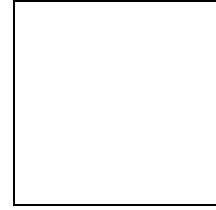


DIRECTORATE OF STUDENTS' WELFARE
PUNJAB AGRICULTURAL UNIVERSITY, LUDHIANA

**

SWIMMING MEMBERSHIP FORM



1. Name _____
2. Father's Name _____
3. Date of Birth _____
4. Admn No. _____
(In case of PAU/GADVASU student)
5. Educational qualifications _____
6. Profession _____
7. Residential address _____
- Phone/Mobile No. _____

- (a) I wish to join PAU Swimming Club at my own risk and responsibility.
- (b) My parents have no objection for the same (Below 18 years of age).
- (c) I have carefully read the rules and regulations regarding use of the Swimming Pool and promise to abide by the same.

Signature of the applicant

I have no objection to my son/daughter/ward seeking Swimming membership at PAU.

Signature of parents/guardian

Signature of the HOD with rubber stamp
(In case of student/staff)

- Note: 1. For securing membership, everybody must submit three passport size photographs**
- 2. Prescribed charges are for usage of Swimming Pool only.**
 - 3. Minimum age & height of the learner student must be 6 years and minimum height of 42 inches respectively.**
 - 4. If any male/female who uses the swimming pool, misbehaves with the swimming coach/life guard/ incharge or crate any kind of indiscipline his/her membership will be cancelled and his/her fees will not be refunded. The appropriate legal action also will be taken against him/her.**

PTO

MEDICAL CERTIFICATE

Certified that Mr/Ms _____ son/daughter of Shri _____, resident of _____ is fit for Swimming and is not suffering from any Skin, E.N.T., Cardiac or any other infectious disease.

Signature of the Medical Officer
with rubber stamp

Recommended

Please charge fee as under:

Membership charges: Monthly/Seasonal/Summer vacations:	Rs _____
Any other charges	Rs. _____
Total	Rs _____

Swimming Coach

Deputy Director Physical Education

Allowed

Director Students' Welfare

Received Rs _____ (Rupees _____ only)

Receipt No. _____ Dated _____

CASHIER

-1-

PAU Swimming Pool

IDENTITY CARD

S No. _____
 Name _____
 Fathers' Name _____
 Date of Birth: _____
 Profession _____
 Validity expires on **October,**
 Timing:
 From _____ AM/PM to _____ AM/PM



-2-

Date of issue _____

Residential Address _____

Telephone No. _____

Blood Group: _____

Seasonal

Signatures of
Card holder

Swimming Coach

Dy Director PE

Director Students Welfare

FOR OFFICE USE ONLY

Received a sum of Rs _____ (Rupees _____ only) vide Receipt No. _____ dated _____ and entered in the Amalgamated Fund Cash Book Page/Entry No. _____.

CASHIER

**DIRECTORATE OF STUDENTS' WELFARE
PAU, LUDHIANA**

SWIMMING POOL CHARGES

Sr. No	Description	Membership Fee (Rs.) Included GST
1	For PAU/GADVASU Students	1180/- per head
2	PAU & Others*	
	Below 12 years (accompanied with parents)	1180/- per head
	Above 12 years	1420/- per head
	Couples (Husband & Wife)	2360/- per head
3	Govt.**	
	Below 12 years (accompanied with parents)	2130/- per head
	Above 12 years	2950/- per head
4	OUTSIDERS	
	School/ College/ University Students (summer vacation)	1770/- per head for one month
	Individuals	2360/- per head per month
	Individuals (Season)	4720/- per head
	Couples (Husband & Wife)	7080/-
	Children below 12 years and above 6 years (Accompanied with parents)	3540/- per head
5	Affiliated Universities/Associations***	
	Camps/Trials	2130/- per day
	Tournaments/Competition	4720/- per day
6	Private Corporations/Institutes/Tournament/Competitions	9500/- per day
7	Govt. Organizations/Tournament/Competitions	5900/- per day
8	Guests (accompanied with bonafide member on shift) maximum four visiting per person per month	120/- per visit

* **PAU/GADVASU employees/retirees and ICAR employees with headquarters at PAU, spouse and their unmarried dependent children**

** **Govt. employees whose establishments are located at PAU**

*** **Universities affiliated with AIU and National Associations/Federations affiliated with IOA and their Units**