

DAE SPORTS AND CULTURAL COUNCIL

30th All India DAE Trekking Expedition

GIRISANCHAR 30

NAME OF THE APPLICANT	<input type="text"/>		
DATE OF BIRTH	<input type="text"/>	<input type="text"/>	AGE <input type="text"/>
BLOOD GROUP	<input type="text"/>	CAN YOU DONATE BLOOD IF REQUIRED	<input type="checkbox"/>
STATUS	<input type="text"/>	EMPLOYEE'S NAME (IF PARTICIPANT IS NON-EMPLOYEE)	<input type="text"/>
HOW MANY GIRISANCHARS PARTICIPATED BEFORE ?	<input type="text"/>		
OFFICE ADDRESS : DAE UNIT	<input type="text"/>	<input type="text"/>	DIVISION / SECTION <input type="text"/>
ROOM No. & BLDG.	<input type="text"/>	CITY	<input type="text"/>
TEL. No. WITH STD CODE	<input type="text"/>	EXT. No.	<input type="text"/>
E-MAIL FOR CONTACT	<input type="text"/>		
EMPLOYEE No.	<input type="text"/>	C.H.S.S. No.	<input type="text"/>
COMPLETE RESIDENTIAL	<input type="text"/>		
ADDRESS OF THE APPLICANT	<input type="text"/>		
PIN	<input type="text"/>	MOBILE NUMBER	<input type="text"/>
NAME & ADDRESS OF PERSON	<input type="text"/>		
IN CASE OF EMERGENCY	<input type="text"/>		
TEL.NO. WITH STD CODE	<input type="text"/>		
NAME & ADDRESS OF NOMINEE	<input type="text"/>		
FOR INSURANCE POLICY	<input type="text"/>		
RELATIONSHIP	<input type="text"/>	MOBILE NUMBER	<input type="text"/>

CLICK FOR PHOTO

Participation fee **Rs. 3250/-** fee to be paid by Local Cheque / Demand Draft (By Outstation Participants) in favour of " **GIRISANCHAR** " payable at Mumbai.

RS.

BANK NAME BRANCH

Three photographs - 2 cms x 2 cms (One to be pasted on the form and other two stapled for Identity Card)

PREFERENCE OF REPORTING DATES*

Whatever stated above is true to the best of my knowledge.

I have read the brochure carefully and agree to strictly abide by the rules of the expedition and the decision of the organisers.

I have verified my fitness to participate in the expedition from a registered medical practitioner.

Fitness certificate on the reverse is duly signed by the R.M.O. **(Medical Fitness Certificate is compulsory to all.)**

I agree to abide by the refund rules as deductions of Rs. 100/- till 21/12/2018, deduction of Rs. 500/- between 22/12/2018 to

04/01/2019 and no refund after 05/01/2019. I shall not claim any refund for withdrawing from the expedition for any reason

I am participating in the expedition at my own risk and shall not hold the organisers responsible for any damage due to accident, injury or illness or any loss of belongings.

It may not be possible to allot any of the requested reporting dates and no refund would be admissible on this count.

Do you agree for allotment of batches other than requested.

Signature of Participant

I request for the participation of the applicant and take responsibility for the above undertaking.

Employee's Signature (only if the applicant is not employee

MEDICAL CERTIFICATE FOR GIRISANCHAR 30

(To be signed in by a Registered Medical Practitioner only)

NAME OF THE APPLICANT

DATE OF BIRTH

COMPLETE RESIDENTIAL

ADDRESS OF THE APPLICANT

PIN

1. Present / Past illness defect of Significance

2. Any known allergy to drugs or foodstuff

3. History of Taking Drugs for Chronic Disease

4. Is the applicant suffering form

- a) An infectious disease YES NO
- b) Hypertension YES NO
- c) Bronchial Asthma YES NO
- d) Epilepsy YES NO
- e) Heart Disease YES NO
- f) Diabetes Mellitus YES NO

Above 45 years Male/Female	BP	ECG Report	Blood Sugar report
Female	Hb		

5. I have examined Shri/Smt

on

this date

and found him / her medically fit to undergo a trekking expedition in the mountains and as per history and clinical examinations he/she is not suffering from any chronic disease.

Signature of Medical Officer

Seal with Reg. No. & Designation

Applicable for entitlement of Sp. Leave

Forwarded

Shri/ Smt./ Ms.

will be releaved to participate in Girisanchar 30 held in Jan. 2019.

To

President
BARC Staff Club

Chairman, Organising Committee, GIRISANCHAR

Leave Sanctioning Authority

(Seal)