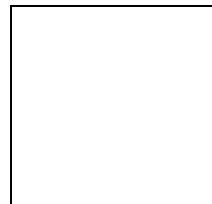


DIRECTORATE OF STUDENTS' WELFARE
PUNJAB AGRICULTURAL UNIVERSITY, LUDHIANA

**

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,**

Seasonal

Timing:

From _____ AM/PM to _____ AM/PM

-2-

Address _____

Phone No. _____

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.)
1	For PAU/GADVASU Students	1500/- per head
		Membership Fee (Rs.) Including GST 18%
2	PAU & Others*	
	Individual	2360/- per head
	Couples (Husband & Wife)	4130/- per head
3	Govt.**	
	Individual	2950/- per head
4	OUTSIDERS	
	School/ College/ University Students (summer vacation)	2124/- per head for one month
	Individuals	2950/- per head per month
	Individuals (Season)	5900/- per head
	Couples (Husband & Wife)	8260/-
5	Affiliated Universities/Associations***	
	Camps/Trials	2950/- per day
	Tournaments/Competition	5310/- per day
6	Private Corporations/Institutes/Tournament/Competitions	10620/- per day
7	Govt. Organizations/Tournament/Competitions	6490/- per day
8	Guests (accompanied with bonafide member on shift) maximum four visiting per person per month	236/- 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**