



Office of the Chief Executive Officer
Shri Mata Vaishno Devi Shrine Board Katra

Application form No.....

Application form for Membership

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

Self attested
Passport size
photographs

- I. Morning Walk Club
- II. Gym Clubs
- III. Lawn Tennis
(You can apply for any one or more of the above categories (clubs))

- IV. Sports Club
Chose one discipline from below:-

- | | | |
|--|--|---|
| a) Athletics <input type="checkbox"/>
(Races & Throwing events) | b) Volleyball <input type="checkbox"/> | c) Badminton <input type="checkbox"/> |
| d) Archery <input checked="" type="checkbox"/> | e) Table Tennis <input type="checkbox"/> | f) Basket Ball <input type="checkbox"/> |
| g) Indoor Shooting <input checked="" type="checkbox"/> | h) Lawn Tennis <input type="checkbox"/> | |

(You can opt. only one game as per your choice)

10. Any other information you think is relevant for considering your application.....
11. Enclose the following documents:-
 - (a) Self attested copies of Identity Card (such as passport, Voter ID) etc.
 - (b) Photographs (2)

(Signature of applicant)

Note :

- i. **The members opting for morning walk shall restrict activities for the purpose they are allowed.**
- ii. **The admission will be subject to the availability of berths.**
- iii. **In case of violation of any of the above conditions, membership will be cancelled by the competent authority without serving any notice or warning.**

MEDICAL CERTIFICATE

1. Name of Doctor/Clinic
 2. Date of examination
 3. Report
 - a. Present/Past illness of significance
 - Injuries/operation undergone and present condition.....
 - b. is the applicant suffering from :
 - i) Infectious disease Yes / No
 - ii) Skin disease Yes / No
 - iii) Cardiac problems Yes / No
 - c. I, on this date have examined and found him/her medically fit to undergo physical fitness/games/walk.
 - d. 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 of applicant

CERTIFICATE

It is certified that Sh/Ms/Miss..... S/o
D/o..... R/o..... is well known to me.
He/She bears a very good moral character. I recommend him/her for the membership in Shrine Board's Sports Complex.

**Name & Designation of
(A class Gazetted Officer)**

(FOR OFFICE USE ONLY)

- a. Total membership fee admissible
- b. Membership applied / allotted for
- (Mention the Clubs & Specific Sport)
- c. Office has received a sum of Rs. from vide
receipt No. dated.....

**I/c Cashier /
Dealing Assistant**

**Director Sports
SMVD, Shrine Board**