

## PHYSICAL EDUCATION & SPORTS SECTION NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA Swimming & Water Polo

# MEMBERSHIP APPLICATION FORM

Only for NITK Students/Scholars

1.	Name (as on Institute ID) (Attach copy of ID-Card)	:	
2.	Roll Number	:	
3.	Department	:	
4.	Present Address	:	
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## **DECLARATION BY APPLICANT**

- 1. I undertake to abide by all Rules & Regulations of the pool and their amendments as decided by the management from time to time. I shall cooperate with the authorities in maintaining discipline in the swimming pool.
- 2. In case of an accident, I or my family will not hold the Institute authorities responsible in any way.
- 3. I declare that I am not suffering from any communicable disease, skin ailment, epilepsy, psychiatric illness, heart disease, tinnitus, vertigo or any other condition that is risky to my own health or that of others.
- 4. In the event of any new disease propping up, I will immediately report the health center for necessary action.
- 5. I understand that if any one of the details given above is proved to be false, my membership will be cancelled and suitable disciplinary action will be taken against me.

## Signature of Parents

## Signature of Applicant

Recent

Photo]

## **MEDICAL CERTIFICATE**

Certified that the above applicant (is) / (is not) suffering from \_\_\_\_\_\_. As per above self declaration of the applicant is (fit) / (not fit) for swimming pool membership.

#### Signature of Institute Medical Officer/Authorized official

# SWIMMER DECLARATION CERTIFICATE

(Required only if applying for swimmers card)

The above candidate has (qualified/ not qualified) for non halted hundred meters swimming test in the pool in my presence and recommended as (swimmer/ learner).

#### Signature of Coach/Authorized official

With the above details and, upon the recommendations, (swimmer/ learner) ID card for swimming pool may be issued.

Signature of SAS officer(s)/ Authorized official

The **(swimmer/ learner)** swimming ID card is issued. Entry details at Page No: \_\_\_\_\_\_ SI. No: \_\_\_\_\_ Dated\_\_\_\_\_

**Issuer Signature**