**NATIONAL SERVICE SCHEME**

**JAWAHARLAL NEHRU UNIVERSITY, NEW DELHI**

**ENROLLMENT FORM** Affix Passport

Size Photo

**{PLEASE FILL IN CAPITAL LETTERS. NOT FILLING ALL DETAILS**

**IN ENROLMENT FORM WILL LEAD TO YOUR DISQUALIFICATION}**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Name Of the Student | : |  | | | | |
| 2 | Year of joining the University | : |  | | | | |
| 3 | University Register/Roll No. | : |  | | | | |
| 4 | Class/Programme | : |  | | | | |
| 5 | Current Semester | : |  | | | | |
| 6 | Date of Birth | : |  | | | | |
| 7 | Sex (Please Tick) | : | Male: ( ) | Female: ( ) | | Other ( ) | |
| 8 | Caste (Please Tick) | : | SC: ( ) | ST: ( ) | OBC: ( ) | | UR: ( ) |
| 9 | Physical Features | : | Height (cm): | | Weight (kg): | | |
| 10 | Health status - illness (if any) | : |  | | | | |
| 11 | PH/Visually impaired | : | Yes ( ) | | No ( ) | | |
| 12 | Father’s Name | : |  | | | | |
| 13 | Mother’s Name | : |  | | | | |
| 14 | Permanent Address | : |  | | | | |
| 15 | Residential Address  (Ignore if it is same as  Permanent Address) | : |  | | | | |
| 16 | Telephone No. (Mobile) | : |  | | | | |
| 17 | Telephone No. (Land) | : |  | | | | |
| 18 | Email Address  (in Capital Letters) | : |  | | | | |
| 19 | Blood Group | : |  | | | | |
| 20 | Extra-curricular Talents (Specify) | : |  | | | | |
| 21 | Areas of interest | : |  | | | | |
| 22 | Previous experience in NSS | : |  | | | | |

**DECLARATION**

I..............................................................................................(your Name in CAPTIAL LETTERS) hereby

agree to obey all rules and regulations of National Service Scheme (NSS) and agree to work within the framework of NSS. I state that all the information furnished by me above are true and correct to the best of my knowledge and belief. I understand that any wrong information and disobeyance of NSS rules and regulations lead to my disqualification from NSS membership.

Date:

Place: Signature of Applicant

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**For Office use only**

Date of enrolment:

Enrolment No.:

Remarks if any: Signature of the Programme Coordinator