



YOUTH HOSTELS ASSOCIATION OF INDIA

(ISO 9001:2015 Certified Organization)

5, Nyaya Marg, Chanakyapuri New Delhi 110021

contact@yhaindia.org | 7827 999 000



Program Registration form

No.....

Regn.....

Program Route.....

Name :

Father's/ Husband's Name :

Date of Birth : (DD/MM/YY)/...../.....

Blood Group :

Occupation : (Service / Business / Student / Profession / Others

Address :

.....

.....

City Pin code

Mobile : Emergency Mobile :

Email (Capital letters) :

YHAI Membership Number :

Date of Reporting (Preference order) (Subject to availability & Confirmation)

Date Month Date Month Date Month Date Month

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Particulars of fee

Amount..... DD No..... Date.....

Signature of Participant

DECLARATION

I agree to adhere strictly to the discipline of the Programme and abide by the directions of the organizing authorities or their nominees, at all times and shall not deviate from the set expedition route during the programme. IN CASE OF ANY ACCIDENT ILLNESS OR INJURY, I WILL NOT HOLD YOUTH HOSTELS ASSOCIATION OF INDIA WHOLLY OR PARTLY RESPONSIBLE. I further declare that I have not been suffering from any infectious disease from the past one-month and I am keeping good health to participate in adventure activity.

Place

Date

Signature of Participant

FOR OFFICE USE ONLY

State / Unit / Individual

REGN NO/Group No Receipt NO. & Date

Reporting Date S.L Issued on