



THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No. 205, 1st Floor, Kanteerava Sports Complex - 2
Kanteerava Stadium Premises, Kasturaba Road, Bangalore - 560 001
Phone : 080-22113333 E-mail : kma1966@gmail.com
Web : www.kmaindia.net

REGISTRATION FORM

Programme:

Event Date:

1. Name: _____

2. Father's / Husband's Name: _____

3. Date of Birth: _____ Age _____ Sex : Male Female

4. Occupation: _____

5. Residential Address: _____

6. E-mail: _____ Phone: _____

7. History of previous illness if any: _____

8. Do you suffer from Asthama, Migraine Headache, breathing or heart problems etc. (kindly specify)

9. I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I have gone through the contents of the brochure and have fully understood them. I agree to adhere strictly to the discipline of the programme. My parents / guardian have consented to my participation. I further declare that in case of accident, illness, injury or and calamity whatsoever I will not hold The Karnataka Mountaineering Association or its committee or any other organisation / individual (s) with whom the programme is tied up, responsible in any way.

I pledge that, I have not suffered or suffering from any serious illness or injury and that I am in good Health.

I sign this declaration willfully and with all my senses under control

Signature of Parent / Guardian
With Date (in case of minor)

Signature of the Participant
with Date

Received Rs. _____ vide Cash / Cheque / DD

Receipt No. & Date _____



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RECEIPT

Name : _____ Programme : _____

Received Rs. _____

by Cash / Cheque / DD No. _____ Date : _____

towards _____

For The Karnataka Mountaineering Association

Rs. _____

Authorised Signatory