(NAME OF THE UNIVERSITY/DIRECTORATE)
DETAILS OF VOLUNTEERS ELIGIBLE FOR NSS CERTIFICATE

Sl. No.	Enrolment No.	Name of the Volunteer (In Block Letters)	M/F	Class	Branch	Special Camp Venue & Date	Total Hours of work	Participation in State/National/ International Level Programmes (if Yes, give details)

Certified that I have verified all relevant records and found that the above ..... nos. of Volunteers are eligible for NSS Certificate.

Name & Signature of the Programme Officer

Seal

Signature of the Principal