



Indian Institute of Technology Kanpur
Physical Education Section
New Sports Complex

Card/Page No. _____

NSC – POOL/ BILLIARDS MEMBERSHIP FORM

For verification of authenticity of the applicant, official records like identity card of health center booklet along with one passport size photograph should be produced at the time of submitting this application form.

Name (**IN BLOK LETTER**) _____ Sex: M/F, Age: _____ Yrs.

Name of the employee _____ Relation _____
(In case of dependent of an employee)

Roll No./ P.F. No. _____ Designation: _____ Department: _____

Campus Address: _____

Name and address of campus resident to be contacted in case of emergency: _____

_____ Phone No. _____

Fee Structure for New Sports Complex Pool Facility: -

One Category	Amount For 10 Slots	Slot Timing
Students, Staff, Project & Faculty	250	30 minutes

DECLARATION

- 1 In case of an accident, I will not hold the institute authorities responsible in any way. Rules & regulation and their amendments as decided by the SPEC are applicable on me and I agree to abide by them. I shall cooperate with the authorities to maintaining the discipline in the pool room.
- 2 I understand that if any one of the details given above is proved to false, my membership will be cancelled, and suitable disciplinary action will be taken against me.

(Signature of the Employee)
(In case of dependent of an employee)

(Signature of Applicant)

Date: _____