S.E. Society's

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



Affiliated to the Savitribai Phule Pune University, Pune Accredited B++ Grade by NAAC & ISO certified 21001:2018

NSS Registration Form

Academic Inform	nation:					
Roll No.:-	,	Acad	emic Year:- 2024-2	25		
Class	() I		() П		() III	
Course	[] B.Com		[] BBA (CA)		[] B.Sc (P)	
Course	[] BBA		[] B.Sc (BCS)		[] B.A.	
General Informa	ation:					
Name (in Capital)						
Date of Birth & Age	Age as on:-					
Gender	[] Male		[] Female			
Marital Status	[] Married		[] Unmarried			
Father & Mother Name						
Contact No.s of Parents				Paste 1	Passport Size Photo	
Category	[] SC [] ST [] OBC	[] NT	[] Open			
AADHAR No.:			~ 3 A			
Mobile No.						
Email:						
	cal Injury					
	-					
Correspond	dence Address					
Permano	ent Address					
Previous Record	ı .					
Participation in	Name		Yes	No	No. of Times	
NSS Activities	1 (4.222)		100		1100 01 111100	
Cultural Events						
Dindi Swachata Abhiyan						
Social Activities						
Parade						
University Sports						
Skill Development Prog.						
SNBP Hockey Trount.						
Others (Specify)						
	ign & accept that, I will be pa	rticinated in	every NSS activition	es and follow all	the rules &	
	o time. If I break the rules or				the rules to	
C						
				G* 4	ec. 1 .	
				Signatui	e of Students	
Office Use Only						
Remark:						
NSS Officer		tivity Departr				

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B++ B

<u>UNDERTAKING FOR PARTICIPATION IN NSS CAMPS, ACTIVITIES & PROGRAMS</u> <u>ACADEMIC YEAR 2024-25</u>

Undertaking by the Student

Student's Declaration:- I

Paste Student Photo

Class:	Roll No:				
>	I hereby declare that the entries made by me in registration form are true to the beknowledge, belief and information.	est of my			
	College authorities have explained and informed me regarding the rules and regulations, discipline & practices during the NSS Camps, Activities & Programs & I will strictly abide them.				
>	I am medically fit to participate in the NSS Camp & Activities.				
>	I will not hold responsible to any College authorities / Savitribai Phule Pune University for any mishap / accident / incident that occurs during NSS Camp or Activities.				
	I hereby agreed that I shall give my 100% participation in each and every activity which are under the NSS department.				
	I am also responsible for completion of academic studies & attending a regular college. besides activities I opted for.				
	If I am absent for NSS Camp or Activities after Registration then Rs.500/- shall be charged for the same.				
>	I also state that I have registered my name by understanding all the clauses with the consent of my parents / guardian.				
Date:_	rate: Name & Signature of Student				
Mobile	e Number of Student:	Paste Parent / Guardian			
		Photo			
	Undertaking by the Parents / Guardian.				
I I	Parent / Guardian	of			
	I agree as a responsible person that my ov	vn Son			
/Daugl	nter/Ward is being allowed to participate in the NSS Camps, Activities or prograi	m for the			
acaden	nic year 2024-25 which will be representing by NSS Department, SNBP College	e of Arts			
Comm	erce Science & Management Studies Morwadi, Pimpri, Pune-411018 with	my own			
consen	t & risk.				
I am fu	ally aware that if any mishap / accident / incident occurs during NSS Camps, Act	ivities or			
	m, I or any relation of legal heir will not demand any claim or take any legal actio	_			
college Progra	on account of my Son/ Daughter/ Ward being a part of this NSS Camps, Act ms.	ivities or			
	Name & Signature of Parent / Guardia e Number of Parent / Guardian:	n			
MIODII	e Number of Fatent / Guardian;				