



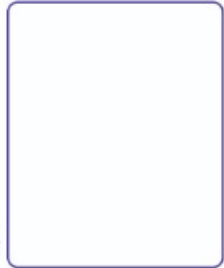
APPLICATION FORM

WINTER SPORTS TRAINING CENTER AULI (JOSHIMATH)

Distt.: Chamoli Garhwal - Uttarakhand

Tel.: +91 1389 223208 223305 Mob.: +91 9568006663

For enrolment as a candidate receiving training in snow skiing course.



A. Details of advance payments :

Bank Draft No. / Cash.....Dated...../...../.....Amount.....
 Receipt No.....Dated...../...../.....Camp Office.....

B. Details of Balance Payment :

Bank Draft No./Cash.....Dated...../...../.....Amount.....
 Receipt No.....Dated...../...../.....Camp Office.....

1. Name (in block letters) Mr./Mrs./Master.....
2. Father's Name Shri.....
3. Nationality.....Date of Birth...../...../.....Age.....Year.....Days.....
 (attested copy of matriculation/school certificate should be attached)
4. Postal/Permanent Address.....
Mob./Tele.No.....e-mail:.....
5. Name & address (next ofkin).....

6. Vegetarian/Non Vegetarian.....
7. Academic Qualification
8. Any special qualification / hobbies connected with Mountaineering / Aquatic sports including snow Skiing courses if any attended earlier.....
9. Height.....Weight.....Normal shoe size.....

I have read the rules and regulation of **Garhwal Mandal Vikas Nigam Ltd. (Winter Sports Training Center Auli)** regarding the Snow skiing course carefully. I have understood the meaning and significance of the same, The above mentioned entries have been made by me are true and correct to the best of my knowledge. I intend to join the Snow skiing course, commencing from.....to.....

7 days / **14 days** course.

I agree to strictly abide by it/adhere to the discipline and direction framed by Winter Sports Training Center Auli, during the course, failing which, I shall be liable for expulsion.

Date...../...../.....

Signature of Applicant

I hereby certify that all the entries have been correctly filled, In case of any accident or injury I shall not hold the GMVN or Resort or any of its staff wholly or partially responsible. In case of loss/damages of equipment provided during the course, by me, I shall bear the full responsibility and abide by the decision of the management.

(in case of minor the Parents/Guardian/Principal/Departmental Head should sign)

Date...../...../.....

Signature of Applicant

Certified that the above individual is below the age of 18 years. His/her date of birth is.....

Place.....

Date...../...../.....

Signature of Applicant

**NOTE : INCOMPLETE APPLICATION FORM WILL NOT BE ENTERTAINED.
 PLEASE SEE THE TERMS AND CONDITIONS OVER LEAF.**