



Sahsi
STAR ADVENTURE HIMALAYAN SPORTS INSTITUTE

753/13, Urban Estate, Kurukshetra (Hr.) - 136118
Ph. No. : 01744-221694 (O), +91-9416821694,
log on to sahsigroup.com
email : sahsigroup@yahoo.com

HIGH Altitude Herbal Trekking Programme In Greater Himalayan Range of Himalaya,
1st Group Ayurvedic medical College UG/PG Students Boys & Girls

Registration FORM

Attached
Passport Size
Photo

1. Name of Applicant (in block letters)
.....
2. Father/Mother name
.....
3. Permanent Address
.....
6. Age & date of birth(PhoneNO.).....
7. Vegetarian/ Non Vegetarian
.....
8. College Name.....
9. PG/UG Student.....

I, **Mr./Ms./Mrs.** _____,
Son/Daughter of **Shri/Smt.** _____, hereby declare
that I am participating in the **High Altitude Great Himalayan Herbal Trekking Expedition**
voluntarily, of my own free will and interest, without any pressure, coercion, or compulsion from
my college, institution, or any other person.

I further declare that I have understood the nature of the programme and agree to abide by all the
rules, regulations, safety instructions, and decisions of the organizers throughout the expedition.

Place: _____

Date: _____

Signature of Participant: _____