

FORM FOR ADMISSION TO THE SWIMMING CENTRE

For Office Use

Card no. _____

Receipt no. _____

Dated. _____

Amount. _____

Photograph
duly
attested

1. Name of the applicant: _____

2. Name of the Institution/Deptt. _____

3. Date of Birth: _____

4. Father's Name and Occupation: _____

5. Address (a) Permanent _____

(b) Correspondence. _____

6. Enrolment as regular trainee/casual swimmer as student or
non student _____

7. Membership (Fee Paid) Rs. _____

8. It is certified that I have gone through the rules and regulations (overleaf) for the game
of swimming and would abide them.

9. It is further certified that I have background of swimming/I have no background of
swimming. I am taking the same at my own risk and responsibility.

Signature of applicant: _____

Signature of Father/Guardian: _____

Recommendation of the Head of the Institution/Department

Certified that applicant is a bonafides student/employee of this School/College/Office and all particulars given by him/her are correct according to the office record. The application is forwarded for enrolment as trainee/casual swimmer as student or non-student. In case of student member the application must be countersigned by the Head of the Institution recognized by the Government.

.Signature of Head of
Institution/Department.
(with seal)

Recommended by the Swimming Coach: _____

Recommended Pointed with Reasons: _____

Signature of Swimming Coach: _____