



**TEZPUR UNIVERSITY, TEZPUR
SWIMMING POOL
MEMBERSHIP APPLICATION FORM**

(1) Membership Category (please strike out which are not applicable):

TU Student / TU Employee / TU Employee Child/ TU Employee
Dependent / TU Employee other relative/Project staff / Employees of
campus organization / Guest.

(Other relatives means: relatives other than dependents of Tezpur
University employee residing in the campus)

Passport
Photograph

(2) Membership type: One month /Three months /Half season/Full season

(3) Name (IN BLOCK LETTER): _____

(4) Sex: Male / Female

(5) Date of Birth: _____

(6) Roll No (for student) / **Employee code no** (for employee): _____

(7) Semester (for student)/ **Designation** (for employee): _____

(8) Department: _____

(9) Name & address of the local guardian (for student): _____

(10) Contact no of the local guardian (for student): _____

(11) Name & address of campus resident to be contacted in case of emergency:

Contact No.: _____

***(12) Additional information** (In case of Child / Dependent / Other relative)

(a) Name of the Child/Dependent/Other relative: _____

(b) Relation with employee: _____

(c) The relative has been residing in the campus with me since _____

(d) Membership required for the period: from _____ to _____

MEDICAL FITNESS CERTIFICATE

(to be obtained by CMO, TU Health Centre/any Registered Medical Practitioner)

This is to certify that I have examined

Dr/Shri/Ms/_____

on following ground and found him/her to be medically fit/unfit for swimming.

- | | |
|-----------------------------|----------|
| 1. Skin Disease | Yes / No |
| 2. Heart Disease | Yes / No |
| 3. Epilepsy | Yes / No |
| 4. Psychiatric Disease | Yes / No |
| 5. Accident in past, if any | Yes / No |
| 6. Any contagious disease | Yes / No |

7. History of major illness/surgery, if any _____

8. General Examination _____

9. Any other Remarks _____

Note: Validity of Medical fitness Certificate is for One (01) year from the date of issue.

Date :

Signature with Seal & Reg. No.

(13.A) DECLARATIONS (Self) :

(i) In case of an accident I will 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.

(ii) I declare that I am not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc.

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

***(13.B) DECLARATIONS (In case of Child / Dependent / Other relative):**

(i) In case of an accident of my Child / Dependent/ Other relative, I will not hold the University authority 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.

(ii) I declare that my Child/Dependent/ Other relative is not suffering from any communicable disease, Epilepsy, Cardiac and Psychiatric Illness, etc.

(iii) I understand that if any one of the details given above is proved to be false, the membership of both my and my Child/Dependent/ Other relative shall stand cancelled automatically.

(iv) further, I declare that I shall accompany my child/ward 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, the membership of my child/ward shall be summarily cancelled for the whole season.

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

(Signature of the Student)	Signature of the local guardian)
OR	
(Signature of the Employee)	(Signature of the Dependent / Other relative/ Guest)

Date: _____

(In case of child: Signature of the guardian, who is the employee of the University)

Documents to be submitted along with the Registration Form:

1. Copy of the I D card of the employee / guest.
2. Copy of the Birth Certificate duly attested by a Gazetted Officer (other than employee of TU)
3. Latest Medical Certificate issued by CMO, TU or an MBBS doctor certifying that the applicant is medically fit for swimming and does not suffer from any contagious disease.
4. Two numbers of passport size photographs
5. Proof of residence (only for the other relative/guest).

1. For office use only

Permitted/ Not Permitted

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

Signature

Registrar, TU