

# ENROLLMENT FORM

## National Adventure Sports Academy (Regd.)

(Affiliated to IMF & NAF, New Delhi)

AN ISO 9001:2008 CERTIFIED ORGANIZATION

86/4, Janpath, Connaught Place Behind 88 Janpath, New Delhi - 01

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Website : www.nasaadventure.com



1. LAST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.FATHER'S NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. PERMANENT ADD.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. MALING ADD.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. CONTACT NO.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. DATE OF BIRTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. SEX	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. EDUCATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. OCCUPATION	You are.....if employed																		

Affix Tow  
P.size  
Photograph

☐ Student ☐ Employed Other.....

### RISK CONDITION

It is certified that I agree to detail my son/daughter/ward/Mr./Myself.....for.....  
course at my own risk and no compensation will paid to me in case of accident ad I will not hold the Academy  
or its staff wholly or partially responsible for any mishappening.

Date.....

Signature of Parent/Guardian/Applicant

### COUNTERSIGNRD

*Note:- The risk certificate for applicant below 18 years of age is to be signed by parent guardian  
and for other by applicant himself/herself and countersignrd by sponring authority.*

Yes I would like to enroll as a volunteer of your Academy. I hereby pledge to voluntarial work  
for tha protection of adventure sports and in the interest of Academy I declare that that information  
included in this application if true and correct. I have read terms and conditions and they are acceptable.

Date

Signature of applicant

Place

Signature of Guardian

(In case of minor)

# MEDICAL CERTIFICATE

1. Name \_\_\_\_\_
2. Age \_\_\_\_\_
3. Weight \_\_\_\_\_
4. Date of last vaccination, TAB, Cholera inoculation \_\_\_\_\_
5. Chest Expansion \_\_\_\_\_
6. Push Rate \_\_\_\_\_
7. Blood Pressure \_\_\_\_\_
8. Condition of upper limbs, toes & feet \_\_\_\_\_
9. Urin Examination \_\_\_\_\_
10. Eyes/Ear/Throat \_\_\_\_\_
11. Blood Group \_\_\_\_\_
12. Applicant should not have Asthma, Epilepsy or other fits and any major deformity, hernia and chronic disease.
13. Any Allergies(Medican, Food etc.) \_\_\_\_\_

In my opinion Mr./Miss/Mrs. \_\_\_\_\_ whose signature are given below is fit to undergo \_\_\_\_\_ course.

Signature of Applicant \_\_\_\_\_

Signature with seal of Medical Officer \_\_\_\_\_

Date \_\_\_\_\_

Place \_\_\_\_\_

Note:- The Medical Officer should be an MBBS and give his/her registration number of Medical Council