

# ATAL BIHARI VAJPAYEE INSTITUTE OF MOUNTAINEERING AND ALLIED SPORTS, MANALI (ABVIMAS)

Tel: (01902)-253841,252342, 250337 Tele fax: (01902)252137

Website: www.abvimas.org email- abvimasmanali@gmail.com

NAME OF THE CENTRE AT WHICH THE COURSE IS TO BE ATTENDED											
NAME OF THE COURSE											
DURATION					TO					CODE	
01. NAME											
02. FATHER'S/HUSBAND'S NAME											
03. DATE OF BIRTH					4. SEX		M	F			
05. ACADEMIC QUALIFICATION											
06. OCCUPATION/ PROFESSION											
07. TELEPHONE NO.											
08. E-MAIL ID											
09. ADDRESS											
PIN CODE											
10. DD/CHEQUE/RTGS/NEFT NO											
DATED											
AMOUNT											

I agree to abide by/ adhere to the discipline of the Institute during the course failing which I am liable to expulsion. In case of accident/ injury I will not hold the Institute partially or wholly responsible. I have read the rule and regulations of the Institute and have fully understood the meaning and significance of the same. The above entries have been made by me and are correct to the best of my knowledge and belief.

Place

Date

Applicant's Signature

## RISK CERTIFICATE

It is certified that I agree to detail my son/daughter/myself for course at my own risk and no compensation will be paid to me in case of accident and I will not hold the Institute or its staff wholly or partially responsible for any mishappening.

Date

Signature of Guardian/Parent/Applicant

## COUNTERSIGNED

Note: The risk certificate for applicants below 18 years of age is to be signed by Parent/Guardian and applicant above 18 years can sign himself / herself and countersigned by sponsoring authority.

## MEDICAL CERTIFICATE

1. NAME	<input type="text"/>	2. AGE	<input type="text"/>
3. Height	<input type="text"/>	4. WEIGHT	<input type="text"/>
5. DATE OF LAST VACCINATION (Tab, Cholera &Inoculation)			
6. Respiration Rate at Rest	<input type="text"/>	7. Chest Expansion	<input type="text"/>
8. Pulse Rate	<input type="text"/>	9. Blood Pressure	<input type="text"/>
10. Condition of Upper limb, Toes and Feet	<input type="text"/>	11. Urine Examination	<input type="text"/>
12.Eyes/ Ears/ Throat	<input type="text"/>	13 .Blood Group	<input type="text"/>

Photo  
  
Attested by  
Medical Officer

Applicant should not have Asthma, Epilepsy or any other major deformity, Hernia and Chronic diseases.

In my opinion Mr./Ms. \_\_\_\_\_ Whose signature is given below is fit to undergo above course.

Signature of Applicant

Signature of Medical Officer with seal

REGISTRATION NUMBER OF THE COUNCIL	<input type="text"/>
Dated	<input type="text"/>
PLACE	<input type="text"/>
TEL/Mob. No.	<input type="text"/>

Note: The medical officer should be MBBS/GAMS and given his/her registration number of the council.

## WHAT PERSONAL ARTICLES TO BRING WITH YOU FOR THE COURSE

### MOUNTAINEERING COURSES

SR.NO	NAME OF ITEM	QUANTITY
1.	TRACK SUIT	01 set
2.	GLOVES	02 Pairs.
3.	TREKKING SHOES (Good Rubber soled)	01 Pair.
4.	WATER BOTTLE	01 No.
5.	SUN HAT /CAP	01 No.
6.	SNOW GOGGLES	01 No.
7.	SUN BLOCK CREAM	01 No.
8.	WARM PULLOVER	01 No.
9.	WRITING MATERIAL	As required
10.	WOOLEN SOCKS	02 pairs
11	STEEL MUG	
12	SPOON	
13	WARM UNDER GARMENTS	
14.	TORCH (with spare batteries)	01 No.
15.	CAMERA/BINOCULAR	optional

### SKIING COURSES

SR.NO	NAME OF ITEM	QUANTITY
1.	TRACK SUIT	01 set
2.	GLOVES	02 pairs
3.	WATER BOTTLE	01 No.
4.	SUN HAT /CAP	01 No.
5.	SNOW GOGGLES	01 No.
6.	SUN BLOCK CREAM	01 No.
7.	WARM PULLOVER	01 No.
8.	WRITING MATERIAL	As required
9.	COTTON SOCKS	02 Pairs
10.	WARM UNDER GARMENTS	One Set

### WATER SPORTS COURSES

SR.NO	NAME OF ITEM	QUANTITY
1.	SWIMMING COSTUMES	02 Nos.
2.	BIG TOWEL	01 No.
3.	IDENTITY CARD	required
4.	MOSQUITO REPELLENT	01 No.
5.	WRITING MATERIAL	As required

### ADVENTURE COURSES

SR.NO	NAME OF ITEM	QUANTITY
1.	WOOLEN / COTTON SOCKS	02 Pairs
2.	TRACK SUIT	01 No.
3.	GLOVES	01 pair
4	SUN BLOCK CREAM	
5	SUN HAT/CAP	
6	WATER BOTTLE	
7.	SUN GLASSES	01 No.
8.	TORCH (with spare batteries)	01 No.
9.	WRITING MATERIAL	As required