No.

Participant Photo

GOVERNMENT OF KARNATAKA

GENERAL THIMAYYA NATIONAL ACADEMY OF ADVENTURE

DEPT. OF YOUTH EMPOWERMENT AND SPORTS

SCUBA DIVING COURSE FOR SC/ST YOUTH UNDER SCP-TSP

FOR THE YEAR OF 2016-17

REGISTRATION FORM

Camp/Program Name: _____

_____

Place: _____ From _____ To _____

Name

Date of Birth (D D M M Y Y Y Y) Blood Group

Gender M F

Father's Name/
Gardian's Name

Catagories
(Tick Applicable) SC ST OBC Others

Address

Telephone No.

Emergency Contact
Person with Phone No

Sports Shoe Size - US

Declaration

I hereby declare that the particular furnished above are true to my knowledge and belief. I also declare that my general health condition is good and I do not have any congenital or acquired health ailments. I am participating in the above mentioned programme with my willingness and my parents consent. I shall not hold the Academy/Organizers conducting the programme responsible under any circumstances leading to any calamity whatever including loss and damages of life, limb & material. I shall abide by the camping principles of General Thimayya National Academy of Adventure.

_____ _____

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

(Signature of Participant)

Date:
Place: