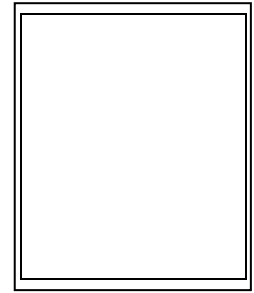


# N.S.S. Performa



Name : .....

Father's Name : .....

Mother's Name : .....

Class : .....

Roll No. : .....

Contact No. : .....

Address : .....

Are you a N.S.S. Certificate holder? Yes / No.

Are you interested to join the N.S.S. ? Yes / No.

Signature of  
candidate

Signature of  
Coordinator