



SREE NARAYANA COLLEGE

KOLLAM -691001

DEPARTMENT OF PHYSICAL EDUCATION

FITNESS CENTRE – MEMBERSHIP FORM

NAME:

MEMBERSHIP CATEGORY: Student/Non-Teaching/Teaching.

GENDER:

AGE:

DATE OF BIRTH:

BLOOD GROUP:

COLLEGE ADDRESS: (Enclose copy of Institution ID)

RESIDENCE ADDRESS:

MOBILE NO:

EMAIL ID:

EMERGENCY CONTACT INFORMATION:

CONTACT NAME:

MOBILE NO:

RELATIONSHIP:

Any other remarks (Illness/ Decease, Doctor Information):

I have understood and follow the rules, regulation of fitness centre for membership.

Signature& Date:.....

Tutor Signature
(For students tutor signature is required)

Counter Signatures: HOD – PHY.EDN.

PRINCIPAL

Affix Passport Size Photograph
ID:..... (Office only)