



**Ministry of Tourism
Government of India**

Incredible India

*Indian Institute of Skiing &
Mountaineering, Gulmarg.*

No. IISM-39(CR)2/2024-25/

Dated: 01.07.2024

To

The Principal

Amas Singh Collage, Sgr.

Subject:- **5-Days Trekking Courses at IISM, Gulmarg (J&K).**

Sir/ Madam,

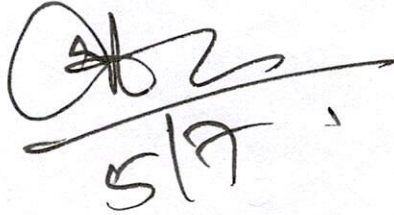
Please be informed that the Indian Institute of Skiing & Mountaineering (IISM), a subordinate office under the Ministry of Tourism, Government of India, is organizing 5-day short trekking courses in Gulmarg this summer. These courses are open to young people aged 10 to 40 years residing in India and are offered at a highly subsidized rate of Rs. 5,000/-. The fee includes boarding, lodging and Trekking in & around Gulmarg under the supervision of qualified Instructors. Applicants are required to submit a duly filled application form (copy enclosed). The course fee of **Rs. 5,000/-** is payable by demand draft in favor of "**Pay & Accounts Officer, Ministry of Tourism, New Delhi**" payable at Srinagar. Seats are limited and registration is on a first-come, first-served basis. The schedule of courses being conducted is as follows:-

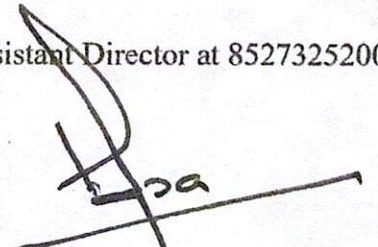
Courses	From	To
1st.	04.07.2024	08.07.2024
2 nd	11.07.2024	15.07.2024
3 rd	18.07.2024	22.07.2024
4 th	25.07.2024	29.07.2024

For further information, please contact Ms. Renu Bamrara, Assistant Director at 8527325200 or visit our website at <https://www.iismgulmarg.in>

Regards,

For circulation


S/A


(Col. IS Thapa)
Principal

INDIAN INSTITUTE OF SKIING & MOUNTAINEERING

Ministry of Tourism
Government of India
Gulmarg (J & K)
Website www.iismgulmarg.in

APPLICATION FORM

(PLEASE FILL THE FORM IN CAPITAL LETTERS)

Demand Draft No. _____ Dt. _____ Amount _____

Paste latest
Photograph

Course wishing to join _____ from _____ to _____

1. Name _____
2. Fathers Name _____
3. Nationality _____
4. Date of birth _____ (Attach Proof)
5. Permanent Address _____
6. Telephone No. _____ /Mobile _____ (b) Email _____
7. Next of kin (Name and address) _____
8. Vegetarian/ Non-Vegetarian _____
9. Academic Qualification & current employment _____
10. Blood Group _____ Identification Mark _____ Medical Category _____
11. Any adventure course attended earlier. (Attach proof) _____
12. Height _____ Weight _____ Waist _____ Shoe Size _____
13. I agree to strictly abide /adhere to the discipline and the directions of the Institute during the course falling which I shall be liable for expulsion.
14. No liquor/ smoking are allowed inside or outside the institute during the course.

Dated _____

Signature of Applicant

I hereby certify that all the entries have been correctly filled. I am medically fit to undergo the course. In case of any accident or injury I shall not hold the Institute or any of its staff wholly or partially responsible. In case of loss of equipment I shall pay for the same.

Date:- _____

Signature of Applicant