



**TEZPUR UNIVERSITY, TEZPUR**  
**SWIMMING POOL**  
**APPLICATION FORM FOR SINGLE DAY USER**

**(1) Name of applicant :** \_\_\_\_\_  
(In BLOCK LETTERS)

**(2) Sex (put ✓) :** Male ☐ / Female ☐

**(3) Date of Birth:** \_\_\_\_\_

**(4) Contact phone number :** \_\_\_\_\_

**(5) Detail address of the applicant:** \_\_\_\_\_  
\_\_\_\_\_

**(6) The pool to be used (date) from** \_\_\_\_\_ **to** \_\_\_\_\_  
(Maximum 5 days within a month from the date of application will be allowed and trainer will not be provided)

*\* If the applicant is a TU Employee, please fill (7), (8) and (9)*

**(7) TU Employee code no :** \_\_\_\_\_ **(8) Designation :** \_\_\_\_\_

**(9) Department/ Office/ Center etc.:** \_\_\_\_\_

*\*\*If applicant is not a TU Employee, please fill (10), (11) and (12)*

**(10) Details of the Guardian / Host (of outsider guest)**

**(must be a TU Employee) :**

**Name:** \_\_\_\_\_, **Employee ID** \_\_\_\_\_

**Department:** \_\_\_\_\_, **Mobile No.** \_\_\_\_\_

**(11) Relation / Association with the TU employee:** \_\_\_\_\_

**(12) Declaration by the Applicant:**

(i) I declare that I am not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc. and don't have any other health condition which does not permit swimming.

(ii) The above information is true to the best of my knowledge. I have read and shall abide by the Rules and Regulations of TU Swimming Pool and follow all pool instructions.

(iii) I understand that if any one of the details given above is proved to be false, suitable disciplinary action shall be taken against me by the University authority.

(iv) In case of an accident or any kind of health related problems in the pool, I shall not hold the University 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.

**Name of applicant :**

**Signature:**

**Date:**

(In case of Child, Name and Signature of parent)

**(13) Declaration by TU employee as Guardian / Relative / Host:**

(i) The above information and statement given by the applicant is true to the best of my knowledge and I also agreed to all the statement made by the applicant and the Rules & Regulations and their amendments as decided by the swimming pool management committee.

(ii) I understand that if any one of the details given above is proved to be false, suitable disciplinary action shall be taken against me by the University authority.

(iii) Further, I declare that I shall accompany my child and keep vigil on him/her at all points of time during his/her stay at the Swimming Pool compound and that I shall never leave him/her alone and unattended. In case of my failure to do so, suitable disciplinary action shall be taken against me by the University authority.

**Name of the TU Employee act as  
Guardian / Relative/ Host of the applicant :**

**Signature:**

**Date:**

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**Documents to be submitted along with the registration Form:**

1. Self-attested copy of the I D card of the employee or employee act as guardian/ relative/ host.
2. Self-attested copy of the ID of the outsider guest.

**(Special note:** Non swimmer / beginner child must be brought to the pool with proper swimming attire. Arm guard is must for him/her)

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For office use only  
**Permitted/ Not Permitted**

2. Admitted with I-Card No..... dated .....

Signature

Registrar, TU