

Card No. _____

Indian Institute of Technology Kanpur
Physical Education Section
Old Sports Complex

Photo



OSC GYMNASIUM 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.

Category: IITK Student/ IITK Faculty/ Staff/ Children/ Dependent of an employee & Students/ RA/ Project Staff/ Employee of campus organization/ IITK Alumni/ IITK Retired Employee.

Type of membership: Monthly/ Summer/ Semester I/ Semester II/Annual/ Weekly Guest Pass.

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: _____ Phone No. _____

Name and address of campus resident to be contacted in case of emergency: _____
Phone No. _____

Preference of Slot: _____

Fee Structure for Old Sports Complex Gym: -

Category	Monthly	Semester	Summer	Yearly	Weekly Guest
Students	350	1300	650	2300	350
Staff & Project	450	1650	800	2900	450
Faculty	550	2000	1000	3500	550

DECLARATION

- In case of an accident, I will not hold the institute authorities responsible in any way.
- I will abide by the following rules:
 - Member should **bring clean shoes to be used exclusively for the gym** and the same must be worn in the cleaning room **before entering the gym.**
 - Member should wear proper sports wear: **T-shirts/shorts/Lower/shoes.**
 - The Member should **bring membership card, sanitizer & hand towel at the time of doing gym.**
- Other 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 Gymnasium.
- 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)
Date: _____

(Signature of Applicant)

RECEIPT

Received a sum of Rs. _____ Rupees _____) from Miss/ Mr./ Dr. _____ as Monthly/Semester/Summer/Annual/ Weekly Guest Member subscription for **Old Sports Complex.**