



SENIOR KHILADI SCHEME FORM

Kindly fill this form in **CAPITAL**. Medical Certificate required for first time swimmers at Dadar Club.

Primary Member Name : _____

Membership No. : _____

Details of person(s) enrolling under Senior Khiladi Scheme:

Sr. No.	Name	Date of Birth
1.	_____	_____
2.	_____	_____

Senior Khiladi Fees: Rs. _____

(Rupees: _____)

Declaration:

I hereby confirm that the details mentioned by me hereinabove are true.

Signature of Primary Member

Name: _____ Membership No.: _____

Date: _____ Place: _____

FOR OFFICE USE ONLY: Submission No.: _____ . Date: _____ .

Amount: Rs. _____ . (Rupees _____ .)

Receipt No: _____ . Mode: _____ . Received By: _____ .

Employee ID: _____ . Signature _____ .
