

Card No. _____

Indian Institute of Technology Kanpur
Physical Education Section
New Sports Complex

Photo



NSC GYMNASIUM MEMBERSHIP FORM

For verification of authenticity of the applicant, official records like **identity card of health center booklet along with one passport size photograph** should be produced at the time of submitting this application form.

Category: IITK Student/ IITK Faculty/ Staff/ Children/ Dependent of an employee & Students/ RA/ Project Staff/ Employee of campus organization/ IITK Alumni/ IITK Retired Employee.

Type of membership: Monthly/ Summer/ Semester I/ Semester II/Annual/ Weekly Guest Pass.

Name (**IN BLOK LETTER**) _____ Sex: M/F, Age: _____ Yrs.

Name of the employee _____ Relation _____
(In case of dependent of an employee)

Roll No./ P.F. No. _____ Designation: _____ Department: _____

Campus Address: _____ Phone No. _____

Name and address of campus resident to be contacted in case of emergency: _____
 _____ Phone No. _____

Preference of Slot: _____

Fee Structure for New Sports Complex Gym: -

| Category | Monthly | Semester | Summer | Yearly | Weekly Guest |
|-----------------|---------|----------|--------|--------|--------------|
| Female Students | 350 | 1300 | 650 | 2300 | 350 |
| Male Students | 500 | 2000 | 700 | 3500 | 500 |
| Staff & Project | 650 | 2600 | 1300 | 4600 | 650 |
| Faculty | 850 | 3300 | 1650 | 5800 | 850 |

DECLARATION

- 1 In case of an accident, I will not hold the institute authorities responsible in any way.
- 2 I will abide by the following rules:
 - (i) Member should **bring clean shoes to be used exclusively for the gym** and the same must be worn in the cleaning room **before entering the gym.**
 - (ii) Member should wear proper sports wear: **T-shirts/shorts/Lower/shoes.**
 - (iii) The Member should **bring membership card, sanitizer & hand towel at the time of doing gym.**
- 3 Other Rules & regulation and their amendments as decided by the SPEC are applicable on me and I agree to abide by them. I shall cooperate with the authorities to maintaining the discipline in the Gymnasium.
- 4 I understand that if any one of the details given above is proved to false, my membership will be cancelled, and suitable disciplinary action will be taken against me.

 (Signature of the Employee)
 (In case of dependent of an employee)
 Date: _____

 (Signature of Applicant)

RECEIPT

Received a sum of Rs. _____ Rupees _____) from Ms./ Mr./ Dr. _____ as Monthly/ Summer/ Semester/ Annual/ Weekly Guest Member subscription for **New Sports Complex.**