



## THE KARNATAKA MOUNTAINEERING ASSOCIATION (R)

Room No. 205, 1<sup>st</sup> floor, Kanteerava Sports Complex – 2,  
Kanteerava Stadium Premises, Kasturba Road, Bangalore - 560001

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stamp size  
Photo

### REGISTRATION FORM

(All fields are mandatory)

MEMBERSHIP #	
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Nature of Programme	
Period of Programme	

#### PARTICIPANT'S DETAILS:

Participant's Name				
	DOB:	Age:	Gender: M / F	Blood Group:
Name of Father/Mother/Husband/Gaurdian				
Participant's Occupation				
Address				
Phone	Mobile:	Landline:		
Email				

#### EMERGENCY CONTACT DETAILS:

Full Name			
Relationship			
Phone	Mobile:	Landline:	
Email			

**YOUR LATEST ADVENTURE ACTIVITIES:**

Sl.No.	Programme Name	Organization Name	Month / Year

**Do you suffer from any of the following? (Select all that apply)**

**Asthma**       **Migraine Headache**       **Hypertension**   
**Respiratory Problems**       **Cardiac Problems**       **Vision/Hearing impairment**   
           

**History of serious illness (If any):**.....

**DECLARATION**

I, \_\_\_\_\_ hereby declare that the particulars furnished in this registration form are true to the best of my knowledge and belief. I have gone through the contents of the brochure and have fully understood them. I agree to adhere strictly to the discipline of the programme and abide by the directions of the organisers / leaders at all times during the programme. My parents / guardians have consented to my participation. I further declare that in case of accident, illness, injury or any calamity whatsoever, I will not hold The Karnataka Mountaineering Association or its committee or any other organisation(s)/individual(s) with whom the programme is tied up, responsible in anyway.

I pledge that I have not suffered or am suffering from any serious illness or injury and that I am in good health. I sign this declaration willfully and with all my senses under control.

Signature of the parent / guardian  
(in case of minor)

Signature of the Participant with date

BANK ACCOUNT DETAILS	Bank	: Corporation Bank
	Branch	: Nrupathunga Road, Bangalore
	Account Type	: SB (Savings Account)
	Account Holder's Name	: The Karnataka Mountaineering Association
	Account Number	: 520101235072644
	IFSC Code	: CORP0000175

	MODE & REFERENCE # (Cash/Cheque/DD/Internet)	RECEIPT (FOR OFFICE USE ONLY)		AMOUNT
		NO.	DATE	
<b>Membership Fee (Non Refundable)</b>				
<b>1<sup>ST</sup> Installment</b>				
<b>2<sup>nd</sup> Installment</b>				

**Please provide details of the payment with Cheque/DD/Internet reference number without fail to correctly identify your payment.**