

ISLAMIC UNIVERSITY OF SCIENCE & TECHNOLOGY, AWANTIPORA, KASHMIR

OFFICE OF

DIRECTORATE OF PHYSICAL EDUCATION & SPORTS

 $Web: \underline{www.islamicuniversity.edu.in} \quad email: \underline{sports@islamicuniversity.edu.in}$

01933-247955

Ext. 2100

ALPINE CLUB NOTICE

Sub: 6 - days Camping and Trekking Expedition to Gurez (3 days Boys and 3 days Girls).

This is for the information of all registered members of the Alpine Club of IUST that the DPE&S is excited to invite its registered Alpine Club members to an adventurous Camping and Trekking trip to beautiful and majestic Valley of Gurez. This will be a fantastic opportunity to explore the stunning landscapes, enjoy the serene environment, and create lasting memories beneath the open sky, wrapped in the warmth of camp fire glow.

To register for the aforementioned camping and trekking program, the interested members are informed to submit the registration/consent form attached herewith in the office of DPE&S by or before 08-07-2024, after which the request for approval shall be placed before the Competent Authority.

Sd/-

(Dr. Hilal Ahmad Rather)
Assistant Director
Physical Education & Sports

No: IUST/DPE&S/ Alp Notice/24/130

Dated: 04-07-2024



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Registration / Consent Form for Students

Na	ime of the Student:	Department:		
Registration No: Gender: Parentage:				
		Contact No. of Student:		
				Dec
1.	•	wn risk and responsibility.		
2.	2. I shall abide by the rules and regulations of the activity. I will be responsible if any indiscipline caused by me during event and will accept any penalty imposed by the Competent Authority.			
3.	I hereby certify that all the inform	nation provided above are correct to the best of my accident or injury or death, I shall not hold the university		
		Signature of Student:		
	<u>Declar</u>	ation of Parent / Guardian		
		Father / Mother / Guardian of who is studying in the		
De		Semester of		
		ogy Awantipora, Kashmir, do solemnly state and submit that above said activity on my own risk and responsibility.		
Name:		Signature:		
Ce	rtified that	is a Bonafide students of		
		Department and is allowed to participate		
		to be organized by Directorate of Physical Education and		
	Seal and Signature	e of Head of Department:		



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Registration / Consent Form for Employees

Name of the Employee:		Department:	Department:		
De	esignation:	Contact No:	_ Contact No:		
	Declaration	on of Employee			
1.	I declare that I am willingly participating in _		on		
	my own risk and responsibility.				
2.	I shall abide by the rules and regulations of t	the activity. I will be responsible if any indiscipl	ine		
	caused by me during event and will accept p	penalty imposed by the Competent Authority.			
3.	I hereby certify that all the information provided above are correct to the best of my				
	knowledge and belief. In case of any accident or injury or death, I shall not hold the university				
	or any of its staff wholly or partially respons	sible.			
	Si	ignature of Employee:			
 _ h	nereby Certify that Mr. / Ms.	working i	——in the		
Department of					
DC		Directorate of Physical Education and Sports			
un	der the banner of Alpine Club for da		, 1031		
	Seal and Signature of Cont	rolling Officer:			