



MOUNTAINEERING CLUB
DIRECTORATE OF STUDENTS' WELFARE
CCS HARYANA AGRICULTURAL UNIVERSITY
HISAR – 125 004



Registration/ Application Form



1. Name of the programme _____
2. Place & Date of programme _____
3. Name of the applicant _____
4. Admission no./Designation _____
5. College/ Department _____
6. Father's name _____
7. Age & D.O.B. _____
8. Permanent address with telephone _____
9. Present address with telephone _____
10. Experience in mountaineering/
Adventurous activity, if any _____
11. Any achievement in academic/
Co-curricular activity _____
12. Are you willing to donate blood
(Specify blood group) _____
13. Are you suffering from any
Chronic ailment, If yes, specify _____

I agree to strictly adhere to the discipline and directions of the Mountaineering club during the above said programme, failing which I shall be liable for expulsion. The above entries have been made by me and are correct to the best of my knowledge and belief.

Date _____

Signature of Applicant

RISK CERTIFICATE BY APPLICANT

It is certified that I _____ Admn. No. _____ will abide by the rules of Mountaineering club. I will participate in the above said programme at my own risk and no compensation will be paid to me, to my parents and to other kiths and kins in case of death, accident, injury or loss of any kind. I will not hold the CCS HAU Mountaineering Club/ Directorate of Students' Welfare/ CCS HAU, Hisar and its staff wholly or partially responsible for any mishappening.

Date _____

Signature of Applicant