

APPLICATION FORM
**NANDA DEVI INSTITUTE OF ADVENTURE SPORTS
AND OUTDOOR EDUCATION**
Uttarkashi - 249193 INDIA

(Hardcopy to be submitted at the time of joining the course)

Course Name.
Commencing on:

Affix
Photograph
here
(1)

1. Name: _____
2. Date of Birth _____ (in words) _____
3. Occupation _____
4. Permanent Address _____
_____ Pin : - _____
Telephone with STD Code _____ E-mail _____
5. Telephone with address and next of kin, Parent/Guardian (in the event of an emergency)
Name _____
Address _____
_____ Pin Code _____ Telephone : _____
STD Code _____ E-mail _____

I have read the rules and regulations of NANDA DEVI INSTITUTE, UTTARKASHI relating to the courses of training in Mountaineering/Adventure/Search & Rescue/ Foundation Course for Adventure and Outdoor Education and have fully understood the meaning and significance of the same. The above entries have been made by me and they are true and correct.

Date 1.

1. Applicant

Date 2.

2. Parent/Guardian

NANDA DEVI INSTITUTE OF ADVENTURE SPORTS AND OUTDOOR EDUCATION
UTTARKASHI-249193 INDIA
MEDICAL FORM (Certificate)

Certified that I, on this date. _____ examined _____ age _____
sex _____ and found him/her medically fit to undergo Adventure and Outdoor Education course involving
trekking to areas above 10000 feet from msl.

His/Her Blood Group is _____

Date _____

Signature of MO

Regd. No. & Designation

Certificate by Trainee/ Guardian

I Certify the I/ my ward did not conceal any past/present history of illness to the
medical authority.

Date 1.

1. Applicant

Date 2.

2. Parent/Guardian