



No. AAI/SPB-CHQ/All India Trekking-2024/

Date: 05.09.2024

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

The Regional Executive Director & President
Regional Sports Control Board
Northern/Southern/Western/Eastern/NE Region.

The Airport Director & President
Airports Sports Control Board
Chennai Airport & Kolkata Airport

The Principal & President
Sports Promotion Board, CATC

The Secretary-AAISCB, CHQ

Subject: - All India AAI Trekking Expedition 2024-25 to Kaisdhar in Manali, Himachal Pradesh w.e.f. 13.10.2024 to 19.10.2024 (In two groups)

Sir,

In pursuance of AAISCB's letter No. AAI/SCB/AGM/E-231983/2024-25 dated 9th July'2024, Sports Promotion Board-CHQ is organizing a "All India AAI Trekking Expedition 2024-25 at Kaisdhar in Manali, Himachal Pradesh w.e.f. 13.10.2024 to 19.10.2024 (in two groups).

In this regard, nominations of willing officers/officials are hereby invited for participating in this trekking expedition.

Seat distribution for the RSCBs/ASCBs/SPBs is as:-

Group No.	RSCB NR	RSCB WR	RSCB SR	RSCB NER	RSCB ER	SPB-CHQ	ASCB KOLKATA	ASCB CHENNAI	SPB CATC	AAISCB	Total
I	8	8	8	4	5	5	3	2	1	3	47
II	8	8	8	5	4	5	2	3	2	3	48
Total	16	16	16	9	9	10	5	5	3	6	95

The **eligibility criteria** for participating in trekking expedition is sound health and physical fitness. Preference may be given to fresher and to those who have not participated in any activities of sports during the current year.

Efforts should be made to include women participants also in the adventure activity subject to fitness.

Participation Fee: Rs. 2000/- per head.

You are requested to send the duly filled applications of the nominated participants of your region/station, along with the medical certificate, disclaimer, copy of Identity proof like Aadhar card & Office ID Card, etc., through proper channel to the undersigned by **16.09.2024** and scanned copy by email at spbchg@aaiaero and kcarora@aaiaero after selection from their respective Regional Sports Control Board. Applications from individuals will not be accepted.



A list comprising the detail of nominated officials including their name, designation, station of posting, employee number, contact number, email ID, Tracksuit sizes may also be sent to this office by email.

Yours faithfully, -

(Vikas Sahni)
Vice President
Sports Promotion Board-CHQ
Email: spbchq@aai.aero

Encl: Application Form, Medical Form, Disclaimer Form.

Copy to-

1. All Associations/ Unions
2. General Secretary, AAEU
3. PS to President, SPB-CHQ
4. IT Cell, CHQ - with a request to upload this letter on the AAI's website please.



Annexure -A

Application cum willingness Form for participating in All India AAI Trekking Expedition 2024-25 in Kaisdhar, Manali in Himachal Pradesh w.e.f. 13.10.2024 to 18.10.2024 (In two groups)

(Group I / Group II)
(Please tick the Group 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)

UNDERTAKING

I _____ S/o / D/o / W/o _____ R/o _____
_____ is willing to participate in the
High Altitude Trekking Expedition in Kaisdhar, Manali.

Signature of the applicant: _____

Name of the Applicant: _____

Designation: _____

Mobile/ Contact No. _____

Official Email ID: _____

Recommendation of HOD/APD (with stamp): _____

(Handwritten signature)



Annexure-B

MEDICAL FITNESS CERTIFICATE

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

All India AAI Trekking Expedition 2024-25 at Kaisdhar in Manali, Himachal Pradesh w.e.f.
13.10.2024 to 18.10.2024
(In two groups)

Participant's Name: _____ Employee No. _____
Age (as on 01.10.2024) _____ Weight (Kg) _____
Blood Group _____ BMI _____

Medical Details	Comments / Remarks
Does the Participants suffer from any kind of Chronic Illness	
Is it 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 to undergo in High Altitude Trekking Expedition in Himalayas.

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

Signature and Seal of the Doctor

Doctor's Name: _____

Mobile/Contact No. _____

Email ID: _____

Sahni



Annexure-C

PERSONAL MEDICAL RECORD

**All India AAI Trekking Expedition 2024-25 at Kaisdhar in Manali, Himachal Pradesh w.e.f.
13.10.2024 to 18.10.2024**

(In two groups)

(This document has to be filled in, signed and handed over ((in Original) to the AAI Trek Leader at the Base Camp)

S/N	Medical Details	Tick (whichever applicable)		Comments
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 with high altitude treks? (If Yes, please mention the name of the trek and altitude gained)	Yes	No	
7.	Did you encounter any altitude related problems on your previous treks? (If yes, please mention details)	Yes	No	
8.	Do you have any history of breathlessness	Yes	No	
9.	Do you have any history of Chest Pain	Yes	No	
10.	Have you suffered from Asthma or Pleurisy	Yes	No	
11.	Any History of Giddiness or Fainting Attacks	Yes	No	
12.	Any History of Epilepsy or any other fits	Yes	No	
13.	Any History of Palpitations	Yes	No	
14.	Any History of Dysentery or Jaundice	Yes	No	
15.	Any History of recurring pain in the abdomen	Yes	No	
16.	Any other information related to your health that would be useful to us in case of emergencies			
17.	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:

(Handwritten Signature)



Annexure-D

DISCLAIMER & DECLARATION

(To be filled in & signed by the Participant)

All India AAI Trekking Expedition 2024-25 at Kaisdhar in Manali, Himachal Pradesh w.e.f.

13.10.2024 to 18.10.2024

(In two groups)

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

1. I have read complete details about Trekking Expedition.
2. I understand that the Trekking in the great Himalayas have its share of risks and dangers, especially due to the terrain, weather, high altitude and desolate nature. On a Trek, altitude related issues /accidents can cause one to fall ill, get injured or may even lead to death.
3. I certify that information as I mentioned in the Medical Fitness Certificate and in the Personal Medical Records which I have submitted for participation in Trekking Expedition 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 trek is completely voluntary, and I am fully aware of the risk involved. I will not hold Airports Authority of India wholly or partly responsible in case of any accident, illness, injury, loss or death during the Trekking Expedition.
5. I pledge that I will not indulge in any type of drugs and consumption of alcohol throughout the trekking expedition and will not assist anyone else in doing so. If at any stage of Trekking Expedition, I am found under influence, possession or consumption of drugs or alcohol I will accept punishment as decided by the AAI Trek Leader(s) which may include expulsion from Trekking Expedition and return of all Expenditure borne by AAI for my participation in Trekking Expedition.
6. I pledge that I promise to be a responsible trekker and leave the mountain trails in a better condition than I find them. I will not pollute the Trails, Campsites or water bodies. As my contribution to leave the trail in a better condition, I will participate in activities to undo damage done by the others to the environment.

Signature of participant: _____

Name: _____

Place: _____

Date: _____

EMERGENCY CONTACT DETAIL:

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

Name: _____ Relationship with Participant _____

Mobile No. _____ Alternate Contact Number _____



Annexure – E

Conduct of AAI Trekking Expedition 2024-25 by SPB-CHQ in Kaisdhar, Manali Himachal Pradesh w.e.f. 13.10.2024 to 18.10.2024

BIODATA

(Admin/Volunteers/Trek Leader/Camp Commander)

1. Name : _____
2. Designation : _____
3. Male / Female : _____
4. Employee Number : _____
5. Place of Posting : _____
6. Region : _____
7. Contact Number : _____
8. Official Email ID : _____
9. Date of Birth : _____
10. Track Suite size : _____
11. T-Shirt Size : _____

Detail of Mountaineering Course				
S/N	Mountaineering Institute	Year	Altitude Gain	Remarks
1				
2				
3				
High Altitude Treks (above 15,000 ft) - Undergone / Conduction				
S/N	Trek Name	Year	Altitude Gain	Remarks
1				
2				
3				
4				
5				

UNDERTAKING

I (Name) _____ self-certify that the information mentioned above is true and correct to the best of my knowledge. I will perform the duties as Admin/Volunteers/Trek Leader/Camp Commander or whatever as decided by the administration of SPB-CHQ. I will give my services at my best and will give support the participants for completion of trek successfully.

Signature: _____
Name: _____
Date: _____