

To,

Programme Coordinator,
NSS, CSVTU Bhilai

Subject : Sending of Registration List Session Allotment

Institute Name and Address

Name of Principal Mobile No.

Name of Programme Officer Mobile No.

Actual Registration		Total	Details of Registration														
			General			OBC			SC			ST			Grand Total		
M	F		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total

Registered students list in NSS Unit

Sr. No / Year	Students Name	Fathers Name	Class	Cast	Blood Group	Mobile No.	E-Mail ID

Note : 1. Last date of receiving of Enrollment 30th August. 2. In Column no. 1 first Sr. Number then year in Nss.

Pincipal
Seal & Signature

Programme Officer
Seal & Signature