



CSIR-IMMT STAFF CLUB

CSIR-Institute of Minerals and Materials Technology, Bhubaneswar, Odisha 751013

Requisition form for non-CSIR-IMMT'ians for using Staff Club Premises for Sports (indoor & outdoor)/walking/jogging purpose

S.No	Particulars	Details		
1	NAME (in block letters)			
2	AFFILIATION/INSTITUTION			
3	DOB			
4	MOBILE NO.			
5	Email ID			
6	ID PROOF, NUMBER [ATTACH self-attested COPY]			
7	ADDRESS			
8	BLOOD GROUP			
9	EMERGENCY CONTACT PERSON			Relationship to applicant
10	NAME & MOBILE NO. [Different From Personal Contact Number]			
11	CSIR-IMMT STAFF REFERENCE WITH DESIGNATION & Dept.			
12	MOBILE NUMBER OF REFREE			
13	Signature of Endorsing IMMT STAFF			
14	SUBSCRIPTION MODE (select one)	<input type="checkbox"/> MONTHLY Rs.600/-	<input type="checkbox"/> HALF YEARLY Rs.3000/-	<input type="checkbox"/> ANNUAL Rs.6000/-
15	YEARLY ID CARD CHARGES	<input type="checkbox"/> Rs.100/-	For the YEAR	

- ENCLOSURES:**
- (a) 1 recent PP size photograph of the applicant with name written on backside.
 - (b) 1 copy of self attested ID proof.
 - (c) 1 stamp size photograph for ID card.

I hereby declare that the above information provided by me is true, complete and correct to the best of my knowledge. I will abide by all the rules and regulations of CSIR-IMMT Staff Club. I will maintain at all times, in the campus, discipline, decorum and proper dress code. I will refrain from smoking or drinking inside the campus. **I understand & agree that the timings of my availing the sports facility (up to a maximum of 2 hours per day with proper badminton shoes) is subject to its availability and only after due preference to the CSIR-IMMT staff & residents/contract users.** I will neither conduct nor participate in any event/tournament conducted in CSIR-IMMT without prior approval. I clearly understand that the rights of usage of sports facility is reserved and subject to prior approval and my failing to abide by the above declaration will result in revoking of all my privileges in CSIR-IMMT Staff Club Premises.

SIGNATURE OF THE APPLICANT
NAME:
DATE:

SECRETARY, CSIR-IMMT STAFF CLUB

For Office Use

ALLOTTED ID NUMBER:

Amount Collected :						
Receipt No. & Date :						
Signature of Issuer :						

MONTHS OF SUBSCRIPTION

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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