**Format of uploading the details of Travel itinerary for all States/UTs/KVS/NVS/DMS.**

States/ UTs/KVS/NVS/DMS are requested to send Travel details and details of CWSN participants in the format given below for their smooth pick up and drop. You are also requested to share the Name and Contact details of the State Coordinator to be contacted during travel of teams.

This year the stay arrangements have been organised at DG NCC Camp, Delhi Cant. from 13th November- 20th November, 2016. After which we will be required to officially close and vacate the camp. It is therefore requested that State/UTs plan their arrival and departure accordingly, keeping the aforementioned dates in view.

***Please share the Arrival Details in the following format:***

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no** | **Name of State/Ut/KVS/NVS** | **Arrival Details** | **Details of Participants** |
|  |  | **Date** | **Time** | **Station/ Airport** | **Train no.** | **Coach no.** | **Platform No.** | **Total** | **Male** | **Female** |
|  |  |  |  |  |  |  |  |  |  |  |

*Please share the Departure Details in the following Format:*

|  |  |  |  |
| --- | --- | --- | --- |
| **S.no** | **Name of State/Ut/KVS/NVS** | **Departure Details** | **Details of Participants** |
|  |  | **Date** | **Time** | **Station/ Airport** | **Train no.** | **Coach no.** | **Platform No.** | **Total** | **Male** | **Female** |
|  |  |  |  |  |  |  |  |  |  |  |

*Please share the CWSN Details in the following format:*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.no**  | **Name of State/ UT/KVS/NVS** | **Male** | **Female** | **Type of CWSN** | **Name of Escort** | **Escort Contact Detail** |
|  |  |  |  |  |  |  |

Kindly inform us in advance about any special requirements such as wheel chair etc at the time or arrival or departure.