



# YOUTH HOSTELS ASSOCIATION OF INDIA

## KANDIVALI UNIT

C/o Anil Bhandari; Flat No. 405, Akruti Nova, "B" Wing, Opp. Telli Galli,  
Andheri (E), Mumbai 400 069



### REGISTRATION FORM

**GOA – KANYAKUMARI CYCLING EXPEDITION 2017** REGN No. \_\_\_\_\_

Surname	_____
Name Mr. / Ms./ MRS.	_____
Father's Name	_____
Date of Birth	_____
Blood Group	_____
Address	_____ _____
City	_____ Pin Code : _____
Telephone	(Resi/Emergency) _____ (Mob) _____
E-mail	_____
Membership No. of YHAI	_____ Unit _____
Particulars of Fee	
Bank's Name :	_____ Branch : _____
Amount _____	DD/Cheue No. _____ Date _____
Cycling Experience	_____ _____ _____

Affix your  
latest  
passport size  
photograph  
here

\_\_\_\_\_  
(Signature of Participant)

### RISK CERTIFICATE – CUM - DECLARATION

I, Mr./Ms./Mrs. \_\_\_\_\_, hereby confirm that I am fully aware about the risk involved in the Goa – Kanyakumari Cycling Expedition, 2017 and I am joining the said Expedition out of my own will, wish and desire. In case of any accident, illness or injury to me, I will not hold the Youth Hostels Association of India – Kandivali Unit wholly or partly responsible for the same.

I further assure that I will adhere strictly to the discipline of the Expedition and abide by the instructions/directions of the organizing authorities or their nominees, at all times during the Expedition and shall not deviate from the set Expedition route.

Place \_\_\_\_\_

Date \_\_\_\_\_

(Signature of Participant)



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### MEDICAL CERTIFICATE

(To be filled in by a Registered Medical Practitioner only)

Program GOA – KANYAKUMARI CYLING EXPEDITION 2017

Name Mr./ Ms. \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

1. Present/past illness/defect of significance \_\_\_\_\_

2. Any known allergy to drugs or foodstuff \_\_\_\_\_

3. Injuries / operations undergone and present condition \_\_\_\_\_

4. Is the applicant suffering from

- An Infectious disease [ YES ] [ NO ]
- A Skin disease [ YES ] [ NO ]
- A Mental disease [ YES ] [ NO ]
- A Heart trouble [ YES ] [ NO ]

5. I have medically examined Mr./Ms \_\_\_\_\_

on this \_\_\_\_ day of \_\_\_\_\_ 2017 and found him / her fit to undergo a cycling expedition.

Place \_\_\_\_\_

Date \_\_\_\_\_

(Signature of Medical Officer with the  
Seal of Registration Number)

### CERTIFICATE OF INSTITUTION / ORGANISATION / YH UNIT

I certify that Mr./Ms \_\_\_\_\_ is a student / member of our  
Institution / Organisation / Department / YH Unit and that the particulars mentioned above are true  
to the best of my knowledge

Office Seal

Signature of the Head of the  
Institution / Organisation / YH unit

### FOR OFFICE USE ONLY

STATE / UNIT / INDIVIDUAL \_\_\_\_\_  
UNIT CODE \_\_\_\_\_ AMOUNT RECEIVED Rs. \_\_\_\_\_  
REGN No. \_\_\_\_\_ RECEIPT No. & DATE \_\_\_\_\_



## ENROLMENT FORM

Chief Executive Officer,  
Youth Hostels Association of India,  
5, Nyaya Marg, Chanakyapuri  
New Delhi 110021

IRP No.: \_\_\_\_\_ (PP/EC/MDL/PAN/AADHAR/RC)

Dear Sir,

I have read the aims and objects of the Association. I undertake to abide by its rules and discipline. I am sending my membership for One Year [ ] or Two Year [ ] or Life [ ] by Bank Draft, Draft Amount \_\_\_\_\_ Bank Name & DD No. \_\_\_\_\_ or Cash \_\_\_\_\_ dated \_\_\_\_\_ and one photograph (3 x 4.2 cm. Size) for One/Two year membership and 02 photographs for life membership along with photocopy of Identity Proof and Address proof. Please enroll me as a member.

Please fill in the BLOCK CAPITALS

First Name Mr. / Mrs. / Ms. \_\_\_\_\_

Last Name \_\_\_\_\_

Name of Father / Husband \_\_\_\_\_

Date of Birth (DD / MM / YY) \_ \_ / \_ \_ / \_ \_ Nationality Indian [1] Foreigner [2]

Occupation [1] Service [2] Business [3] Student [4] Housewife [5] Others.

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

State \_\_\_\_\_ Tel.No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

E-mail ID \_\_\_\_\_

Dated \_\_\_\_\_

Signature of Applicant

### For Use At State / Unit Office

Membership subscription, Rs. \_\_\_\_\_ received at \_\_\_\_\_

Dated [ ] / [ ] / [ ]  
DD MM YY Vide Receipt No. \_\_\_\_\_

### For Use at National Office

State [ ][ ][ ] Rs. [ ][ ][ ][ ][ ]

Unit [ ][ ][ ] Rs. [ ][ ][ ][ ][ ]

National Office [ ][ ][ ] Rs. [ ][ ][ ][ ][ ]

Specimen Signature

Specimen Signature

## **RULES & REGULATIONS FOR CYCLING**

1. Accommodation will be either in a dormitory or on 2-3 sharing basis.
2. During entire Expedition simple vegetarian food shall be served.
3. Smoking and/or consumption of alcohol is strictly prohibited during the Expedition.
4. No participant shall use mobile phone while cycling.
5. No participant shall go ahead of the Front Leader or stay back of the Rear Leader, unless it is specifically instructed.
6. No participant shall deviate from the Expedition route set by the Organisation.
8. If any participant misbehaves with any of the co-participants or any local person or disobeys the instructions of Leader or Co-leader, the Leader or Co-leader has a right to expel the said participant from the Expedition at any moment.
9. During the entire Expedition, any decision taken by the Leader or Co-Leader shall be binding on all the participants.
10. Participant has to participate in Test Ride which will be declared and communicated to all the Participants well in advance by the Organisation.
11. If during Test Ride any participant found not fit for Expedition, he will not be allowed to participate in the Expedition and in that event 100% participation fees will be refunded to that participant.
12. If there is a cancellation on the part of the participant, he will get refund of 50% of the total amount paid, subject to his request for cancellation is received in writing prior to one month of the Expedition i.e. on or before 5<sup>th</sup> October 2017. If the request for cancellation is received in writing after 5<sup>th</sup> October 2017 but on or before 20<sup>th</sup> October 2017, 25% of the total amount paid will be refunded.
13. During the Expedition, if there is any damage to cycle or loss of any cycling gadget assigned to the participant, the cost of the same shall be deducted from the Security Deposit of the participant.

14. The Organisation reserves its right to change or cancel the entire Expedition.