



SPORTS COMMITTEE

Sanjay Gandhi Post Graduate Institute of Medical
Sciences, Lucknow



Application for membership/renewal of membership of Sports Complex, Swimming Pool & Gymnasium

I would like to apply for membership/renewal of Sports Complex SGPGI. I have gone through the Rules and Regulations of the Sports Complex and I agree to abide by them. I understand that my membership can be terminated in case of violation of rules by me or my family members.

1. Name of the Employee _____

2. Designation _____ Department _____

3. Status: Permanent/Ad-hoc/Tenure post _____

4. Residential Address _____

5. Intercom No. _____ CUG Mobile No. _____ Mobile No. _____

6. Details of Family:

S No.	Name	Age	Gender	Relationship
(1)				Self
(2)				
(3)				
(4)				
(5)				
(6)				

7. Caution Money Rs. _____ deposited, vide Receipt No. _____ Dated _____

8. Annual Fee Rs. _____ deposited vide Receipt No. _____ Dated _____

9. Gym Fee Rs. _____ deposited vide Receipt No. _____ Dated _____

Total Rs.

Note: - Cheque to be issued in favour of “Convenor SGPGI Auditorium”

Signature of Applicant

<u>For Office Use only</u>
Formalities Completed/Not Completed _____
Permitted/Not Permitted Remarks: _____
Signature _____

Declaration overleaf

UNDERTAKING

I, _____ of Department _____, SGPGIMS, Lucknow hereby declare that my family members and I will abide by the Rules and Regulations of the Sports Complex. I have been explained about the risks of using the Swimming Pool and gymnasium. I will be solely responsible for any kind of mishap to me or my family members, the Sports Committee will have no liability for the same. The sports Committee has full right to suspend or terminate my membership if I am found indulging in any kind of misbehavior or creating any disturbance or violating any rules.

Signature _____

Name _____

Date: _____

Medical Fitness Certificate

I, Dr. _____, have examined Sri/Smt. _____ and his/her family members (names mentioned below) on _____ and have found them medically fit/unfit for using the swimming pool and gymnasium.

1..... Fit / Unfit

2..... Fit / Unfit

3..... Fit / Unfit

4..... Fit / Unfit

5..... Fit / Unfit

6..... Fit / Unfit

Signature of Doctor _____

Name _____

Designation _____

Department _____

Date: _____