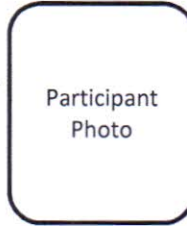


No.

**GOVERNMENT OF KARNATAKA
GENERAL THIMAYYA NATIONAL ACADEMY OF ADVENTURE
DEPT. OF YOUTH EMPOWERMENT AND SPORTS
SPORT CLIMBING COURSE FOR SC/ST YOUTH UNDER SCP-TSP
FOR THE YEAR OF 2016-17
REGISTRATION FORM**



Participant
Photo

Camp/Program Name: _____

Place: _____ From _____ To _____

Name

D	D	M	M	Y	Y	Y	Y												

Date of Birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Blood Group

--

Gender

M

--

 F

--

Father's Name/
Gardian's Name

(Tick Applicable)

SC

--

 ST

--

 OBC

--

 Others

--

Address

Telephone No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Emergency Contact
Person with Phone No

Sports Shoe Size - US

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I hereby declare that the particular furnished above are true to my knowledge and belief.

(Signature of Parent/ Guardian)
(In case of minor Participant)

Date:
Place:

(Signature of Participant)