

## Proforma

### Proposal for Setting up of Self Financing Unit (SFU) of NSS

1	Name of the Institution/ College/ School (with year of establishment)	Dr.Rajendra Gode College Of Pharmacy ,Amravati 444602 2019
2	Address of the Institution (with Phone No./ Fax No./ E-mail Address)	University-mardi road ,Amravati-444602 <a href="mailto:rgcopamt@gmail.com">rgcopamt@gmail.com</a> 0721-2970556
3	Name of the Principal (with Phone No. & E-mail Address)	Dr. P.v. Burakle <a href="mailto:Pchem_pramod@reddiffmail.com">Pchem_pramod@reddiffmail.com</a> 9404422957
4.	Name of the University/ +2 Council, having jurisdiction over the Institution	Dr.Babasaheb Ambedkar Technological University, Pharmacy Council Of India.
5	Total student strength of the Institution/ College/ School	298
6	Whether Institution has necessary Recognition/ Affiliation? If so, details thereof. Also, please enclose a copy of the relevant document.	Dr.Babasaheb Ambedkar Technological University ,Lonere
7	Whether Institution already has Regular NSS units? If yes, indicate the No. of Unit(s).	NO
8	Whether Institution already has SFUs of NSS? If yes, indicate the No. of Unit(s).	No
9	No. of NSS Units required by the Institution, along with number of students proposed to inducted in such units [an institution having some SFUs can have additional SFUs].	One Unit Required (50 Candidate) For SFU
10	Name of the proposed NSS Programme Officer(s)	Mr. A.R.Walivkar -9356791409 Miss A.M. kalyankar-8208286610 <a href="mailto:academicanju@gmail.com">academicanju@gmail.com</a>
11	Proposed Source/ Scale of funding of NSS Activities/ Programmes	Self funding unit

Date

Signature of Principal/

Head of the Institution (with Seal)