



Atal Bihari Vajpayee-Indian Institute of Information Technology and Management, Gwalior

SWIMMING POOL

MEMBERSHIP APPLICATION FORM FOR FACULTY/STAFF

Space for passport
size photograph.

Name (IN BLOCK LETTERS) _____ Sex: M/ F Age _____ Yrs

Faculty/Staff/ Dependent on _____ Designation _____ Department _____

Name and address of concerned person(s) to be contacted in case of emergency:

_____ Phone No. _____

Any previous history of drug/ liquor abuse: Yes/No

Rate your swimming Skill a) Can't swim b) Beginner c) Average d) Good e) Expert

Note: The pool will be kept closed for two days in a week mostly on **SUNDAY and WEDNESDAY** for cleaning and maintenance

DECLARATION

1. In case of an accident/mishap, I will not hold the institute authorities responsible in any way.
2. **Rules and Regulations** and their amendments as decided by the institute authorities are applicable on me and I agree to abide by them.
3. I will cooperate with the authorities in maintaining the discipline in the swimming pool.
4. I will adhere with designated swimming pool timings established by the institute. I understand that using the pool outside of these hours is not permitted and may results in revoking of membership and disciplinary action.
5. I understand that if any one of the details given above is proved to false, my membership will be cancelled and suitable disciplinary action will be taken against me.
6. I declare that I am not suffering from any communicable disease (s), Epilepsy, Cardiac and Psychiatric Illness, etc.
7. I hereby declare that my son/daughter _____ is joining the swimming activities with my permission and I will not held any other person responsible for any accident/eventuality.

(Signature of Applicant with Date)

Documents to be submitted along with the Registration Form:

1. Copy of the ID card of the Faculty/Staff/ Dependent
2. Latest Medical Certificate issued by CMO, or registered medical practitioner (Annexure I).
3. Two numbers of passport size photographs

For office use only

(Approved / Not Approved)

Date of submission: _____

Date of issue of pass: _____

Date of expiry: _____

Pass No.: _____

Sports Instructor

Authorized Signatory

MEDICAL FITNESS CERTIFICATE

(To be obtained from Institute Health Centre/any Registered Medical Practitioner)

To be filled by the applicant: -

Yes No If any, kindly specify

- a) Allergy _____
- b) Bronchial Asthma _____
- c) Epileptic Fit _____
- d) Psychiatric Illness _____
- e) Any contagious disease _____
- f) Any other significant history _____

I will notify the sports authority and Health Centre if I develop any significant medical condition in future.

Signature of applicant

This is to certify that

Dr/Shri/Ms/_____

As per history given, medical records available and medical examination, I have found him/her to be medically fit/unfit for swimming as on date.

- 1. Skin Disease Yes / No
- 2. Heart Disease Yes / No
- 3. Epilepsy Yes / No
- 4. Psychiatric Disease Yes / No
- 5. Accident in past if any Yes / No
- 6. Any contagious disease Yes / No
- 7. History of major illness/surgery if any _____
- 8. General Examination _____
- 9. Any other Remarks _____

Date:

Signature of Institute Medical Officer/Authorized official