

ATAL BIHARI VAJPAYEE INSTITUTE OF MOUNTAINEERING AND ALLIED SPORTS, MANALI (ABVIMAS)

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| | | | | | | | | | |
|--|--|---|--|--|--------------------------------------|--|----|---|--|
| NAME OF THE CENTRE AT WHICH THE COURSE IS TO BE ATTENDED | | | | | ABVIMAS, Manali | | | | |
| NAME OF THE COURSE | | | | | GGIM's Himalayan Adventure Camp 2018 | | | | |
| DURATION | | 8 th May 2018 To 21 st May 2018 | | | CODE | | NA | | |
| 01. NAME | | | | | | | | | |
| 02. FATHER'S/HUSBAND'S NAME | | | | | | | | | |
| 03. DATE OF BIRTH | | | | | 4. SEX | | M | F | |
| 05. ACADEMIC QUALIFICATION | | | | | | | | | |
| 06. OCCUPATION/ PROFESSION | | | | | | | | | |
| 07. TELEPHONE NO. | | | | | | | | | |
| 08. E-MAIL ID | | | | | | | | | |
| 09. ADDRESS | | | | | | | | | |
| PIN CODE | | | | | | | | | |

I agree to abide by/ adhere to the discipline of the Institute during the course failing which I am liable to expulsion. In case of accident/ injury I will not hold the Institute partially or wholly responsible. I have read the rule and regulations of the Institute and have fully understood the meaning and significance of the same. The above entries have been made by me and are correct to the best of my knowledge and belief.

Place

Date

Applicant's Signature

RISK CERTIFICATE

It is certified that I agree to detail my son/daughter/myself for course at my own risk and no compensation will be paid to me in case of accident and I will not hold the Institute or its staff wholly or partially responsible for any mishappening.

Date

Signature of Guardian/Parent/Applicant

COUNTERSIGNED

Note: The risk certificate for applicants below 18 years of age is to be signed by Parent/Guardian and applicant above 18 years can sign himself / herself and countersigned by sponsoring authority.

MEDICAL CERTIFICATE

| | | | |
|---|----------------------|-----------------------|----------------------|
| 1. NAME | <input type="text"/> | 2. AGE | <input type="text"/> |
| 3. Height | <input type="text"/> | 4. WEIGHT | <input type="text"/> |
| 5. DATE OF LAST VACCINATION (Tab, Cholera &Inoculation) | | | |
| 6. Respiration Rate at Rest | <input type="text"/> | 7. Chest Expansion | <input type="text"/> |
| 8. Pulse Rate | <input type="text"/> | 9. Blood Pressure | <input type="text"/> |
| 10. Condition of Upper limb, Toes and Feet | <input type="text"/> | 11. Urine Examination | <input type="text"/> |
| 12. Eyes/ Ears/ Throat | <input type="text"/> | 13. Blood Group | <input type="text"/> |

Photo

Attested by
Medical Officer

Applicant should not have Asthma, Epilepsy or any other major deformity, Hernia and Chronic diseases. In my opinion Mr./Ms. _____ Whose signature is given below is fit to undergo above course.

Signature of Applicant

Signature of Medical Officer with seal

| | | | | | | | |
|------------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| REGISTRATION NUMBER OF THE COUNCIL | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dated | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| PLACE | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| TEL/Mob. No. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Note: The medical officer should be MBBS and given his/her registration number of the council.

