FORMS

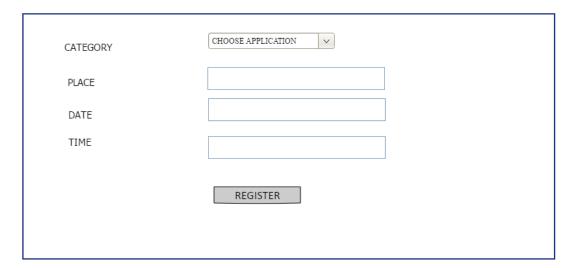
ACTIVITY

ACTIVITY ID		
ACTIVITY NAME		
PLACE		
DATE		
TIME		
VOLUNTEER'S NUMBER		
HOUR OF WORK		
DESCRIPTION		
	SUBMIT	

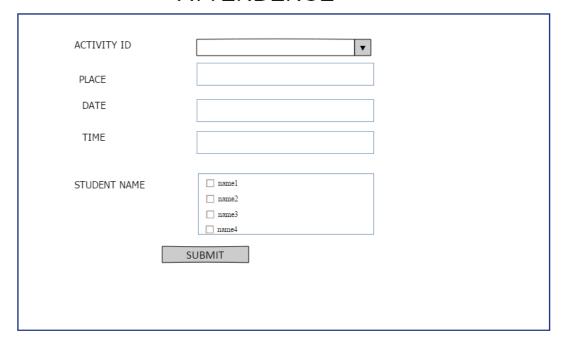
APPLICATION FORM

APPLICATION NAME		
PLACE		
DATE		
TIME		
	SUBMIT	

APPLICATION VIEW



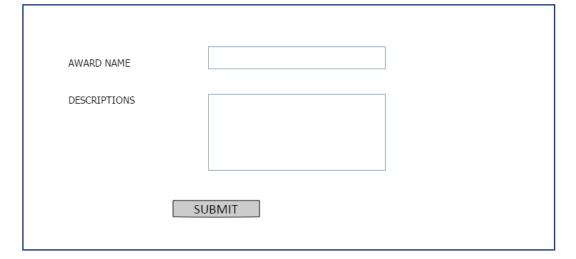
ATTENDENCE



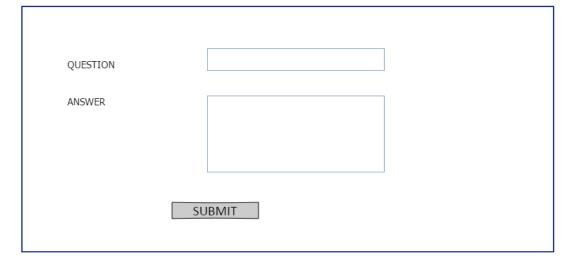
VIEW YOUR ATTENDENCE

TOTAL WORK HOURS	HOUR OF WORK	ACTIVITY NAME

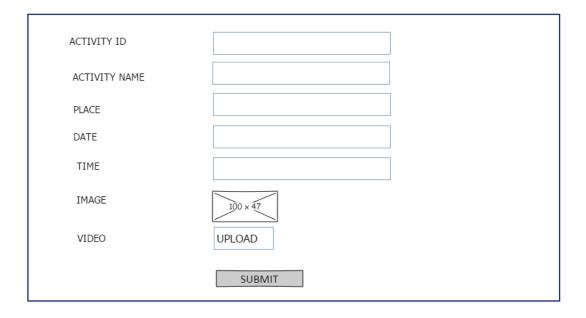
AWARD



FAQ

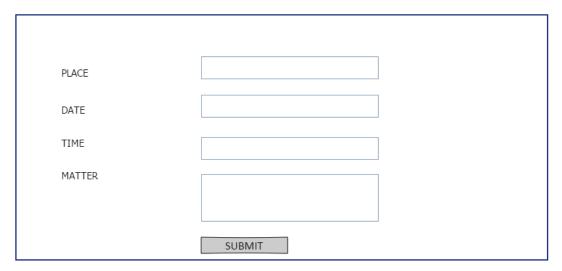


GALLERY

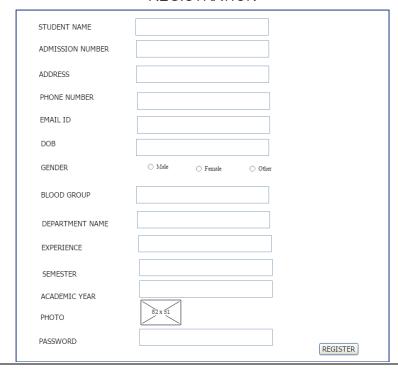




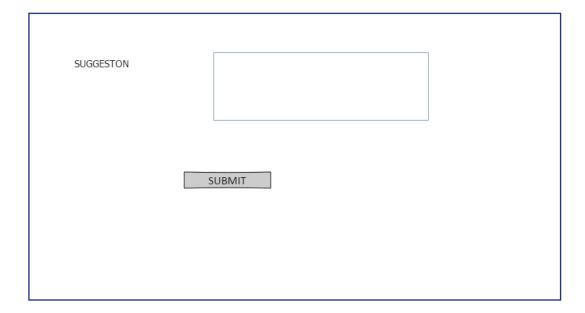
NOTICE



REGISTRATION



SUGGESTION



VIEW ACTIVITIY

	T		t
NO	ACTIVITY NAME	WORK HOUR	

VIEW REGISTRATION

STUDENT NAME				
ADMISSION NUMBER				
ADDRESS				
PHONE NUMBER				
EMAIL ID				
DOB				
GENDER	O Male	O Female	Other	
BLOOD GROUP				
DEPARTMENT NAME				
EXPERIENCE				