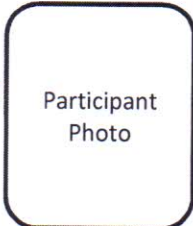


No.

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

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Categories (Tick Applicable)

SC		ST		OBC		Others	
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Address

Telephone No.

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Emergency Contact

Person with Phone No

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Sports Shoe Size - US

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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 Participant)

 (Signature of Participant)

Date:
 Place: