

# CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR



## SWIMMING POOL MEMBERSHIP APPLICATION FORM

For verification of authenticity of the applicant, official records like identity card, Aadhar card two passport size photographs should be produced at the time of submitting this form.

### Category:

1. Registered students of University Campus/ Children of Employees of University Campus
2. Employees of University Campus, Spouse, Dependent of Employees & Students of Affiliated Colleges & School Students.
3. C.S.J.M. University Alumni & their dependents, Affiliated Colleges Staff.
4. Retired Employees of C.S.J.M. University (Husband & Wife only)
5. Relatives of C.S.J.M. University Employees staying in campus (Adult)

Type of membership: Monthly /Three month /Full season /15 Swim

Name (IN BLOCK LETTER) \_\_\_\_\_ Sex: M/ F, Age \_\_\_\_\_ Yrs.

Name of the employee \_\_\_\_\_ Relation \_\_\_\_\_  
(In case of children or dependents of employees) (With employee)

Class & Year: \_\_\_\_\_ Designation: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_

Name & address of campus resident to be contacted in case of emergency: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Preference of Slot: \_\_\_\_\_

### DECLARATION

1. I, hereby declare that I/My ward,(s) would be Swimming at University Swimming Pool at my own risk and In case of an Accident happening or mishap in the Pool during Swimming 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.
2. **I declare that I am not suffering from any communicable disease, Epilepsy and Psychiatric Illness.**
3. I understand that if any one of the details given above is proved to be false, my membership will be cancelled and suitable disciplinary action will be taken against me.

(Signature of the Employee)  
(In case of children or dependents of employee)

(Signature of the Applicant)

Date: \_\_\_\_\_

Date: \_\_\_\_\_