NIZER MANIRANG MOUNTAINEERING AND ADVENTURE SPORTS ASSOCIATION, SPITI(MMA)

Tel: 7876587896, 8799785802 WhatsApp- 7876587896

Website- www.nizerspitiadventure.com e-mail- nizerspitiadventure@gmail.com

	APPLICATION FORM	РНОТО
1. Name		
2. Date of Birth//	(DD/MM/YYYY)	
3. Father's		
Name		
6. Permanent		
Address		
Pin :		
Phone Number (a) Mb	(b) Tel (with STD)	
E-mail		
7. Next of kin/Parent/Guar	dian details	
Name	Relation	
Address		
Pin :		
Phone Number (a) Mb	(b) Tel (with STD)	
8. Course to be attended-A	dventure camp/ Trekking/ Rappelling/ Expedit	tion/ Rock climbing
Course Name	Commencing on	
9. Vegetarian or Non-Vege	tarian	
	is enclosed vide Bank Draft No./NEFT	
dated		
11. Nationality	Gender	
I have read the rules and r	egulations of Nizer Manirang Mountaineering	and adventure sports
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To the courses of training in Mountaineering/Adventure/Treking/Skiing/Rappelling/ Sports Climbing and have fully understood the meaning and significance of the same. I declare that I am physically and medically fit to undergo the course I am applying for. The above entries have been made by me and they are true and correct.

Date_____

Place______Signature of Applicant ______

RISK CERTIFICATE

12. I hereby certify that all the entries are correct in every respect. In case of deaths, accident or injury of any form during the training, the Institute or any of its staff will not be held in any manner wholly/partially responsible.

Signature	(Participant)	Signature	(Parent /
Guardian)			
Date	Name		
Place	Relationship		

Note: The risk certiflcate for applicants below 18 years of age is to be Parent/Guardian and applicant above 18 years can sign himself/ herself.