

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



REGISTRATION FORM (Family Camping)

		ROUTE		REGN No	
Surname					
Name Mr. / Mrs. / Ms.				Affix Photograph	
Spouse's Name				Here	
Child Name 1:					
Child Name 2:					
Date of Birth	(DD / MM / YY) _	_//			
Blood Group	[][][][]	[][][][][
Occupation [1] Service [[2] Business [3] Student	[4] Housewife [5] Others.			
Address					
City		Pin Code:			
Telephone		E- Mail Address:			
Membership No. of YHAI	11 11 11 11 11 11 11	11 11 11 11 11 11 11 11][]		
Date of reporting in the ord	der of preference (Subject to	availability & confirmation)			
Date Month [][][][]	Date Month	Date Month	Date Month [][][]		
Particulars of Fee Amount[][][][]	DD No. [][][][][][Date:[][][][][][]			
			(Signature o	f Participant)	
I agree to adhere strictly to the and shall not deviate from the	ne discipline of the Programme e set expedition route during th	<u>DECLARATION</u> and abide by the directions of the o e programme.	rganizing authorities or their r	nominees, at all times	
IN CASE OF ANY ACCIDENT PARTLY RESPONSIBLE	- ILLNESS OR INJURT, I WIL	L NOT HOLD THE YOUTH HOSTEL	LS ASSOCIATION OF INDIA	WHOLLY OR	
I further declare that I have no	ot been suffering from any infe	ectious disease from the past one-m	onth and that I am keeping go	ood health.	
PlaceDate	_		(Signature of Participal	nt)	
CTATE / INIT / INDIVIDUAL		FOR OFFICE USE ONLY	11 11 11 1		
STATE/UNIT/INDIVIDIUAL	-1 11 11 11 11 11 11	11 11 11 11 11 11 11	11 11 11 1		
UNIT CODE [][][][][][] AMOUNT RECE	EVED Rs.[][][][]			
REGN No.	RECEIPT	No. & DATE			
REPORTING DATE		S.L. ISSUED ON			