

CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR



SWIMMING POOL

Date: 09-09-2019

NOTICE

The University Swimming Pool will be open for campus community from 12th September, 2019. Entry will be allowed for membership card holders only. Membership application form is available at university website www.kanpuruniversity.org Link P.Edu.&Sports.

The membership cards can be made at the Department of Physical Education from 11:00 am to 3:00 pm on all working days from Thursday, 12 September, 2019.

Requirements for registration:

- (a) University I card for Employee/Student & Aadhar Card.
- (b) Two recent passport size photographs.

(Dr. R. P. Singh)
Secretary, Sports Board
&

Head Deptt. Of Physical Education

Copy to:

- 1- PS to Hon'ble Vice Chancellor for information please.
- 2- PS to Registrar for information please.
- 3- PS to Finance Officer for information please.
- 4- Proctor, C.S.J.M. University, Kanpur
- 5- System Manager for uploading the above information in Uni. Website & Campus Dept. College Login Directors/Incharge/Head of the Department of all faculties for information

(Dr. R. P. Singh)

CHHATRAPATI SHAHU JI MAHARAJ UNIVERSITY, KANPUR



SWIMMING POOL MEMBERSHIP APPLICATION FORM

For verification of authenticity of the applicant, official records like identity card, Aadhar card two passport size photographs should be produced at the time of submitting this form.

Category:

1. Registered students of University Campus/ Children of Employees of University Campus
2. Employees of University Campus, Spouse, Dependent of Employees & Students of Affiliated Colleges & School Students.
3. C.S.J.M. University Alumni & their dependents, Affiliated Colleges Staff.
4. Retired Employees of C.S.J.M. University (Husband & Wife only)
5. Relatives of C.S.J.M. University Employees staying in campus (Adult)

Type of membership: Monthly /Three month /Full season /15 Swim

Name (IN BLOCK LETTER) _____ Sex: M/ F, Age _____ Yrs.

Name of the employee _____ Relation _____
(In case of children or dependents of employees) (With employee)

Class & Year: _____ Designation: _____ Department: _____

Address: _____

Name & address of campus resident to be contacted in case of emergency: _____

_____ Phone No.: _____

Preference of Slot: _____

DECLARATION

1. I, hereby declare that I/My ward,(s) would be Swimming at University Swimming Pool at my own risk and In case of an Accident happening or mishap in the Pool during Swimming I will not hold the University authorities responsible in any way. **Rules & Regulations** and their amendments as decided by the Swimming pool management committee are applicable on me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the swimming pool.
2. **I declare that I am not suffering from any communicable disease, Epilepsy and Psychiatric Illness.**
3. I understand that if any one of the details given above is proved to be false, my membership will be cancelled and suitable disciplinary action will be taken against me.

(Signature of the Employee)

(In case of children or dependents of employee)

(Signature of the Applicant)

Date: _____

Date: _____



SWIMMING POOL

Date: 09-09-2019

NOTICE

Swimming Pool will be open for Campus Community from Thursday, 12th September, 2019. Registration for Membership will start from Monday, 09 September, 2019, Slot Timing as mentioned below will be applicable.

MORNING SLOTS

1 st Slot:	6:00 am 6:45 am
2 nd Slot:	7:00 am 7:45 am
3 rd Slot:	8:00 am 8:45 am

EVENING SLOTS

1 st Slot:	3:30 pm 4:15 pm
2 nd Slot:	4:30 pm 5:15 pm
3 rd Slot:	5:30 pm 6:15 pm

For detail information and registration contact Department of Physical Education office between 11:00 am to 03:00 pm on working days.

(Dr. R. P. Singh)
Secretary, Sports Board
&

Head Deptt. Of Physical Education

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