

GOVERNMENT DEGREE COLLEGE (AUTONOMOUS) BARAMULLA
NAAC Re-Accredited Grade 'A'



MOUNTAINEERING / TREKKING / HIKING-CLUB



1. Name of the Programme: _____

2. Name of the Applicant: _____

3. Father's Name: _____

4. Age & D.O.B. _____ 5. Gender _____

6. Registration No: _____

Recent photograph

7. Semester _____ 8. Batch _____ 9. College Rollno. _____

10. Permanent Address with Mobile No. _____

11. Present address with Mobile No. _____

12. Experience in Mountaineering/ Trekking _____

13. Participation in Adventurous activity, if any _____

14. Co-curricular activity: _____

15. Are you suffering from any Chronic ailment or taking any specific medicine, 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

I _____ of Class _____ Roll No. _____ will abide by the rules and regulations of Mountaineering Club of the College. I will participate in the above said Programme at my own risk and responsibility and no compensation will be paid to me, to my parents or to other kiths and kins in case of death, accident, injury or loss of any kind. I will **NOT** hold **Govt. Degree College Baramulla Mountaineering / Trekking / Hiking Club** and its staff, wholly or partially, responsible for any mis-happening.

Date _____

Signature of Applicant

- Documents to be enclosed:**
1. Physical Fitness certificate from a registered Medical Officer.
 2. Consent letter from Father/Guardian.

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Physical Fitness Certificate from Medical Officer.

Participant's Name _____ Date of Birth _____

Address _____

Does the participant suffer from any chronic disease like?

Arthritis, Asthma, Migraine, Diabetes, Epilepsy, heart problems, High Attitude sickness?

If yes, please mention details. _____.

Is the participant under medication of any kind? if yes, please Mention Details _____.

_____.

Blood pressure reading _____ Heart rate _____.

Blood Group _____ Vital Capacity _____.

BMI Range < 18, 18-25 <25. Any Drug Allergies _____.

Overall physical fitness _____ Remarks _____

I have medically Examined Mr. / Mrs. _____

On Date _____ and found him/her fit to undergo a Mountaineering /trekking / hiking/ Expedition, in the high altitude of Himalayas / Pir-Panjal. As per history and Clinical Examination **he /she DOESNOT** have any chronic disease or any ailment that can be a restrictive to a trekking expedition.

Seal/Signature of Medical Officer

Name of Medical Officer _____

Registration.No. _____

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PARENT / GUARDIAN CONSENT FORM

This is certified that, I have no objection in allowing my ward Namely _____
_____ Class/Semester _____

Roll No _____ to visit one day trekking from _____

to _____ organized by the Mountaineering /Trekking /
Hiking Club of Govt. Degree College Baramulla scheduled on _____.

I am hereby willing to send my ward for said trekking at my own risk and
responsibility.

Name and Signature of Parents / Guardians:

1. Father _____ Contact No. _____ Signature _____

2. Mother _____ Contact No. _____ Signature _____

3. Guardian _____ Contact No. _____ Signature _____

Address:- _____

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Forms can be downloaded from college website:
www.baramullacollege.net .

The application forms, completed in all respects, shall be submitted to Convener Mountaineering / Trekking / Hiking Club

Dr. Baljeet Singh (7006973707)

Assistant Professor

Department of Anthropology,

Government Degree College Baramulla.