



भारतीय विमानपत्तन प्राधिकरण
AIRPORTS AUTHORITY OF INDIA

No. AAI/PAL/EST-15/RSCB-NR/All India Trekking/2016/ 168-177

05 Oct. 2016

To,

The Regional Executive Director & The President (RSCB),
Eastern /Southern /Western /North-Eastern Region
Airports Authority of India,
Kolkata / Chennai / Mumbai / Guwahati

The Airport Director & President (ASCB),
Airports Authority of India,
Kolkata /Chennai Airport
Kolkata /Chennai

The Executive Director (Admn.) & President ,SPB (CHQ)
Airports Authority of India,
Rajiv Gandhi Bhavan,
Safdarjung Airport,, New Delhi

The Principal & President , SPB
Airports Authority of India
C.A.T.C.
Bamraulli, Allahabad

Subject: Trekking Expedition to Pindari Glacier (12,008ft.) in Bageshwar Distt of Uttarakhand in Kumaon Himalayas wef 10.11.16 to 22.11.16 (in three groups)

Sir,

The Regional Sports Control Board, Northern Region, is organizing a "**Trekking Expedition to Pindari Glacier (12,008ft.) in Bageshwar Distt of Uttarakhand in Kumaon Himalayas wef 10.11.16 to 22.11.16 (in three groups)**

The **eligibility criteria**, is sound health and physical fitness.

Seat allocation for the different RSCBs/ASCBs/SPBs is in accordance with the AAISCB's letter no. AAI/SCB/AM/2016 dated 21.04.2016, is as under:

13 each from RSCB NR/WR ; 11 each from RSCB SR/ER/NER 10 each from ASCB Chennai & Kolkata ; 08 each from SPB CATC & CHQ.

Entry fee :- Rs.2000/- per participant (all the boards are to collect the fee followed by online transfer to the RSCB-NR account ; individual participant need not the deposit in the account of RSCB-NR)

You are requested to send the final nominations from your region/station, along with their applications, medical certificates, disclaimer etc., through proper channel to the undersigned **by 18.10.2016 (by email scanned copy/ by fax)**. **The track suit and T-Shirt size may also be mentioned in the list of the participants.**

Encl:- Application form and medical form

Yours faithfully

Sunil Kumar Tomar
05/10/16
(S. K. Tomar)

Sr. Manager (C-O) & Secretary
Regional Sports Control Board, Northern Region
Telefax: 011-25656257

Copy to:

1. The OSD to RED, NR for information please.
2. The AGM-IT, RHQ-NR, Operational offices, Rangpuri, New Delhi-110037- with a request to upload this letter on the AAI 's website and cfm action, pse.

क्षेत्रीय मुख्यालय, उत्तरी क्षेत्र, प्रचालन कार्यालय, गुडगांव रोड, नई दिल्ली-110037 दूरभाष : 25652447 फैक्स : 25656451
Regional Headquarters, Northern Region, Operational Offices, Gurgaon Road, New Delhi-110037 Tele.: 25652447 Fax : 25656451

“हिन्दी पत्रों का स्वागत है।”



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AIRPORTS AUTHORITY OF INDIA

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Airports Authority of India
Regional Sports Control Board
Northern Region
IGI Airport, New Delhi-110037

Application cum Willingness Form for Pindari Glacier (12,008ft.) in Bageshwar Distt of Uttarakhand in Kumaon Himalayas wef 10.11.16 to 22.11.16

(Group I / Group II / Group III)

(Please tick the Group no.)

1. Name : _____
 2. Designation : _____
 3. Male/Female : _____
 4. Place of Posting : _____
 5. Region : _____
 6. Date of Birth : _____
 7. Kit size : Track Suite size _____
T-Shirt Size _____
- {Small (36) / Medium (38) / Large (40) /
Extra Large (42) / Extra-Extra Large (44)}

Undertaking

I _____ s/o / d/o / w/o _____
_____ R/O _____
_____ is willing to participate in the Pindari Glacier (12,008ft.) in
Bageshwar Distt of Uttarakhand in Kumaon Himalayas wef 10.11.16 to 22.11.16.

Signature of the applicant: _____

Name of the applicant : _____

Designation : _____

Place of Posting : _____

Mobile/contact no. : _____

Email id : _____

Recommended By HOD/APD:- _____

Regional Secretary /President, RSCB/SPBs/ASCB :- _____



Personal Medical Record

Personal details

Name: _____

Age: _____ Height (in meters): _____

Weight (in kgs): _____ BMI (kgs/metres²): _____

Email id:- _____ Mobile No. : _____

{ How to calculate BMI :-

Bodyweight in kilograms divided by height in meters squared

or

BMI = x KG / (y M * y M) where x is weight in Kg and y is height in meters}

1. Any previous illness - past 3 months (mention the nature and duration of illness)

2. Any previous injuries – past 6 months (accident/sprain/fracture, etc)

Present condition _____

3. Any operation undergone – past 6 months (mention the nature and result of the operation)

4. Are you under medication of any kind? If yes, please mention details & medicines being taken _____

5. Do you have any drug allergies?

6. Do you have any previous exposure to high altitude treks? (If yes, please mention the name of the trek and altitude gained)

7. Did you encounter any altitude related problems on your previous trek?

8. Do you have any history of breathlessness (Yes/No): _____

9. Do you have any history of chest pain (Yes/No): _____

10. Have you ever 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): _____

If there is any other information related to your health that would be useful to us in the case of emergencies, please mention them below.

I _____, 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 Airports Authority of India which will be useful to them in the case of an emergency.

Place:

Date:

Signature



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Disclaimer and Declaration

(To be filled in by the participant)

The Pindari Glacier trek route in the Himalayas has its share of risks and dangers, especially with respect 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.

I hereby declare that my participation in this trek is completely voluntary, and I am fully aware of the risks involved. I will not hold Airports Authority Of India wholly or partly responsible in case of any accident, illness, injury or death on the trek.

Name: _____ Place: _____

Date: _____

Signature: _____

Emergency Contact Information

(Enter the details of the emergency contact – family member only)

Name: _____ Relationship: _____

Mobile: _____ Landline: _____

Green Pledge

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. I will bring back 'all' my own waste. As my contribution to leave the trail in a better condition, I will participate in activities to undo damage done by others to the environment.

Name: _____ Signature _____

Medical Certificate

(To be filled in by a registered medical practitioner only)

Participant's Name: _____ Height: _____

Age: _____ Weight: _____

Blood group: _____ BMI: _____

Medical conditions	Comments
Does the participant suffer from any chronic? yes, please mention details.	
Is the participant under medication of any kind? If yes, please mention 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 _____ on
(Date) _____ and found him/her fit to undergo a trekking expedition in
the high altitudes of Himalayas.

As per history and clinical examination he/she is not suffering from any chronic disease or any
other ailment that can be a deterrent to a trekking expedition.

Doctor's Name:

Degree:

Signature and Seal

Annexure - I

<u>Datewise Schedule and Seat Allocation for Constituent Boards of AAISCB for Pindari Glacier Trekking</u>													
Sr. No.	Group No.	Reporting at KMVN, Bheemtal / Nainital on	Relieving from Kathgodam on	SR	NER	NR	SPB-CHQ	WR	ER	ASCB-Chennai	ASCB-Kolkata	SPB-CATC	Total
1	I	10.11.2016	20.11.2016	3	4	4	3	4	4	3	4	3	32
2	II	11.11.2016	21.11.2016	4	4	4	3	4	4	3	3	3	32
3	III	12.11.2016	22.11.2016	4	3	5	2	5	3	4	3	2	31
	TOTAL			11	11	13	8	13	11	10	10	8	95

KMVN :- Kumaon Mandal Vikas Nigam Ltd.

* Exact place of Reporting will be notified in the last week of Oct '16