



S.E. Society's

SNBP College Arts, Commerce, Science & Management Studies Morwadi, Pimpri, Pune.-18



Academic Year 2024-25

Undertaking for Participation National Service Scheme Activities Camp from Parent & Student

Name of Students: Contact No:-

ClassRoll No. :-

Name of Parent/ Guardian:-..... Contact No:-

Address:

.....

Part A: Undertaking by the Participatory Student

I undertake to state that I shall be attaining all the activities of National Service Scheme (NSS) & Special Camp which will be held outside the college from **25th to 31st January 2025** for one week at **Shivli Village Tal. Mawal, Dist. Pune**, which is jointly, organized by **SNBP College of Arts Commerce Science & Management Studies Pimpri Pune & Savitribai Phule Pune University**.

In consideration of my being nominated at my request I am ready to undergo all types of NSS activities on my own risk.

I undertake and agree that neither I nor my executor/Administrator will make any claim against any NSS officer or college in respect of any loss or injury to the property or person.

I further undertake to state that I shall be liable by all rules and regulations of the NSS camp and shall be liable for strict disciplinary action for violation.

Part B: Undertaking by the Parents/ Guardian

I agree as a responsible person that my own Son/Daughter/Ward is being allowed to participate in the all activities of NSS & Special Camp which will be held outside the college from **25th to 31st January 2025** for one week at **Shivli Village Tal. Mawal, Dist. Pune** which is jointly organized by **SNBP College of Arts Commerce Science & Management Studies Pimpri Pune & Savitribai Phule Pune University**.

If any accident occurs during the camp, I or any relation of legal heir will not demand any claim from college or NSS unit on account of my Son/ Daughter/ Ward being a part of this NSS camp.

I assure that my Son/Daughter/Ward will follow all rules and regulations during the NSS activities & Camp. If he/she will find any kind of indiscipline during this the college have right to take action.

Date:

Place:

Signature & Name of Student

Signature & Name of Parent / Guardian