



PHYSICAL EDUCATION & SPORTS SECTION
NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA
Swimming & Water Polo
MEMBERSHIP APPLICATION FORM

Only for NITK Employees

[Recent
Photo]

1. Name (as on Institute ID)
(Attach copy of ID-Card) :
2. Employee :
3. Designation :
4. Department/ Section :
5. Employee ID Number :
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 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 dairy/), 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.