



**PHYSICAL EDUCATION & SPORTS SECTION  
NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA**

**Swimming & Water Polo  
MEMBERSHIP APPLICATION FORM**  
*Only for Dependents of NITK Employees*

[Recent  
Photo]

1. Name of applicant (as on Health Dairy)  
(Attach copy of Health Diary) : .....
2. Applicant Health Dairy Number : .....
3. Principle Employee Name : .....
4. Principle Employee ID Number : .....
5. Relationship with Principle Employee : .....
6. Present Address : .....

**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 Principle Employee**

**Signature of Applicant**

**MEDICAL CERTIFICATE**

Certified that the above applicant as per health diary booklet No: \_\_\_\_\_ (is) / (is not) suffering from \_\_\_\_\_. If suffering from any disease(s), under medication (as recorded in health diary), the applicant need clearance from the concerned specialist.

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

**SWIMMER DECLARATION CERTIFICATE**

*(Required 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: \_\_\_\_\_ Sl. No: \_\_\_\_\_ Dated \_\_\_\_\_

**Issuer Signature**

**Note: This form is not valid for Medico Legal Purpose.**