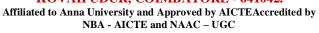


SRI KRISHNA COLLEGE OFTECHNOLOGY

(AN AUTONOMOUS INSTITUTION)







SRI KRISHNA FITNESS CENTRE MEMBERSHIP FORM

Mem	bership Card No		
1.	Name of the Student		
2.	Father's Name		
3	Class/Branch		
4	Roll No		
5	Mobile No.		
6	Date of Birth & Age		
7	Address for Communication (with Phone No.)		
8	Permanent Residential Address (with Phone No.)		
9	Parent Contact No.		
10	Blood Group		
11	Medical History (if any)		
12	Time Allotment	06.00 am to 07.00 am 07.00 am to 08.00 am 08.00 am to 09.00 am 09.00 am to 10.00 am 10.00 am to 11.00 am (For office	03.00 pm to 04.00 pm 04.00 pm to 05.00 pm 05.00 pm to 06.00 pm 06.00 pm to 07.00 pm 07.00 pm to 08.00 pm
13	Remarks		¥ *

Parents / Guardian's

Signature of the Applicant

Tutor Physical Director HOD Principal