



Rs. 5/- only

ALLAHABAD DEVELOPMENT AUTHORITY, ALLAHABAD
MEMBERSHIP FORM FOR BOAT CLUB

1. Name of applicant : _____
2. Father's Name : _____
3. Date of Birth : _____ Sex : _____
4. Permanent Address : House No. _____ Village/Mohalla _____
Post Office _____ Police Station _____
District _____ State _____
Telephone NO. _____
5. Contact Address : Telephone No. _____

6. Nationality : _____
7. Occupation : _____
8. Educational qualification : _____
9. Date of passing swimming test : _____
10. Swimming test certificate : _____
11. Name of event opted for : _____
12. Signature & stamp of : _____
Medical Officer
13. Other important information : _____

DECLARATION

It is hereby declared that I am not suffering from any mental diseases like epilepsy/fits etc. I give full assurance to abide myself by the rules and regulation as laid down by the Boat Club Authorities.

Allahabad.

Dated : _____

Signature of Applicant

FOR OFFICE USE ONLY

Received Rs. _____ in words _____ vide cash receipt No. _____ dated _____

Signature of Cashier

Recommended
Boat Club Officer
ADA Boat Club
Saraswati ghat, Alld.

Accepted
Vice Chairman
Alld. Development Authority,
Allahabad.