



INDIAN ADVENTURE FOUNDATION

INDIAN ADVENTURE INSTITUTE (YPAHS) COMING SOON

UNDER RUN BY (IAF)

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Creating An Adventurous India

एक साहसिक भारत का निर्माण

Our Motto

WE TRAIN YOUR BRAIN IN THE TERRAIN.....



Application

(BE FILLED IN BLOCK LETTERS)

NOTE :- INCOMPLETE FORM WILL BE NOT ACCEPTED

Course () Camp () Expedition () Trek () Other _____

Name _____

Venue _____

Date _____ to _____ Year _____

1. NAME: _____

2. S/O, D/O, W/O _____

3. Date of Birth _____ Sex _____

4. Occupation _____ Qualification _____

5. Permanent Address _____

Dist. _____

Pin:- _____ State _____

6. Mobile no _____ E-mail _____

7. Aadhar card no _____ Pan card No _____

8. Guardian/Parents details:

Name _____

Address _____ pin _____

Mobile _____ E-mail _____

9 :- Course/Camp to be Attended _____

10 :-Date _____ TO _____ Age in years _____

11:- Experience in any Adventure Activities _____

12:- Any other Experience _____ enclosed

13:- Insurance compulsory _____ date of Expire _____

14 Shoes size : _____ chest size _____ weight _____ height _____

Date

Signature of the Applicant

I agree to adhere to the discipline of the movement and program me in particular and abide by the rules and regulations of the Institute during the whole event. In case of any accident, illness or injury, manmade or natural, I will not hold the Indian Adventure Foundation & Indian Adventure Institute of youth pioneer adventure Himalaya Sport not responsible at all. I further declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health & physically fit to undergo the Adventure Programme.

(RISK CERTIFICATE (FOR USE OF APPLICANT))

It is certified that my son/daughter / ward Mr./Miss _____ is joining the above mentioned Expedition Programme with my consent and the organizer shall not be responsible for any illness, injury or accident during the event or journey periods for the purpose. It is further certified that he/she is physically fit to undergo the Indian Adventure Foundation & IAI of YPAHS Adventure programme.

Signature of Parent/Guardian

Relationship with participant _____ Name _____

Address _____ Aadhar card no _____

Date:- _____ Mobile No- _____ E-mail _____

Recommendation

Name : _____ Membership _____ Membership id number _____

Recommended by State / Zone/ Divisional Officer IAF

with Seal

Signature of the officer

NOTE :1: Hard Copy At A Time Summit In Campsite 2:Without Medical Certificate Form Not Accept. 3: Medical Form ,

Download Form www.iafindia.org