PROFORMA FOR SUBMISSION OF PEROPOSAL FOR ESTABLISHMENT OF SELF FINANCING UNIT (SFU) UNDER NATIONAL SERVICE SCHEME (NSS)

| 1. | Name of the Institution/College/School with Phone | |
|-----|---|--|
| | No./Fax/E-mail | |
| 2. | Postal Address of the Institution | |
| 3. | Name of the Principal with Contact No. & E-mail | |
| 4. | Name of the University/Directorate | |
| 5. | Total strength of the Institution/College | |
| 6. | Total strength of students in +2 level (applicable to | |
| | schools only) | |
| 7. | The year of establishment of the Institution | |
| 8. | Whether Institution is recognized? | |
| 9. | Past Experience of Institution in Social work | |
| 10. | Whether Institution already have regular NSS units? | |
| | If yes, indicate the No. of Unit(S) | |
| 11. | No. of NSS units required by the institution | |
| 12. | Name of Proposed NSS Programmed Officer | |
| 13. | Whether the Institution publish Annual Report? | |
| | If yes, please attach a copy of current report | |
| 14. | Specify whether the Institution earlier had any NSS unit. | |
| | If yes, give reasons of discontinuation of the unit. | |

| Date: | Signature of Principal/ |
|-------|-------------------------------|
| | Head of Institution with Seal |