



**JAWAHAR INSTITUTE OF MOUNTAINEERING & WINTER SPORTS, NUNWAN, PAHALGAM  
JAMMU & KASHMIR -192126**

**APPLICATION FORM**

(TO BE FILLED OR TYPED IN BLOCK LETTERS)

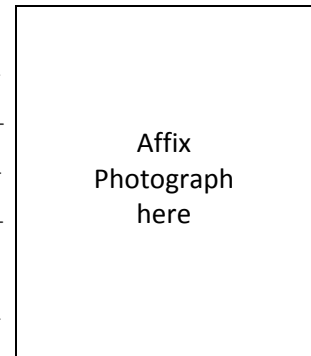
**WE TRAIN TO EXCELL**

**NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED**

**TELE FAX : 01936 -243129 (TRG SEC) MOB : 9906967830 (TRG CLERK) MOB : 9906967821 (MED OFFICER)**

**E-mail: [principal@jawaharinstitutepahalgam.com](mailto:principal@jawaharinstitutepahalgam.com)**

1. Name \_\_\_\_\_  
2. S/O, D/O, W/O: \_\_\_\_\_  
3. Date of Birth \_\_\_\_\_  
4. Occupation \_\_\_\_\_ Qualification \_\_\_\_\_  
5. Permanent / Correspondence Address/ Unit Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin : - \_\_\_\_\_  
Telephone with STD Code \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_



6. Telephone with address and next of kin, Parent/Guardian.  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Pin : \_\_\_\_\_  
Telephone with STD Code \_\_\_\_\_ Mobile: \_\_\_\_\_ E-mail \_\_\_\_\_

7. Course to be attended- BMC/AMC/MOI/Adventure / Basic Skiing / Intermediate Skiing/Advance Skiing.  
Course serial No. \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_.

8. Vegetarian or Non-Vegetarian. \_\_\_\_\_  
9. Shoe Size \_\_\_\_\_ Chest \_\_\_\_\_ Waist \_\_\_\_\_ Height \_\_\_\_\_

I have read the rules and regulations of JAWAHAR INSTITUTE OF MOUNTAINEERING & WINTER SPORTS, PAHALGAM-J&K relating to the courses of training in Mountaineering/Adventure / Method of Instruction/ Skiing and have fully understood the meaning and Significance of the same. The above entries have been made by me and they are true and correct

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

10. Nationality \_\_\_\_\_ (in case of private candidate must be certified by any Gazetted Officer).

**Certified that I Know the applicant and confirm that he / she is an Indian National**

Date \_\_\_\_\_ Signature of Gazetted Officer \_\_\_\_\_  
Place \_\_\_\_\_ (with seal)

11. I hereby certify that all the entries are correct in every respect. In case of deaths, accident or injury of any form, the Institute or any of its staff will not be held in any manner wholly or partially responsible.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Applicant : \_\_\_\_\_