Government of Jammu & Kashmir

Government College of Physical Education

Gadoora Ganderbal, J&K-191131

www.jkgcope.edu.in					contact@jkgcope.edu.in								Phone No.: 0194-2951797 95					
						<u>S</u>	KI &	kPP]	LIC	VTIO	N F	ORM						
1.	NAM	E (in	bloc	k let	ters)					1			1		ı	ı	_	
																		Passpor
2.	Parentage														_	Size Photograp		
																		Filologia
2		CD.	.1														╛╽	
3.	Date	OI B11	tn —								7							
4.	Full A	Addre	SS															
5.	Father	r's C	ontac	ct Nu	mber				P	/Mob	ile N	lo.: _						
	Course																	
6.																		
	Aadha	ar Nu	mbe	r														

I certify that the particulars given above are correct to the best of my knowledge. I agree to follow and abide the directions of authorities during Snow Skiing Course, I will not indulge in any sort of indiscipline, will maintain harmony, brotherhood, well behaviour, cooperation and team spirit during the Camp.

Signature of Applicant

CERTIFICATE BY PARENT/GUARDIAN (COMPULSORY)

I hereby certify that the above information is correct. I take personal responsibility that in case of accident or injury to my ward during Training, I shall not hold the Department or any of its staff member wholly or partially responsible. Further in case of any loss or damage to the equipment used by him/her, I shall compensate the same.

Signature of Parent/Guardian