



Recent Stamp Size

MEMBERSHIP APPLICATION FORM FOR SPORTS FACILITIES At KIIT - DEEMED TO BE UNIVERSITY, BHUBANESWAR, ODISHA

GAMES: AEROBICS/ ARCHERY/ BADMINTON/ BASKETBALL/ BILLIARDS/ CHESS / CRICKET / FOOTBALL/ HEALTH AND FITNESS/ HOCKEY/ JUDO/ LAWN TENNIS/ SQUASH/ SWIMMING/ TABLE TENNIS/ VOLLEYBALL/ YOGA

Form No _____ MR No. _____

FOR OFFICE USE ONLY Regn No: MR No: Date: Period: Renewal: Regn No: MR No: Date: Period:

Table with 2 columns and 11 rows: 1. Name of the Applicant, 2. Father/Mother Name, 3. Present Address, 4. Proof of Residence & Proof of Identify, 5. Permanent Address, 6. Sex/Age, 7. Blood Group, 8. Date of Birth, 9. Present Occupation, 10. Game Names, 11. Swimmer Option.

Signature of Father / Mother/ Guardian (In case of minor Below 18 yrs.)

Signature of the Applicant Dt.

UNDERTAKING

I Son/Daughter of do hereby undertake to abide by the rules and regulations of the Management of KIIT University Sports Complex. Further, I declare that I am physically fit to undergone the strenuous physical activities needed for these sports activities and KIIT authorities will not be responsible for any mishap/injury caused to me during the practice/training of such activities.

Signature of the Applicant

Medical Fitness Certificate

(To be obtained from a Registered Medical Practitioner preferably of a Government Hospital, Specially a Cardiologist / Medicine Specialist / Skin Specialist / Neuron Surgeon)

**Certified that I have examined
He/ She is found to be physically fit to undertake training/ participate in swimming. He/ She is free from skin diseases.**

PHYSICALLY EXAMINED

- 1. Heart**
- 2. B.P**
- 3. PULSE RATE**
- 4. SKIN DISEASES**
- 5. HISTORY OF EPILEPSY**
- 6. HEIGHT**
- 7. WEIGHT**
- 8. BLOOD GROUP**

**Signature of the Medical Practitioner
With seal**

Note:-

- 1. The Details will be intimated at the time of the registration.**