



# INDIAN INSTITUTE OF TECHNOLOGY KANPUR SWIMMING POOL

## MEMBERSHIP APPLICATION FORM

For verification of authenticity of the applicant, official records like identity card or health center booklet along-with two passport size photographs should be produced at the time of submitting this form.

Category: IITK students/ IITK Employee/ Project employee/ Spouse of IIT employee or student/ Children of IITK employees & students/ Employees of campus organization/ IITK Alumni/ Retired employee of IITK

Type of membership: Monthly/ Three month / Full season / 15 Swim/ Two weeks alternate day swim pass

Name (IN BLOCK LETTER) \_\_\_\_\_ Gender: M  F  Oth

Age \_\_\_\_\_ Yrs. Height \_\_\_\_\_ cm

Name of the employee \_\_\_\_\_ Relation \_\_\_\_\_

(In case of children or dependents of employees) (With employee)

Roll No. / P.F. No. \_\_\_\_\_ Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Name & address of campus resident to be contacted in case of emergency: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Transaction reference number: ..... Amount: ₹..... Date: ...../...../.....

Preference of Slot: \_\_\_\_\_

### DECLARATION

- In case of an Accident I will 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.
- I declare that I am not suffering from any communicable disease, Epilepsy and Psychiatric Illness.**
- 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 children or dependents of employee)

(Signature of the Applicant)

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

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