

# ENTREPRENEURSHIP DEVELOPMENT TRAINING ON



## ADVENTURE TOURISM

Organised By:  
DIRECTORATE OF TOURISM, ASSAM  
STATION ROAD, PANBAZAR, GUWAHATI-781001

Conducted By:  
ASSAM MOUNTAINEERING ASSOCIATION  
NEHRU STADIUM, GUWAHATI-781007

Sl.No.

**PART-I**  
**PERSONAL VITAE**  
**(TO BE FILLED IN BLOCK CAPITAL LETTER)**

Photo  
1 Copy  
3.5 X 4.5 cm  
(1 more copy at  
joining time)

|     |   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|-----|---|----------|-------------------------------------|-----|---------|--|-----|-----|---------|--|----|------|---|---|--|--|--|--|--|--|--|
| 1.  | Name  |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 2.  | Father's Name   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 3.  | Address   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | Pin Code |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 4.  | Voter ID No   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 5.  | Email ID  |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 6.  | Contact No:   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 7.  | Date of Birth & Age:  |          |                                     |     |         |  |     |     |         |  |    | Sex: | M | F |  |  |  |  |  |  |  |
| 8.  | Academic Qualification  |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   |          |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 9.  | Previous experience of adventure/tourism activities along with copy of testimonials : | a        |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | b        |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | c        |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | d        |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | e        |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | f        |                                     |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
|     |   | g        | (Enclose separate sheet as annex-1) |     |         |  |     |     |         |  |    |      |   |   |  |  |  |  |  |  |  |
| 10. | Shirt Size:   |          | cm.                                 | 11. | Height: |  | cm. | 12. | Weight: |  | Kg |      |   |   |  |  |  |  |  |  |  |

Date:

Signature of the Applicant

Note: Applicant must submit proof of age, address, academic qualifications and activity certificates along with the prescribed form on or before 15-10-2017 through [assammount@gmail.com](mailto:assammount@gmail.com)

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### Part-II

|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
|---------------|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------------|----------|----------|--|--|--|--|--|--|--|
| <b>1.(a)</b>  | <b>Name</b>  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(b)</b>    | <b>Father's Name</b>   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(c)</b>    | <b>Address</b>   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
|               |  | <b>Pin Code</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(d)</b>    | <b>Voter ID No</b>   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(e)</b>    | <b>Email ID</b>  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(f)</b>    | <b>Contact No:</b>   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(g)</b>    | <b>Date of Birth &amp; Age:</b>  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  | <b>Sex:</b> | <b>M</b> | <b>F</b> |  |  |  |  |  |  |  |
|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>2.</b>     | <b>Person/family member to be informed in case of any emergency address ,contact no, e mail &amp; relationship</b> |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
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|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>3. (a)</b> | <b>Spouse name of the applicant</b>  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(b)</b>    | <b>Father/Mother's Name</b>  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
| <b>(c)</b>    | <b>Address</b>   |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |
|               |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |             |          |          |  |  |  |  |  |  |  |

Date:

Signature of the Applicant

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### Part-III DECLARATION FORM

- 1 I Shri.....s/o, d/o, w/o .....am participating in the training course at my own will, without any persuasion or pressure from anybody.
2. In case of any injury arising on account of any accident or mishap during the training /travel undertaken in conjunction with the training, no claim of any kind, would be raised against the organizers/ technical conductor of the Entrepreneurship Development Training on Adventure Tourism. I and my parents/ family members/relative will agree to the action taken by the organizer.
3. I will abide by all the rules and regulation of the training. I will extend my help and cooperation to my team mates and others, when ever and where ever necessary, to the best of my capability in the true spirit of an adventurer. In any way I will not supersede the order/instruction of the officials and other officially designated portfolios.
4. I will not indulge in any activity which will bring shame and dishonor to the training and to my locality. If I am found guilty of committing such an act I will accept any disciplinary action that the organizers/ official will imposed on me as deem fit and proper .
5. Today on .....day of.....2017 I Shri.....have read thoroughly understood the above in my true conscience & sound health and have accepted the conditions and will abide by the same under any circumstances and have signed in presence of my parents/family members/relatives as witness.

**Signature of Witness: -**

**Name in Block letter, Postal Address and relation)**

|      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Relation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Date:

**Signature of the applicant**

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### MEDICAL FORM (Certificate)

Certificate by Medical Authority ( Put: - or + Numbers or Alphabets only)

|                             |              |  |  |                 |  |  |
|-----------------------------|--------------|--|--|-----------------|--|--|
| PRESENT/<br>PAST<br>HISTORY | Symptoms     |  |  | Illness         |  |  |
|                             | Injuries     |  |  | Operation       |  |  |
|                             | Allergies    |  |  | Cong. Defect    |  |  |
| GENERAL<br>EXAM             | Height (cms) |  |  | Weight (kgs.)   |  |  |
|                             | Chest (Nrml) |  |  | Chest (Exp)     |  |  |
|                             | Pulse/min    |  |  | Resp. Rate/min. |  |  |
|                             | B.P.(mm Hg)  |  |  | Temp (0c)       |  |  |

Space to write any significant finding/advice.

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Certified that I, on this dt. .... examined .....age .....  
sex ..... and found him/her medically fit/ not fit to attend undergo Adventure Tourism Training  
Course.

His/her Blood Group is .....

Date .....

**Signature of MO  
Regd. No. &  
Designation**

### Certificate by Applicant/ Guardian

I certify that I/ my ward did not conceal any part/present history of illness to the medical authority.

**Signature of Guardian**

**Signature of Applicant**

Date .....

Dt. ....

-----XXX -----