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**For official
Use only**

FORM No.:

Photo

SONARPUR AROHI

A Club of Expedition

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

APPLICATION FORM

SUMMER ADVENTURE TREK

(TO BE FILLED OR TYPED IN BLOCK LETTERS)

NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED

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: _____ Aadhar No.: _____ .8. Mobile No.: _____
9. Mail: _____ 10. Nationality: _____ 11. Gender: Male Female Trans
12. Mountaineering & Trekking Experience: _____
 _____ Summer Trek No. _____
13. Fees Total Amt. _____ Advance _____ Due _____
14. Introduced By (*With Ph. No.*): _____
- Telephone with Address and next to Kin, Parents / Guardian (in case of any accident)**
- Name: _____
- Address: _____
 _____ PIN: _____
- Mobile No.: _____ Mail ID: _____

Self / Guardian declaration:

I have read the rules and regulations of **Sonarpur Arohi** relating to the Rock Climbing, nature study & camping course and have fully understood of the meaning and significance of the same. I / He / She is medically and mentally fit for the above venture. The above declaration has been made by me, which is true and correct. In case of any accident or injury of any form in due course, the organization or any of its members will not be held in any manner, wholly or partially responsible. **In case of minor guardian declaration is essential.**

Date: _____

Signature of Applicant: _____

Date: _____

Signature of Guardian: _____