



# SHIKHAR

## FOUNDATION

Reg. No : MAHA - 1547 / 2008 / PUNE

### MEMBERSHIP FORM

Name (In block letters): .....

Date of birth: ..... Age: ..... Sex: Male / Female Blood Group: .....

Nationality: ..... Occupation: .....

Present / Past illness of significance: .....

Permanent Address: .....

Pin Code: .....

Contact No.: ..... E-mail: .....

Adventure Experience: .....

Other Activities: .....

**Next to Kin (in the event of accident with address and name):**

**Name:** ..... **Contact No.:** .....

**Address:** .....

I agree to adhere strictly to the discipline of the trekking / adventure and mountaineering programme and abide by rules of the organizing authorities or their nominee at all times during the program. I hereby certify that all the entries are correct in every respect.

I agree to detail myself for all the activities conducted by **SHIKHAR FOUNDATION** at my own risk and no compensation will be paid to me, or my dependants in case of any accident, illness, injury or mishappening and I will not hold the organization or its staff wholly or partially, responsible for the same.

**Date:** ..... **Signature of Applicant:** .....

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#### DECLARATION FROM PARENTS / GURDIAN (IN CASE OF MINORS)

Certified that my Son / Daughter / Ward / Master / Miss .....

is joining the organization with my consent and the organizers or office bearers shall not be held responsible wholly or partly in case of death, any illness, injury or accident. It is also certified that he / she is physically fit. I, on behalf of my / son / daughter / ward agree to abide by the rules regulation laid down by the organisers.

**Place:** .....

**Date:** ..... **Signature of Parent / Guardian** .....

[www.shikharfoundation.com](http://www.shikharfoundation.com)

<http://www.facebook.com/groups/Shikhar.Foundation/>

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