**Shri Mata Vaishno Devi Shrine Board**

**Sports Complex, Katra**

**Application form for Membership**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please also attach two passport size photograph

1. Father's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Telephone No./Mobile No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Educational Qualification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Name of School/College/Deptt./Business\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Blood Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Membership ( see the member ship fee for details) being applied for:-
9. Morning Walk Club

1. Gym Clubs
2. Lawn Tennis

 (You can apply for any one or more of the above categories (clubs)

1. Sports Clubs

 (If selecting) this club choose the discipline from below:

1. Athletics b) Volley ball c) Badminton

(Races & Throwing events)

d) Archery e) Table Tennis f) Basket Ball

g) Indoor Shooting h) Lawn Tennis

1. Any other information you think is relevant for considering your application \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Enclosed the following documents:-

1. Self attested copies of identity Card (such as passport, Voter ID) etc.
2. Photographs (2 copies in original)

(Signature of applicant)

**MEDICAL FITNESS CERTIFICATE**

1. Name of Doctor/ Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Report:
	1. Present/ Past illness of significance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injuries/ operation undergone and present condition \_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Is the applicant suffering from:
		1. Infectious disease Yes / No
		2. Skin disease Yes / No
		3. Cardiac problems Yes / No
	2. I, on this date \_\_\_\_\_\_\_\_\_ have examined \_\_\_\_\_\_\_\_\_\_\_\_ and found him / her medically fit to undergo physical fitness / games / walk.
	3. What type of physical activities is not advisable / restricted for the applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal and Signature of Medical Officer

Registration Number & Designation

**DECLARATION**

 I hereby declare that to the best of my knowledge and belief, the particulars given and the documents furnished are true.

Date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

 Signature

**(FOR OFFICE USE ONLY)**

1. Total membership fee admissible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Membership applied / allotted for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Mention the Clubs & Specific Sport)

1. Office has received a sum of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ vide Receipt No\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_

**Nodal Officer Director Sports**

**Dy. Chief Executive Officer Addl. Chief Executive Officer**

**SMVD Shrine Board SMVD, Shrine Board**

Membership Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be issued only after consent of Approving Authority)