

APPLICATION FORM FOR THE USER OF THE VISVA-BHARATI SWIMMING POOL

To,
The Convener
Swimming Pool Committee
Visva-Bharati



Applicant's name: _____ Sex (Please tick): Male / Female
Date of Birth: _____ (Age limit: 8 yrs - 80 yrs) Height _____ (Min. Height-4 ft 6 inch)
Email for urgent contact _____ Mobile No. for urgent contact: _____
Father's/Mother's / Husband's name: _____ Mob. No: _____

Designation/Status (Please Tick): Student Patha-Bhavana / Siksha-Satra //U G/P G/M. Phil/ Ph. D/ University Staff /
Children of University Staff / Pensioner of University /Spouse of Pensioner of University / Children of Pensioner of
University * / Alumni of University /Spouse of Alumni of University /Children of Alumni of University *
Suffering from Heart/Epileptic Diseases – Yes / No (Please tick)

Check list for document to be attached

1. Photo – Two copies (Stamp Size)
2. Indemnity Bond duly signed by applicant & witness
3. Current Medical Certificate by Registered Medical Practitioner.
4. Proof of age & Parental Proof –Cert. of age proof & Parental proof given by Head of the school**/ Voter's ID Card/Admit Card of Madhyamik,
5. University I Cards for V.B students/ V.B staff and V.B Pensioner, as applicable.
6. Alumni Association Card for Alumni.
7. Spouse of V.B Staff/V.B Alumni & V.B Pensioner shall submit the voter's ID card or Marriage Registration Certificate showing Husband's name as a proof of dependency.

} Refer Appx-'A'

Signature of the Applicant

Correspondence Address

Signature of Parents / Guardian

(In case of Applicant is below 18 years)

FOR OFFICIAL USE

All document are checked and verified and the applicant is found to be a Student Patha-Bhavana / Siksha-Satra /U G/P G/M. Phil/ Ph. D/ University Staff / Children of University Staff / Pensioner of University /Spouse of Pensioner of University / Children of Pensioner of University * / Alumni of University /Spouse of Alumni of University /children of Alumni of University *

(Signature of Convener of Swimming Pool Committee)

Approval of Chairman
(in case of University Student / Staff / Staff ward) -

Signature _____

Approval of committee in case of Pensioner / Alumni/
(Spouse & children of Pensioner and Alumni) -

Signature _____

* In case of Alumni & Pensioner, max. two children below the age of 25 years are allowed to swim.

**The Age Proof/Parental proof must have the seal of the Principal/Headmaster and round stamp of the Institution.

(Please attach with Application Form)

CERTIFICATE OF MEDICAL OFFICER

It is certified that Mr./Mrs/ _____ (ID NO) _____ is physically fit to learn/practice swimming.

Date: _____

University Medical Officer/Any other
Registered Medical practitioner

INDEMNITY BOND

To,
The President of India.

In consideration of my being or my ward / spouse Mr / Ms _____ of whom I am the legal/natural guardian, at my own request to use the Visva-Bharati Swimming Pool facility in charge of any staff of the Visva-Bharati /outsourcing agency appointed by Visva-Bharati, undertake and agree that neither I nor my executors or legal representatives will make any claim against the University or against any staff of the University or any staff of the outsourcing agency appointed by Visva-Bharati in respect of any loss or injury to property including injury resulting in death which I or my ward/spouse as stated above, may suffer while doing swimming/diving and I understand to agree that no compensation will be paid by the University Authority or any other staff of University or outsourcing agency appointed by Visva-Bharati. In respect of any such loss or injury and I further agree so as to bind myself my heirs, executors and administration to indemnify you and any other employee of the University or outsourcing agency appointed by Visva-Bharati or any other person in the service of the Government against any claim which may be made by any third party against you or any of them arising out of any act or default on the part of my or the said ward/spouse during or in connection with such act of swimming/diving in the said pool.

Signature and address of witness

1. _____

2. _____

Signature of the user of the Swimming Pool
(In case of Minor, Signature of the Guardian)

ID No. _____
Name _____
Address _____
