



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
Guwahati - 781 039

Form No.09

APPLICATION FOR MEMBERSHIP OF SWIMMING POOL

Name (In Block letters)

Mr. /Ms

Son/Daughter/Husband/Wife of

Date of Birth (Attach authentic document
for proof of age in case of children)

_____ DD _____ MM _____ YY

Roll No./Employee No.

(In case of IITG student and employee)

Present Residential Address

Permanent Residential Address:-

E-Mail (if any):-

Phone No.

**Preferred Slot (Refer Swimming pool
Time) :**

(Maximum number registration in a particular slot will be 75 nos and registration will be done on first come first service basis)

DECLARATION

1. In case of an accident I shall not hold the Institute Authorities responsible in any way. Rules & Regulations and their amendments as decided by the swimming pool management committee are applicable on me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the swimming pool and its surrounding.
2. I know/don't know swimming (please tick)
3. I declare that I am not suffering from any communicable disease, epilepsy and psychiatric illness.
4. I understand that if any of the details given above is proved to be false, my membership will be cancelled and suitable disciplinary action will be taken against me.
5. I enclose one recent photograph of myself.

Signature of the applicant.....(In case of minor parent's signature required)

Place:.....

Date:.....

Medical Examination

It is certified that is not suffering from any skin or infectious or contagious diseases.

MEDICAL OFFICER
(Signature of medical officer with seal)