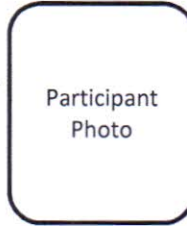


No.

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

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

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

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

(Signature of Participant)

Date:
Place: