YOUTH HOSTELS ASSOCIATION OF INDIA

Tamil Nadu State Branch

2 D, Viswas Flats, Pillaiyar Koil Street
Nesapakkam, West K K Nagar, Chennai 600078, Tamilnadu.

REGISTRATION FORM

REGN No._____

_____**ROUTE**

Affix Photograph Here

Surname _____

Name Mr. / Mrs. / Ms. _____

Father / Husband Name _____

Date of Birth (DD / MM / YY) _ _ / _ _ /_ _

Blood Group [ ][ ][ ][ ][ ][ ][ ][ ]

Occupation [1] Service [2] Business [3] Student [4] Housewife [5] Others._____

Address _____

_____

City _____ **Pin Code** : _ _ _ _ _ _

Telephone _____

Membership No. of YHAI [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Date of reporting in the order of preference (Subject to availability & confirmation)

Date	Month	Date	Month	Date	Month	Date	Month
[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]

Particulars of Fee
Amount [ ][ ][ ][ ] **DD No.** [ ][ ][ ][ ][ ][ ] **Date** : [ ][ ][ ][ ][ ][ ]

_____
(Signature of Participant)

DECLARATION

I agree to adhere strictly to the discipline of the Programme and abide by the directions of the organizing authorities or their nominees, at all times and shall not deviate from the set expedition route during the programme.

IN CASE OF ANY ACCIDENT ILLNESS OR INJURT, I WILL NOT HOLD THE YOUTH HOSTELS ASSOCIATION OF INDIA TAMIL NADU STATE BRANCH WHOLLY OR PARTLY RESPONSIBLE

I further declare that I have not been suffering from any infectious disease from the past one-month and that I am keeping good health.

Place _____
Date _____ (Signature of Participant)

FOR OFFICE USE ONLY

STATE / UNIT / INDIVIDUAL [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

UNIT CODE [ ][ ][ ][ ][ ][ ] **AMOUNT RECEIVED Rs.** [ ][ ][ ][ ]

REGN No. _____ **RECEIPT No. & DATE** _____

REPORTING DATE _____ **S.L. ISSUED ON** _____