

I WILL DEVOTE MINIMUM 120 HOURS FOR NSS WORK

2	NAME OF THE DEPARTMENT
3	NAME (IN BLOCK LETTERS)
4	FATHER'S NAME
5	MOTHER'S NAME
6	DATE OF BIRTH
7	CLASS
8	ROLL NO.
9	GENDER
10	CATEGORY(GEN/SC/ST/OBC)
11	PERMANENT ADDRESS
12	CORRESPONDENCE ADDRESS
13	OCCUPATION & DESIGNATION OF FATHER
14	PREVIOUS EXPERIENCE OF NSS(YES/NO)
15	HAVE YOU OPTED FOR SPORTS/NCC



(CHEMICAL ENGINEERING BLOCK) Email:-nss.puchd@gmail.com

ENROLMENT FORM



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Session

Photograph