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use only**

Photo

SONARPUR AROHI

A Club of Expedition

(Registered Under Govt. Of West Bengal & Affiliated
To Indian Mountaineering Foundation, New Delhi)

APPLICATION FORM

SPORTS CLIMBING TRAINING & PRACTICE

(TO BE FILLED OR TYPED IN BLOCK LETTERS)

1. Name: _____

2. Date of Birth: _____ 3. Blood Group: _____

4. Occupation: _____

5. For Student (*Name of School & Class*): _____

6. Academic Qualification: _____

7. Permanent Address: _____

_____ Pin: _____

8. Mobile No.: _____ E – Mail: _____

9. Nationality: _____ Gender (*Tick*): Male Female Trans

10. Adventure Experience: _____

11. Fees Details: _____

12. Introduced By: _____

Telephone with Address and next to Kin, Parents / Guardian (in case of any accident

Name: _____

Address: _____

_____ PIN: _____

Mobile No.: _____ E – Mail: _____

Self / Guardian declaration:

I, hereby declare that I abide by the rules and regulations of Sonarpur Arohi relating to Sports climbing & Practice and have fully understood the meaning and significance of the same. I / He / She is medically and mentally fit for the above venture. In case of accident or injury of any form the organization or any of its members will not be held in any manner wholly or partially responsible.

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Guardian: _____