



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

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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"/>       | b) Volleyball <input type="checkbox"/>   | c) Badminton <input type="checkbox"/>   |
| (Races & Throwing events)                   |  |   |
| d) Archery <input type="checkbox"/>         | e) Table Tennis <input type="checkbox"/> | f) Basket Ball <input type="checkbox"/> |
| g) Indoor Shooting <input 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 Adhaar Card, Driving licence) 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**

**Nodal Officer  
Sports**

**Joint CEO (S)  
SMVD, Shrine Board**