## Application form for HAT 2024 Trek to Mahilee Top (12,500 feet), Kullu – Manali

Name of the Participant: Mr./Mrs./Mis	s (in block Letters) _		
Full address (In Block Letter)			
	Father's	s/Husband name	
Telephone no	Emai	l:	
Age	Occupation		
Previous experience of similar activitie	es, if any		
Next to kin (Name Address & Phone n	0)		
abide by directions of the organizer a	at all times during the v Delhi or its membe	e programme. In case or rs responsible in any wa	nt of the brochure HAT-2023 for PANDAV to the discipline of the programme and of any accident, illness or injury, I will not ay. I pledge that I have not been in contact
I am submitting my participant fee of F	Rsby Ca	ash/ demand draft no _	dated
drawn on_ I may be allowed to join the trek on the	(bank na following date in ord	ame) der of preference and co	onfirmation to me.
Departure Date			Signature of the Participant.
I certify that Mr.Mrs/Miss			
Is a student of are correct to the best of our knowled			
SEAL			
Date	Signature of head o	finstitute/club	
	PAREN <sup>*</sup>	T'S CONSENT	
To be filled by those under 18 years of It is certified that my son/daughter/ that programme with my consent. In (AAP), New Delhi or its member responder of trekking	ward/Mr./Miss case of any acciden	t, illness or injury , I will is also certified that he	is joining not hold the Adventure Activity Planners she is physically fit to undergo the rigors
Relationship of Parent/Guardian		Signature of paren	t/Guardian
	FOR OFF	FICE USE ONLY	
Date of receipt of application		Rs	Received vide Receipt No
			irmation sent on