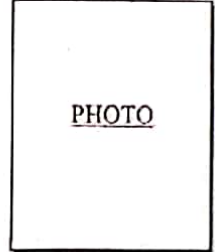


NORTHERN RAILWAY TREKKING & MOUNTAINEERING ASSOCIATION



Adventure Cell
Room No.32-G, GM's Building,
Baroda House, News Delhi-110 001

APPLICATION FORM



Name of trek/activity applied for _____

1. NAME OF PARTICIPANT : _____
2. Name of employee : _____
3. Relation with Rly. employee : _____
4. Designation of employee : _____
5. Office address _____
6. DOB (of participant) _____ 4. DOA (of employee) _____
7. Contact no(s) _____ E-mail _____
8. Residential address _____
9. Experience in any adventure / NRTMA camps (with documentary proof), if any _____

DECLARATION

I understand that in case of any indiscipline, non-cooperation and non-compliance of the orders of accompanying supervisors/leaders during the event, I am liable to be sent back from any point at my own cost. I am applying / sending my ward in the high altitude trekking expedition/adventure activity with my consent and on my own risk and would lodge no any legal claim whatsoever. NRTMA would not be responsible for any accident, illness, injury or irrecoverable loss during the event or journey period for the purpose.

I / on behalf of my minor son/daughter (strike out whichever not applicable) hereby declare that the particulars shown above are correct to the best of my knowledge & belief and I clearly understand that in the event of my statement being proved incorrect/false, I am liable for being dealt with under D&AR.

Signature of the employee _____

Signature of the applicant _____

Certified that according to the records available in this institute/office, the particulars of Sh./Smt./Km. _____ as stated above, are correct and the employee/participant can be spared for the above mentioned programme applied for.

Signature & stamp of the
Head of the office

MEDICAL CERTIFICATE OF PARTICIPANT

1. Present/Past illness of significance _____
2. Injuries/operation undergone and present condition _____
3. Any known allergy to drugs or foodstuff _____
4. Blood Group _____
5. Is the applicant suffering from
(i) An infectious disease Yes/No
(ii) A skin disease Yes/No
(iv) Heart trouble Yes/No
(v) Asthmatic Yes/No
(vi) Any other disease/defect Yes/No

Certified that I have examined Sh./Smt./Km. _____ and have found him/her physically fit/unfit in the said programme & to withstand the hazards of the mountain and trek in cold climate and at high altitude of carrying a load about 10 kgs. which involve crossing of snow covered passes of the height of 10,000 ft. & above.

Sr.DMO
or any MBBS Practitioner
(with seal)

Phones : 011-23383126, 23002809 (P&T), 3-2809 (Rly.) - Fax : 3-2637 (Rly.)
Email: nrtma.nrtma@gmail.com - Website: [www.nr.indianrailways.gov.in/Adventure Zone](http://www.nr.indianrailways.gov.in/AdventureZone)