**INDIAN INSTITUTE OF SKIING &MOUNTAINEERING**

**Ministry of Tourism**

**Government of India**

**Telephone/ Fax:-01954-254480/0194-2312749**

**Gulmarg (J & K)**

**APPLICATION FORM**

**(*PLEASE FILL THE FORM IN CAPITAL LETTERS)***

Paste latest

Photograph

**Demand Draft No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course wishing to join\_\_\_\_\_\_\_\_\_\_\_\_\_ (From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)**

**Course subscribed for Basic, Intermediate, Advance Please Tick (**√)

***Note: - The participants will have to follow the SOP’s with regard to Covid-19.***

**1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Fathers Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Attach Proof)**

**5. Permanent Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (b) Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Next of kin (Name and address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Vegetarian/ Non-Vegetarian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Academic Qualification & current employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Blood Group \_\_\_\_\_\_\_Identification Mark\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Category\_\_\_\_\_\_\_\_\_\_\_**

**11. Any adventure course attended earlier. (Attach proof) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**12. Height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Waist\_\_\_\_\_\_\_\_\_\_\_\_\_ Shoe Size\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**13. I agree to strictly abide /adhere to the discipline and the directions of the Institute during the course falling which I**

**shall be liable for expulsion.**

**14. No liquor/ smoking are allowed inside or outside the institute during the course.**

**Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant**

**I hereby certify that all the entries have been correctly filled. I am medically fit to undergo the course. In case of any accident or injury I shall not hold the Institute or any of its staff wholly or partially responsible. In case of loss of equipment I shall pay for the same.**

**Date:-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant**