

Registration Form

NANDA DEVI INSTITUTE OF ADVENTURE SPORTS AND OUTDOOR EDUCATION

Interpretative Trek



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

Declaration:

I have read the Terms and Conditions of the NANDA DEVI INSTITUTE 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. I hereby declare that I have formally consulted a registered medical practitioner concerning my physical and mental fitness to participate in a moderate category interpretative trek in the Himalayas and gain height up to 13300 feet in the hypoxic environment.

Date

Signature with Name

**It is mandatory to submit the hard copy of the registration form along with a duly signed copy of aadhar or other legally valid ID at time of reporting for the trek.*