

APPLICATION FORM FOR INDIAN PARTICIPANTS

24th INTERNATIONAL ADVENTURE PROGRAMME FROM 02.02.2023 TO 08.02.2023

MEDICAL CERTIFICATE

1. Name _____
2. Address _____
3. Date of Birth _____ Single/Married _____
4. Height _____ Weight _____
5. Covid-19 Negative Test Report / Vaccinated Certificate attached herewith _____
6. Present/Past illness of Significance _____
7. Injuries / operations undergone and present condition _____
8. Any known allergy to drugs or food stuff _____
9. Blood Group _____
10. Is the Applicant Suffering from-
 - (i) Any Infectious disease Yes / No
 - (ii) Any Skin disease Yes / No
 - (iii) Mental disease Yes / No
 - (iv) Heart Trouble Yes / No
 - (v) Asthma Yes / No
 - (vi) Any other disease/defect Yes / No
11. I, on this date _____ have examined Mr./Miss _____ and found Him / Her medically fit/unfit to undergo an Adventure Programme in mountains.

Medical Officer
Registration Number &
Designation Office Seal

Date _____

RISK CERTIFICATE

(FOR USE OF APPLICANTS OF BELOW 18 YEARS OF AGE)

It is certified that my son/daughter/ward Mr./Miss _____ is joining the above mentioned Adventure Programme with my consent and the organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the said vigorous programme. He/ She will maintain Covid-19 protocols strictly.

Signature of Parent / Guardian

Relationship with participant _____

Name _____

Address _____

Aadhar No: _____

Mobile No _____