



PRAHAR  
प्रहार समाज जागृति संस्था

# PRAHAR-SAMAJ JAGRUTI SANSTHA

(Reg No. Mah 254 / 94 Ngp.)

## RESIDENTIAL CAMP ADMISSION FORM

Camp: **Shourya Shibir / Pachmarhi / Himalayan** Camp Date: \_\_\_\_\_

1) Name of Student: \_\_\_\_\_  
(In Block Capital Letter)

2) Date of Birth: \_\_\_\_\_ 3) Sex: Male / Female

4) Father's Name: \_\_\_\_\_

5) Address in Full: \_\_\_\_\_

Current  
Passport  
Size  
Photograph

6) City: \_\_\_\_\_ 7) State: \_\_\_\_\_ 8) Pin: \_\_\_\_\_

9) Father/Self Occupation: \_\_\_\_\_

10) Telephone No. (With STD Code): \_\_\_\_\_ 11) Mobile No.: \_\_\_\_\_

12) Blood Group: \_\_\_\_\_ 13) Class: \_\_\_\_\_

14) Name of School/College: \_\_\_\_\_

15) Previous Experience: \_\_\_\_\_

16) Any Prahar Activities: \_\_\_\_\_

17) E-mail Address: \_\_\_\_\_

### UNDERTAKING OF RISK

I, the undersigned, hereby declare that any injuries or losses even fatal occurred to me/my ward during the training at Prahar Samaj Jagruti Sanstha will be on my risk and I will not blame or claim compensation from Prahar Samaj Jagruti Sanstha. I also declare that I am/my ward is physically fit to undergo this training. I/my ward administered anti tetanus injection before the camp.

**Fees once paid will not be refunded back for any reason**

Date: \_\_\_\_\_

Place: Nagpur

\_\_\_\_\_  
Signature of Parent/Guardian/Student

### FOR OFFICE USE ONLY

1) Amount Rs. \_\_\_\_\_

2) Receipt No.: \_\_\_\_\_

3) Cash / Cheque No.: \_\_\_\_\_

4) Date: / /2018

5) Online payment details: \_\_\_\_\_

Signature