



No. AAI/SPB/CHQ/Trekking/2021-22

Date : 13th October 2021

CIRCULAR

Subject: - Trekking Expedition to Kheer Ganga in Kullu District (Himachal Pradesh) on Self-Funding Basis.

In order to develop co-ordination, teamwork, physical fitness and to encourage the AAI family to take up the daily physical routine for mental and physical well-being specially in COVID pandemic situations, Sports Promotion Board, CHQ is organizing a trekking expedition from 28th to 31st October 2021 at Kheer Ganga in Kullu Distt. (Himachal Pradesh) on Self-funding basis. Kheer Ganga, is located at a height of 2950 Mtrs, is one of the most well-known trekking destination in Himachal Pradesh, situated deep in the Parvati Valley. The total distance to be covered during the trek is approximately 24 Kms (inclusive of up and down) which can be covered in 1-2 days easily. The place is famous for its hot water spring and splendid view of the valley.

The employees who come under the administrative control of SPB, CHQ can participate in this trekking expedition. The employees, who will be finalized for this trekking expedition, will be granted Special Casual Leave as per the following itinerary: -

Date	Particulars
28.10.2021	Departure by Bus from RGB at 0500 hrs
28.10.2021	Arrival at Bashairni/Base camp at 1800 hrs (overnight stay at Base Camp)
29.10.2021	Trekking to Kheer Ganga and overnight stay in Tent at Kheer Ganga
30.10.2021	Trekking from Kheer Ganga to Base Camp (overnight stay at Base Camp)
31.10.2021	Departure by Bus in the morning to Delhi

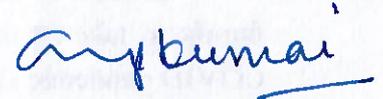
Selection of Participants: -

1. The selection will be based on the first-cum-first-serve basis for 50 participants. The interested candidates will have to send their nomination through email to kcarora@aai.aero latest by 20.10.2021, 1600 hrs.
2. After finalization of the names of the candidates, an application (Annexure-I, II, III) duly forwarded by respective HoDs along with Medical fitness certificate, copy of the Corona Vaccination Certificate of 2 doses/ RTPCR (-) report and participation fee of Rs.5000/- (as advance payment) will have to be submitted to Sh. K.C. Arora, AGM(F)/Treasurer, SPB, CHQ (Extension No. 2131) Mobile No.9810823207 in the prescribed format latest by 22.10.2021, 1800 hrs.

Participation Fee:- As the participation is on Self-Funding Basis, the preliminary estimated cost has been worked out to approximately 9K to 10K - per head.

All the participants are advised to strictly follow all the COVID related guidelines issued by the respective State Govt. from time to time.

This issues with the approval of Executive Director (Admn.) / President, SPB, CHQ.



(Anup Kumar)

Secretary, Sports Promotion Board, CHQ

Distribution:

- OSD to Chairman
- Jt.GM/DGM (ES) to
Member (Ops.)/Member (HR/Plg.)/Member(Fin.)/Member (ANS)/CVO
- All HoDs at CHQ/Operational Office/AAI Office Complex
- Secretary, AAISCB
- GS, ATC Guild, AAI Engineers Guild, CNS Officers Guild, IAAI officers Association
- GS, AAEU/Branch Secretary, CHQ, AAEU
- GS, AAI SC/ST EWA
- GS, AAI SC/ST/OBC (Non-Executive Welfare Association)
- All Notice Board

Copy to :

- AGM (ES) to ED (Admn.) / President, SPB, CHQ



Annexure - I

TREKKING EXPEDITION TO KHEERGANGA IN HIMACHAL PRADESH FROM 28.10.2021 TO 31.10.2021

APPLICATION FORM FOR PARTICIPATION

Paste Self Attested
Passport Size
Photograph

S.NO.	DETAILS OF THE PARTICIPANTS		
1	Employee No.		
2	Name		
3	Designation		
4	Place of Posting		
5	Region		
6	Male / Female		
7	Mobile/Contact No.		
8	COVID Vaccination of two doses / RTPCR(-)		
	KIT SIZE	PLEASE TICK YOUR SIZE	
1	T-Shirt Size	Small (36)/ Medium (38) / Large (40) / XL (42) / XXL (44)	

I Mr./ Ms. _____ S/o / D/o / W/o _____

Residing at _____

_____ is willing to participate in the TREKKING EXPEDITION TO KHEER GANGGA IN HIMACHAL PRADESH FROM 28.10.2021 TO 31.10.2021 **abiding to the Terms and Conditions on reporting at respective reporting point.**

Signature and Name of the applicant

Recommended by HOD/APD:

ay



Annexure - II

TREKKING EXPEDITION TO KHEER GANGA IN HIMACHAL PRADESH FROM 28.10.2021 TO 31.10.2021

MEDICAL CERTIFICATE

To be filled in by a Registered Medical Practitioner only

Name	
Date of Birth & Age	
Height & Weight	
Blood Group	

S.NO.	MEDICAL CONDITIONS	COMMENTS
1	Respiratory rate at rest	
2	Pulse rate at rest	
3	Blood Pressure reading	
4	Ever suffered from Asthma or Pleurisy	
5	Any history of breathlessness	
6	Any history of Chest pain	
7	Any history of giddiness or fainting attacks	
8	Any history of palpitations	
9	Any history of pain over Heart region	
10	Are the veins in any part enlarged or varicose	
11	Any history of recurring pain in the abdomen	
12	Any history of Epilepsy or any other fits	
13	Any history of Rheumatism	
14	Any history of dysentery or jaundice	
15	Arthritis or any other Joint problem	
16	Diabetes	
17	Any previous illness, their nature and duration	
18	Overall Physical Fitness	

I have medically examined Mr. / Ms. _____ on _____ (date) whose signature is given below is Medically fit / unfit to participate in the Trekking Expedition to Kheerganga Fort in Himachal Pradesh. 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.

Signature of the Applicant

(Signature of the Medical Officer with Seal)

Date:

Place:



Annexure - III

TREKKING EXPEDITION TO KHEERGANGA IN HIMACHAL PRADESH FROM 28.10.2021 TO 31.10.2021

DISCLAIMER AND DECLARATION
(To be filled in by the Participant & Witness)

The Trekking Expedition to Kheerganga in Himachal Pradesh has its own share of risks and dangers, especially high altitude covering Up-hill and Down-hill with numerous hair pin bends, narrow Ghats road, desolate nature and prone to wild life encounter. On this Trekking Expedition accidents can cause one to fall ill, get injured or unpredictable wild life encounter can happen which may even lead to death.

I hereby declare that my participation in this expedition is completely voluntary, and I am fully aware of the risks involved and also agree to adhere strictly and with discipline to the applicable Rules of the Organizing Authorities and their nominees and shall not deviate from the said Expedition Route. **I shall not hold the Airports Authority of India wholly or partially responsible in case of any illness, injury accident or death during the Expedition.**

I further declare that I have not been suffering from any infectious disease for the past one-month and that I am keeping good health.

PARTICIPANT SIGNATURE	
NAME	
DESIGNATION	
EMP NO	
S/D/W OF	
PLACE OF POSTING	
MOBILE NO.	
DATE	

Witnessed by Official of Airports Authority of India

WITNESS SIGNATURE	
NAME	
DESIGNATION	
EMP NO	
S/D/W OF	
PLACE OF POSTING	
MOBILE NO.	
DATE	