



केन्द्रीय सिविल सेवा साँस्कृतिक एवं क्रीड़ा बोर्ड
Central Civil Services Cultural & Sports Board
Department of Personnel and Training
Ministry of Personnel,
Public Grievances & Pensions
GOVERNMENT OF INDIA

Phone : 011-24624204
Fax : 011-24646961
Grams : CIVSPORTS

361, B-Wing, 3rd Floor
Lok Nayak Bhawan
New Delhi-110003

No.18/01/2009-10/CCSCSB

Dated: April 12, 2010

To

The Welfare Officer
Ministry/Deptt. _____

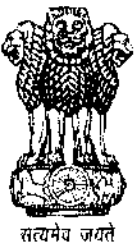
Sub:- National Himalayan Trekking Expedition – 2010 Kullu-Manali Valley
of Himachal Pradesh and Uttarakhand – from April to June 2010.

Sir,

The Youth Hostel Association of India is organizing three trekking and one biking expeditions in 2010-11. Board will invite application only for three programmes which are at S.Nos. 1 to 3. The details of the programmes are as under:-

| S.No. | Trekking Programme | Dates | Participation fee per head | Financial assistance admissible. |
|-------|-----------------------|---|----------------------------|----------------------------------|
| 01 | Saurkundi Pass | 25 th April to 25 th May, 2010 | 2800/- | 1680/- |
| 02 | Sar Pass | 1 st May to 31 st May, 2010 | 2800/- | 1680/- |
| 03 | Kedarkanth | 1 st May to 31 st May, 2010 | 3200/- | 1920/- |

The participation fee for trekking expedition includes Boarding & Lodging etc. As in the past, the financial assistance will be given to only those participants who send an advance copy of their application duly forwarded by their Welfare Officer to the



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Board Office prior to trekking expedition. The remaining amount plus the expenditure on journey from the place of residence to the Base Camp and back will have to be met by the participants themselves. The participants will have to deposit the entire amount initially and the financial assistance will be reimbursed after they come back from the expedition and produce the original receipt of payment with the participation certificate issued by the Youth Hostels Association and a report on the expenditure arrangements etc. It is suggested that this should be brought to the notice of all the employees of your Ministry/Departments.

2. Those who are interested in participating in the programmes mentioned on pre page are advised to fill up the application form and get it forwarded through their respective Welfare Officer and deposit the requisite amount with the Youth Hostel Association of India, 5 Nyaya Marg, Chanakyapuri, New Delhi -110021. Confirmation to this effect may be intimated to the Board's Office by 20th April, 2010

3. Those who have already attended the trekking programme during the last two years will not be eligible for financial assistance from the Board. The Youth Hostel Association of India will entertain the eligible employees on first come first serve basis.

(V.K.Tewari)

Secretary, CCSCSB

MEDICAL CERTIFICATE

(To be filled in by a Registered Medical Practitioner only)

Name : Mr./Mrs./Ms. _____
Surname Ist Name Middle Name

Father's / Husband's Name _____
Surname Ist Name Middle Name

Date of Birth : Date Month Year

Address : _____
CITY DISTRICT STATE PIN CODE

| Present illness/Past illness / Physical Disability | Is the Applicant suffering from | | |
|--|---------------------------------|------------------------|-----|
| | | An Infectious Disorder | Yes |
| Any known Allergy to Drugs/Foodstuff | Hypertension | Yes | No |
| | Bronchial Asthma | Yes | No |
| History of Taking Drugs for Chronic Disease | Diabetes Mellitus | Yes | No |
| | Epilepsy | Yes | No |
| | Heart Disease | Yes | No |

| Above 45 Years Male/Female | BP | ECG Report | Blood Sugar Report |
|----------------------------|----|------------|--------------------|
| Female | Hb | | |

I have medically examined Mr. /Mrs./ Ms. _____
on (Date) _____ and found him / her medically and mentally fit to
undergo Trekking Expedition in high altitude areas & in the mountains and as per
history and clinical examination he/she is not suffering from any chronic disease.
Name of Dr. _____ Degree _____ Regn. No. _____

Date & Seal _____

Signature of Medical Officer

RISK CERTIFICATE

(To be filled in by Parents/Guardian, for participants below 18 years of age)

This is to certify that my son/daughter/ward Master/Ms. _____ is
joining the Trekking Expedition with my consent. In case of any accident, illness or injury, I will not hold the Youth Hostels Association
of India responsible wholly or partly. It is also certified that he/she is fit to undergo the rigours of the trekking expedition.

Place _____

Signature.....

Name.....

Date _____

Relationship.....

CERTIFICATE OF INSTITUTION / ORGANISATION / YH UNIT

I certify that _____ is a student / member of our Institution / Organisation / Department / YH Unit
and that the particulars mentioned above are true to the best of my knowledge.

Signature of the Head of the
Institution / Organisation / YH Unit

Office Seal

AN ADMIT CARD WILL BE SENT TO YOU AFTER CONFIRMATION OF THE PROGRAMME. THE CARD IS REQUIRED TO BE
PRODUCED AT THE BASE CAMP, FAILING WHICH YOU MAY NOT BE ALLOWED TO PARTICIPATE IN THE EXPEDITION.

PHOTOCOPIES OF THIS REGISTRATION FORM ARE ALSO ACCEPTED