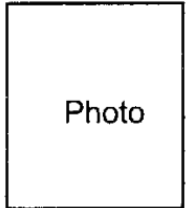


Form Fee - Rs. 25/-

SINDHUDURG DISTRICT EX-SERVICEMEN ASSOCIATION'S  
**The Colonels Academy For Adventure & Aero Sports,  
Amboli, Sindhudurg, Maharashtra**

H.O. - Moti Tower, Shop No. 3, Salaiwada, Sawantwadi, Dist. Sindhudurg - 416 510  
Ph. No. (02363) 275031, 240417, 203219, 240267, Mob. 9423304518  
E-mail ID - sdeasawantwadi@rediffmail.com  
Website - www.adventureamboli.com



**APPLICATION FORM**

Form No.

- 1. Name (in block letters).....  
..... E-mail.....
- 2. Date of Birth ..... Age.....
- 3. Full residential address:.....
- 4. Name of School/College/Office/Institution and address.....  
.....
- 5. Class / Standard .....
- 6. Experience of camp life, Adventure activities, if any.....
- 7. Whether member Academy/Sainik School.....
- 8. Whether participating Rock-Climbing Camp.....
- 9. Occupation.....

**DECLARATION**

I agree to strictly adhere to the rules and regulations of the programme and abide by the direction of the organisers of their nominees at all time during the programme, falling which I shall be liable for expulsion. In case of any accident, illness of injury. I will not hold the organisers, Academy Directors or its members wholly or partly responsible.

I declare that I have not been suffering from infections diseases for the past two months and that I am keeping good health.

I am sending the full participation fee of Rs.....  
(Rupees: ..... only) by demand draft/cash.  
Date .....

(Signature of the applicant)

# CERTIFICATE OF THE ACADEMY

I certify he/she is a student of our institute and that particulars mentioned overleaf are correct to the best of my knowledge.

Office Seal

(Signature of the Director)

Date :

---

## RISK CERTIFICATE

I hereby certify that my son/daughter Master/Miss .....

.....  
is joining the programme Camp with my consent and the Academy / Director or its organisers shall not be held responsible for any illness, injury accident.

I may be contacted at.....

.....  
Tel. No..... in case of any emergency.

(Signature of the Parents Guardian)

Relation with applicant .....

---

### (FOR OFFICE USE ONLY)

Name:.....

Amount Received Rs.....

by cash / bank Draft drawn on .....

Receipt No.....

Introduced by.....

Signature.....