

APPLICATION FORM FOR VISITING INSTRUCTORS/PHARMACIST

WESTERN HIMALAYAN MOUNTAINEERING INSTITUTE (WHMI) SOCIETY ABVIMAS, MANALI-175131 (HIMACHAL PRADESH)

FOR THE YEAR

2 0 -

NAME																			
FATHER'S /HUSBAND'S NAME																			
ADDRESS																			
		PIN CODE																	
CONTACT NUMBER(S)																			
E-MAIL ADDRESS																			
ADHAR NO.																			
BANK NAME																			
ACCOUNT NO.																			
IFS CODE																			
EDUCATIONAL QUALIFICATION (ATTACH COPY)		PLEASE MARK TICK		10+2/GRADUATE/POST GRADUATE															
TECHNICAL QUALIFICATION (PLEASE ATTACH COPY)		MOUNTAINEERING MOI		GRADE	YEAR														
		SKIING MOI		GRADE	YEAR														
		WATER SPORTS MOI		GRADE	YEAR														
		AERO SPORTS INSTRUCTOR LICENCE (PLS ATTACH COPY)																	
		VISITING PHARMACIST																	
		MISC WORKER (COOK, PORTER/ TEMPORARY STAFF)																	
BEST TRAINEE (ATTACH COPY)		PLEASE MARK TICK		BMC / AMC / MOI (MOUNTAINEERING) SKIING/ AERO SPORTS/V.PHARMACIST															
WORK EXPERIENCE AS INSTRUCTOR/ PHARMACIST/ MISC WORKER (COOK, PORTER/ TEMPORARY STAFF) IN ANY ORGANISATION (PLEASE ATTACH COPY)		MOUNTAINEERING																	
		SKIING																	
		WATER SPORTS																	
		AERO SPORTS																	
		VISITING PHARMACIST/ MISC WORKER (COOK, PORTER/TEMPORARY STAFF)																	
PARTICIPATION IN CLIMBING EXPEDITION ABOVE 6000 M, SKIING CHAMPIONSHIPS & AERO SPORTS CHAMPIONSHIP, IF ANY (PLEASE ATTACH COPY)		1																	
		2																	
		3																	
		4																	
<p>I hereby declare that all the statements/information furnished in the application are true and complete to the best of my knowledge and belief.</p> <p>I will be held responsible for any wrong information given in the application form.</p>																			
SIGNATURE																			
PLACE																			
DATE																			

ANNEXURE-A

INDEMNITY BOND/UNDERTAKING

I _____ S/D/W/O Sh. _____

aged _____ Resident of Village _____

PO _____ Distt. _____

State _____ PINCODE _____

That, I Solemnly declare that I wish to work voluntarily as Visiting Mountaineering Instructor/ Skiing/Water sports/Aero Sports/Trekking guide/ Visiting Pharmacist/ Misc Worker (Cook, Porter/Temporary Staff) etc. under Western Himalayan Mountaineering Institute (WHMI) Society at ABVIMAS. I further declare that I am well aware of the fact that I have put in requisition to engage myself with WHMI society to get work experience and acquire proficiency in such field, and I am also aware of the fact that my engagement with society is purely temporary in nature, on course-to-course basis only.

That In case of accident/injury I will not hold WHMI society partially or wholly responsible. I have read and understood the instructions. I understand that action can be taken against me, if I breach any condition or instruction of the WHMI society Manali.

That, I will be held responsible for giving any wrong information in application form.

That, I agree to abide by /adhere to the discipline of the WHMI society during the duty, failing which I am liable for expulsion.

That, I have read all the terms and conditions of the Institute and have fully understood the meaning and significance of the same.

SIGNATURE _____

PLACE _____

DATED _____

TERMS AND CONDITIONS FOR VISITING INSTRUCTORS' PHARMACIST/ MISC WORKER (COOK, PORTER/ TEMPORARY STAFF) TEMPORARY STAFF ETC) TEMPORARILY ENGAGED UNDER WESTERN HIMALAYAN MOUNTAINEERING INSTITUTE (WHMI) SOCIETY MANALI.

1.	<u>TERMS AND CONDITIONS: -</u> The Visiting Instructor Mountaineering/ Skiing/ Water Sports/Aero Sports/ Visiting Trekking Guide/ Visiting Pharmacist/ Misc Worker (Cook, Porter/ Temporary Staff) Visiting Boatman will be temporarily engaged under Western Himalayan Mountaineering Institute (WHMI) Society on personal request on courses to course basis.
2.	<u>HONORARIUM OF VI'S /VP'S/MISC WORKER ETC.</u> As per applicability.
3.	<u>SELECTION PROCESS:</u> Selection for engagement of Visiting Instructor Mountaineering/ Skiing/ Water Sports/Aero Sports/ Visiting Trekking Guide/ Visiting Pharmacist/ Misc Worker (Cook, Porter/ Temporary Staff) Visiting Boatman under Western Himalayan Mountaineering Institute (WHMI) Society will be the sole discretion of executive committee of WHMI society.
4.	(a) The engagement of Visiting Instructor Mountaineering/ Skiing/ Water Sports/Aero Sports/ Visiting Trekking Guide/ Visiting Pharmacist/ Misc Worker (Cook, Porter/ Temporary Staff) Visiting Boatman under Western Himalayan Mountaineering Institute (WHMI) Society will be purely on temporary basis and course to course basis, and liable to be terminated in case the performance/conduct of the person during his/her engagement is found unsatisfactory.
	(b) He / She shall not be entitled for Medical Reimbursement; such Workers may be covered under Group Accidental Insurance scheme as per the policy of WHMI society.
	(c) Unauthorized absence from the duty shall automatically lead to the termination of the engagement of such individuals.
	(d) He /She will have to submit a certificate of his/her fitness from the Government Medical Officer should be MBBS/GAMS or Registered Medical Practitioner MBBS along with Registration Number as Annexure 'B'
5.	He/She will have to perform the below mentioned duties: - (a) They will look after the visiting instructor duty for the field they are engaged for according to need of course and perform their duties according to the orders issued from appropriate authority. (b) They will be responsible to monitor training standard and camp management. (c) They will also responsible for safety and security of the trainees. (d) They will also responsible for Search & Rescue duty, whenever required. (e) Any other job assigned by the Senior Officers and competent Authority.
7.	Visiting Instructors in Mountaineering/ Skiing/ Water Sports/Aero Sports/ Visiting Trekking Guide/ visiting Pharmacist/ Misc Worker (Cook, Porter/ Temporary Staff) Visiting Boatman under Western Himalayan Mountaineering Institute (WHMI) Society will have to mandatorily sign undertaking as Annexure-A, without which the forms shall be rejected.

MEDICAL CERTIFICATE

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

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 work as Visiting Instructor/Mountain Guide/Boatman.

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Signature of Applicant

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Signature of Medical Officer with seal

REGISTRATION NUMBER OF THE COUNCIL									
Dated									
PLACE									
TEL/Mob. No.									

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