



**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**SWIMMING POOL**  
**MEMBERSHIP APPLICATION FORM**

Recent  
Passport size  
photo

**For verification for authenticity of the applicant, official records like Institute Identity Card (in case of Employee) & Health Center Booklet (in case of dependent) along with two passport size photographs should be produced at the time of submitting this application form.**

**Category:** IITK Students, IITK Employee, Project staff, Spouse of IITK Employee/Student/Project staff, Children of IITK employee/Student/Project staff, IITK Alumni & their dependents, Retired Employee of IITK, Relatives of IITK Employees, IITK Pensioner's Grandkids, Employee of campus organization & their dependents.

**Type of Membership:** Monthly/Three Monthly/15 swim

**Choice of Pool:** Big/Small

**Name (IN BLOCK LETTERS):** \_\_\_\_\_

**Gender:** Male/ Female

**Height (in cm):** \_\_\_\_\_

**Age (yrs):** \_\_\_\_\_

**Name of the Employee/ Student:** \_\_\_\_\_  
(in case of children or dependent)

**Relationship:** \_\_\_\_\_  
(with employee/student)

**Roll No./ P.F. No.** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Campus Address:** \_\_\_\_\_

**Name & address of campus resident to be contacted in case of emergency:** \_\_\_\_\_

**Contact No.:** \_\_\_\_\_

**Emergency Contact No.:** \_\_\_\_\_

**Transaction reference number:** \_\_\_\_\_

**Transaction date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Amount in ₹ :** \_\_\_\_\_

**Slot timing:** \_\_\_\_\_

**DECLARATION**

1. In case of an accident, I will not hold the institute authorities responsible in any way. Rules & Regulations and their amendments as decided by the Sports and Physical Education committee (SPEC), are applicable to me, and I agree to abide by them. I shall cooperate with the authorities in maintaining discipline in the swimming pool.
2. I declare that I am not suffering from any communicable disease, Epilepsy and Psychiatric illness.
3. I understand that if any one of the details given above proves false, my membership will be cancelled, and suitable disciplinary action will be taken against me.

(Signature of the employee)  
(In case of children or dependents of employee)

(Signature of the applicant)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_