

PRAHAAR ADVENTURE INSTITUTE

A Venture of

PRAHAAR SAMAJ JAGRUTI SANSTHA

(Reg. No. Mah 254 / 94 Ngp.)

RESIDENTAL CAMP ADMISSION FORM

Camp: _____ Camp Date: _____

1) Name of Student: _____
(In Block Capital Letter)

2) Date of Birth: _____ 3) Sex: Male/Female

4) Father's Name: _____

5) Address in Full: _____

Current passport
Size
photograph

6) City: _____ 7) State: _____ 8) Pin: _____

9) Father/Self Occupation: _____

10) Telephone No. (With STD Code): _____ 11) Mobile No.: _____

12) Blood Group: _____ 13) Class: _____ 14) Section: _____

15) School / Collage Name: _____

16) Previous Experience: _____

17) Any Prahaar Activities: _____

18) E-mail Address: _____

UNDERTAKING OF RISK

I, the undersigned, hereby declare that any injuries or losses occurred to me/my ward during the Course or camp or journey will be on my risk and I will not blame or claim any compensation from the organization. I also declare that I am/my ward is physically fit to undergo this training. I/my ward will be administered anti tetanus injection before the camp.

Date: _____

Place: _____

Signature of Parent / Guardian / Student

FOR OFFICE USE ONLY

1) Amount Rs.: _____

2) Receipt No.: _____

2) Cash / Cheque : _____

4) Cheque No.: _____

3) Date : _____

Signature