



भारतीय विमानपत्तन प्राधिकरण,
Airports Authority of India
क्षेत्रीय खेल-कूद नियंत्रण बोर्ड, पूर्वोत्तर क्षेत्र
Regional Sports Control Board, North Eastern Region

AAI/NER/RSCB/2025-26/AAI All India Relay Cycling/

Date: 15.01.2026

To

**The Member (HR) & President
Sports Control Board, CHQ**
Airports Authority of India
CHQ, R.G. Bhawan, New Delhi.

**The Executive Director (CNS-P) II &
Vice President**
Sports Control Board, CHQ
Airports Authority of India
CHQ, R.G. Bhawan, New Delhi.

**The Executive Director (Admin) &
President**
Sports Promotion Board, CHQ
Airports Authority of India
CHQ, R.G. Bhawan, New Delhi.

**The Regional Executive Director &
President**
Regional Sports Control Board
Airports Authority of India
ER/NR/SR/WR

The Airport Director & President
Airport Sports Control Board
Airports Authority of India
Chennai / Kolkata

The Principal & President
Sports Promotion Board, CATC
Airports Authority of India
CATC, Prayagraj

**The Secretary – AAI-SCB, CHQ,
SPB CHQ, SPB CATC**
RSCB – NR/ER/SR/WR
ASCB- Chennai/Kolkata

Subject: - Conduct of AAI All India Relay Cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f. 10/02/2026 to 25/02/2026 (in four legs)

Madam / Sir,

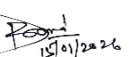
In pursuance of AAISCB's letter No. AAI/SCB/AGM/E-276967/2025-26 dated 12th August' 2025, Regional Sports Control Board, North Eastern Region is organizing an "All India AAI Relay cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f. 10/02/2026 to 25/02/2026 in 4 legs".

The expedition will cover approx. 1200 KM journey through three states namely Assam, Meghalaya, Arunachal Pradesh and It will connect various Airports like Guwahati, Shillong, Jorhat, Lilabari, Hollongi and Tezpur.

The event is proposed to convey the message " **Paddling for Blue Skies**" throughout the cycle expedition. The schedule summary is enclosed with the circular.

The expedition shall navigate through national Highways and state highways comprising of Up-Hill and Down Hill tracks. The route is physically demanding with significant elevation

क्षेत्रीय मुख्यालय, पूर्वोत्तर क्षेत्र, लो.गो.बो.अं. हवाईअड्डा, गुवाहाटी - 781015, ई-मेल: rscbner@aai.aero
Regional Head Quarters, North Eastern Region, LGBI Airport, Guwahati – 781015, e-Mail: rscbner@aai.aero



changes thus the secretaries of RSCB/SCB shall ensure that participants nominated for this event shall have sound health and good physical fitness, endurance, stamina and discipline.

1. Allocation of seats to respective RSCBs/ASCBs/SPBs for 4 Legs - **(ANNEXURE-A)**.
2. Schedule of Cycling Route for 4 Legs - **(ANNEXURE—B)**.
3. Application Form for Participants - **(ANNEXURE-C)**.
4. Medical Certificate - **(ANNEXURE-D)**.
5. Personal Medical Record - **(ANNEXURE-E)**
6. Disclaimer and Declaration - **(ANNEXURE-F)**.

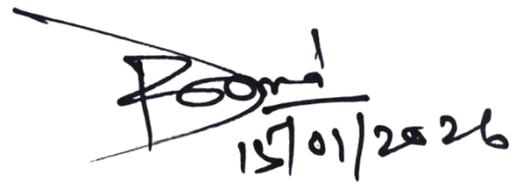
Each participant has to submit: - Application Form for Participants (ANNEXURE-C), Medical Certificate (ANNEXURE-D), Personal Medical Record (ANNEXURE-E) & Disclaimer and Declaration (ANNEXURE-F) in original on reporting at respective reporting point positively.

Individual participants are required to arrange their tickets for entitled class for reaching to the respective Leg & return. Participants are requested to report at the respective airports of the leg one day prior the commencement of their respective leg.

In view of above, it is requested to take extreme care in selecting physically fit candidates and send the allotted nominations (as per ANNEXURE-A) along with a scanned copy of (ANNEXURE- C, D, E & F) through proper Channel, to the undersigned through E-mail (rscbner@aai.aero) by 28/01/2026.

Encl: ANNEXURE A,B,C,D,E & F

Yours faithfully



15/01/2026

(Deepak Poonia)
MGR (CNS) & Secretary
RSCB-NER
Mobile No. 9354005218
Email: rscbner@aai.aero

Copy to-

1. The OSD to RED-NER for information please.
2. IT cell - with a request to upload this letter on the AAI's website please.

**AAI All India Relay Cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f.
10/02/2026 to 25/02/2026**

Zone wise allocation of seats for 4 Legs

S. No.	From	To	NR	WR	SR	ER	NER	CHQ	ASCB CHENNAI	ASCB KOLKATA	CATC	Total
1	Guwahati	Shillong	2	2	2	2	2	2	1	1	1	15
2	Shillong	Jorhat	3	3	3	1	1	2	1	1	0	15
3	Jorhat	Tezpur	3	3	3	1	2	1	1	1	0	15
4	Tezpur	Guwahati	2	2	2	2	2	2	1	1	1	15
Total			10	10	10	6	7	7	4	4	2	60

15/01/2026

**AAI All India Relay cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f.
10/02/2026 to 25/02/2026**

Schedule of Cycling Route for 4 Legs

Day	DATE	Starting point	Destination point	Distance (KM)	Total Distance
LEG 1: GUWAHATI TO SHILLONG					
Reporting Date: 09/02/2026 (A/N) Reporting Place: Guwahati Airport					
1	10/02/2026	Guwahati Airport	Pobitra Wildlife Sanctuary	70	224
2	11/02/2026	Pobitra Wildlife Sanctuary	Nongpoh	62	
3	12/02/2026	Nongpoh	Shillong	48	
4	13/02/2026	Shillong	Barapani Airport	44	
Relieving Date: 14/02/2026 (F/N) Relieving Place: Barapani Airport					
LEG 2: SHILLONG TO JORHAT					
Reporting Date: 13/02/2026 (A/N) Reporting Place: Barapani Airport					
5	14/02/2026	Barapani Airport	Jagiroad	87	350
6	15/02/2026	Jagiroad	Nagaon	77	
7	16/02/2026	Nagaon	Kaziranga National Park	87	
8	17/02/2026	Kaziranga National Park	Jorhat Airport	99	
Relieving Date: 18/02/2026 (F/N) Relieving Place: Jorhat Airport					
LEG 3: JORHAT TO TEZPUR					
Reporting Date: 17/02/2026 (A/N) Reporting Place: Jorhat Airport					
9	18/02/2026	Jorhat Airport	Lilabari Airport	75	316
10	19/02/2026	Lilabari Airport	Itanagar Airport	99	
11	20/02/2026	Itanagar Airport	Bishwanath Chariyali	90	
12	21/02/2026	Bishwanath Chariyali	Tezpur Airport	52	
Relieving Date: 22/02/2026 (F/N) Relieving Place: Tezpur Airport					
LEG 4: TEZPUR TO GUWAHATI					
Reporting Date: 21/02/2026 (A/N) Reporting Place: Tezpur Airport					
13	22/02/2026	Tezpur Airport	Udalgiri	78	322
14	23/02/2026	Udalgiri	Samdrup (Bhutan Border)	91	
15	24/02/2026	Samdrup (Bhutan Border)	Nalbari	72	
16	25/02/2026	Nalbari	Guwahati Airport	81	
Relieving Date: 26/02/2026 (F/N) Relieving Place: Guwahati Airport					
TOTAL DISTANCE (KM)				1212	1212

15/01/2026

Annexure - C

Application cum willingness Form for participating in AAI All India Relay cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f. 10/02/2026 to 25/02/2026 (in four legs).

(Leg I / Leg II / Leg III / Leg IV)
(Please tick the Leg No.)

Please paste
passport size
photograph

1. Name : _____
2. Designation : _____
3. Male / Female : _____
4. Employee Number : _____
5. Aadhar Number : _____
6. Place of Posting : _____
7. Region : _____
8. Date of Birth : _____
9. Kit Size : Track Suite size _____
- (S-36/M-38/L40/XL-42/XXL-44) : T-Shirt Size _____

UNDERTAKING

I _____ S/o / D/o / W/o _____ R/o _____ is willing to participate in the AAI All India Relay cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati from 10/02/2026 to 25/02/2026 **abiding to the terms and conditions as per Annexure-F and submission of Annexure-C, D, E & F in original on reporting at respective reporting points.**

Signature of the applicant: _____

Name of the Applicant: _____

Designation: _____

Mobile/ Contact No. _____

Official Email ID: _____

Recommendation of HOD/APD (with stamp): _____


15/01/2026

Annexure-D

MEDICAL FITNESS CERTIFICATE

(To be filled in and signed by a registered Medical Practitioner only)

AAI All India Relay cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f.
10/02/2026 to 25/02/2026.
(In four legs)

Participant's Name: _____ Employee No. _____
Age (as on 01.01.2026) _____ Weight (Kg) _____
Blood Group _____ BMI _____

Medical Details	Comments / Remarks
Does the Participants suffer from any kind of Chronic Illness	
Is Participant under medication of any kind? (If Yes, please mentioned the details)	
Respiratory Rate at Rest	
Blood Pressure Reading	
Overall Physical Fitness	
Any Drug Allergies	
Any other information related to the health of the participant that would be useful in emergencies	

I have medically examined Mr/Ms _____ Employee No. _____ on (Date) _____ and found him/her fit/unfit to participate in the AAI All India Relay Cycling expedition 2025-26 in North-Eastern region.

As per the History and Clinical Examination He/ She is not suffering from any chronic disease or any other ailment that can be deterrent to a cycling expedition.

Signature and Seal of the Doctor

Doctor's Name:

Mobile/Contact No. _____

Email ID: _____

Annexure-E

PERSONAL MEDICAL RECORD

AAI All India Relay cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f.

10/02/2026 to 25/02/2026

(In four legs)

(This document has to be filled in, signed and handed over (in Original) to the AAI Nodal officer at reporting point)

S/N	Medical Details	Tick (whichever applicable)		Comments
		Yes	No	
1.	Any previous illness – in past 3 months (If yes, mention the nature and duration of illness)	Yes	No	
2.	Any previous injuries – past 6 months (accident/sprain /fracture etc. If yes, what is the present condition)	Yes	No	
3.	Any operation undergone – past 6 months (If yes, mention the nature and result of the operation)	Yes	No	
4.	Are you under medication of any kind? (If yes, please mention details & medicines being taken)	Yes	No	
5.	Do you have any drug or food allergies? (If yes, please mention details)	Yes	No	
6.	Any experience of previously conducted AAI cycling expeditions? (If Yes, please mention the details of the cycle expedition and kilometer covered-approx.)	Yes	No	
7.	Do you have any history of breathlessness	Yes	No	
8.	Do you have any history of Chest Pain	Yes	No	
9.	Have you suffered from Asthma or Pleurisy	Yes	No	
10.	Any History of Giddiness or Fainting Attacks	Yes	No	
11.	Any History of Epilepsy or any other fits	Yes	No	
12.	Any History of Palpitations	Yes	No	
13.	Any History of Dysentery or Jaundice	Yes	No	
14.	Any History of recurring pain in the abdomen	Yes	No	
15.	Any other information related to your health that would be useful to us in case of emergencies			
16.	Remarks (If any) :			

UNDERTAKING

I (Name) _____ Employee Number _____
self-certify that the information mentioned above is true and correct to the best of my knowledge. I
have not hidden any medical condition and have disclosed all my medical information to AAI which will
be useful to them in case on an emergency.

Signature: Place: Date:

Annexure-F

DISCLAIMER & DECLARATION

(To be filled in & signed by the Participant)

AAI All India Relay Cycling Expedition to Guwahati-Shillong-Jorhat-Tezpur-Guwahati w.e.f.

10/02/2026 to 25/02/2026.

(In Four Legs)

I, _____ Designation _____
Employee No. _____ station _____ do hereby undertake that:

1. I have read complete details about cycling Expedition.
2. I understand that the cycling route has its share of risks and dangers, especially to the terrain, weather, high altitude, desolate nature and prone to wild life encounter. On this cycling expedition accidents can cause one to fall ill, get injured or may even lead to death.
3. I certify that information I mentioned in the Medical Fitness Certificate and in the Personal Medical record is true and correct to the best of my knowledge. I have not hidden any medical condition and have disclosed all my medical information to AAI which will be useful to them in case of emergency.
4. I hereby declare that my participation in this cycling expedition is completely voluntary, and I am fully aware of the risk involved. I shall not hold the Airports Authority of India wholly or partly responsible in case of any accident, illness, injury, loss or death during the cycling Expedition.
5. I pledge that I will not indulge in any type of drugs and consumption of alcohol throughout the cycling expedition and will not assist anyone else in doing so. If at any stage of cycling Expedition, I am found under influence, possession or consumption of drugs or alcohol I will accept punishment as decided by the AAI cycling organizer(s) which may include expulsion from cycling Expedition and return of all Expenditure borne by AAI for my participation in cycling Expedition.
6. I declare that I have not been suffering from any infectious disease for the past one-month and that I am keeping good health.

Signature of participant: _____

Name: _____

Designation: _____

Employee no.: _____

Place of Posting: _____

Mobile no.: _____

Date: _____



EMERGENCY CONTACT DETAIL:

(Enter the details of the Emergency Contact – Family Member only)

Name: _____ Relationship with Participant _____

Mobile No. _____ Alternate Contact Number _____

GREEN PLEDGE

I do hereby promise to be a responsible participant and leave the cycling trails in a litter free condition than I find them. I will not pollute the En-route, camp sites or water bodies. I will bring back all my waste. As my contribution to leave the route in a better condition, I will participate in activities to undo damage done by others to the environment.

Name:

Signature:

Pool
15/01/2026