and Guides/ Rovers/ Rangers.

**Signature of the Programme Officer
with seal**

**Signature of the Principal
with seal**

TA Form

Travelling Allowance Voucher for the Adventure Camp at _____

From _____ to _____

1. Name (Capital Letters) : _____
2. Father's Name : _____
3. NSS Programme Officer/Volunteer : _____
4. Basic pay (for NSS P.O. Only) : _____
5. Name of the College/Institution : _____
6. Class & Roll No. : _____

7. Contact No.(Office) _____ Mobile No. _____ Email ID _____
Address _____

Details of Journey(s) performed	Class of accommodation	Fair paid (one sideX2)
---------------------------------	------------------------	------------------------

Train(Sleeper class) Bus Fare (To and fro) Ticket to be enclosed

From _____	To _____	& back	Rs. _____
------------	----------	--------	-----------

From _____	To _____	& back	Rs. _____
------------	----------	--------	-----------

From _____	To _____	& back	Rs. _____
------------	----------	--------	-----------

Local mileage (To and Fro), if applicable

From _____	To _____	& back	Rs. _____
------------	----------	--------	-----------

From _____	To _____	& back	Rs. _____
------------	----------	--------	-----------

Grand Total

(in words)Rupees: _____

Verified by the NSS Contingent incharge / Principal/NSS Programme Officer/Programme Coordinator

With seal

Certificate:

Certified that I have attended the above programme and have not claimed any Travelling Allowance bill and will not charge from my own organization / Institution and the above particulars are true to the best of my knowledge and nothing has been concealed in.

Dated: _____

Signature of the Claimant

(For Office Purpose only)

Passed for payment of Rs. _____ (Rs. _____)

D.D.O

NSS Regional Directorate , Chandigarh

Head Office

Received the payment of _____ Rs. _____

Signature of the Claimant

Total value of Kit purchased : Rs. _____

(Verified Original bills attached)

NSS Adventure Camp 2016-17

Name of the University: _____

Date & Venue of the Adventure Camp : _____

NSS Contingent In charge

Name of the NSS Programme Officer	Institution's complete address	Contact No/s. and Email I.D./s

Female NSS Volunteers

S.No.	Name of the NSS Volunteer d/o	Class	Institution's Address	Contact No/s. and Email I.D./s
1.				
2.				

Male NSS Volunteers

S.No.	Name of the NSS Volunteer s/o	Class	Institution's Address	Contact No/s. and Email I.D./s
1.				
2.				

Dated: _____

(Programme Coordinator, NSS)

With seal

