



**YOUTH HOSTELS ASSOCIATION OF INDIA**  
**5, Nyaya Marg, Chanakyapuri New Delhi 110021**  
**REGISTRATION FORM**



REGN No. \_\_\_\_\_

\_\_\_\_\_ **ROUTE**

Affix  
Photograph  
Here

**Surname** \_\_\_\_\_

**Name** Mr. / Mrs. / Ms. \_\_\_\_\_

**Father / Husband Name** \_\_\_\_\_

**Date of Birth** (DD / MM / YY) \_ \_ / \_ \_ / \_ \_

**Blood Group** [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

**Occupation** [ 1 ] Service [ 2 ] Business [ 3 ] Student [ 4 ] Housewife [ 5 ] Others. \_\_\_\_\_

**Address** \_\_\_\_\_  
 \_\_\_\_\_

**City** \_\_\_\_\_ **Pin Code :** \_ \_ \_ \_ \_

**Telephone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**E- mail Address** \_\_\_\_\_

**Membership No. of YHAI** [ ]

**Date of reporting in the order of preference (Subject to availability & confirmation)**

<b>Date</b>	<b>Month</b>	<b>Date</b>	<b>Month</b>	<b>Date</b>	<b>Month</b>	<b>Date</b>	<b>Month</b>
[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]

**Particulars of Fee**

**Amount** [ ] [ ] [ ] [ ] [ ] **DD No.** [ ] [ ] [ ] [ ] [ ] [ ] **Date :** [ ] [ ] [ ] [ ] [ ] [ ]

\_\_\_\_\_  
(Signature of Participant)

**DECLARATION**

I agree to adhere strictly to the discipline of the Programme and abide by the directions of the organizing authorities or their nominees, at all times and shall not deviate from the set expedition route during the programme.

IN CASE OF ANY ACCIDENT ILLNESS OR INJURY, I WILL NOT HOLD THE YOUTH HOSTELS ASSOCIATION OF INDIA WHOLLY OR PARTLY RESPONSIBLE

I further declare that I have not been suffering from any infectious disease from the past one-month and that I am keeping good health.

Place \_\_\_\_\_  
 Date \_\_\_\_\_

(Signature of Participant )

**FOR OFFICE USE ONLY**

**STATE / UNIT / INDIVIDUAL** [ ]

**UNIT CODE** [ ] [ ] [ ] [ ] [ ] [ ] **AMOUNT RECEIVED Rs.** [ ] [ ] [ ] [ ] [ ] [ ]

**REGN No.** \_\_\_\_\_ **RECEIPT No. & DATE** \_\_\_\_\_

**REPORTING DATE** \_\_\_\_\_ **S.L. ISSUED ON** \_\_\_\_\_