

Indian Institute of Technology Mandi

Physical Education and Sports Section Swimming Pool Membership Application Form



Name: _____

Male/Female: _____

Institute ID No. _____

Form No.: _____

Expiry date of institute ID: _____

Contact No: _____

Local Address: _____

Please list the dependent (if any):

Sl. No.	Name	Relation	Age	Beginner/Experienced
1				
2				
3				
4				
5				

I hereby declare that I will abide by the swimming pool rules and regulations and cooperate with the staff/officials for smooth functioning of the Pool

Date: _____

Signature of the Applicant