



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY

THIRUVANANTHAPURAM—695 011, INDIA.

(An Institute of National Importance under Govt.of India)

Phone—(91) 0471—2443152 Fax—(91)0471—2446433, 2550728

Email-sct@scimst.ac.in Web site—www.scimst.ac.in

REGISTRATION FORM FOR AVAILING GYM FACILITY

| | | | | |
|-----|--|--|---|-------|
| 1. | Name of the Employee (IN BLOCK LETTERS) | | | |
| 2. | Gender (Male/Female) | | | |
| 3. | Date of birth | | | |
| 4. | Employee Code | | | |
| 5. | Date of joining of the employee | | Date of relieving of the employee | |
| 6. | Designation | | | |
| 7. | Division/Department/Section | | | |
| 8. | Contact No. | | Mob: 1. 2. | |
| 9. | Emergency Contact No. | | | |
| 10. | Address | | | |
| 11. | Do you have any disease? (give details) | | | |
| 12. | Are you on any medication? (give details) | | | |
| 13. | Your General Health(please indicate if any apply) | | <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Broken Bones <input type="checkbox"/> Oedema <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Chest Pain <input type="checkbox"/> Recent Child Birth <input type="checkbox"/> Asthma <input type="checkbox"/> Fainting <input type="checkbox"/> Seizures <input type="checkbox"/> Heart Attack <input type="checkbox"/> Heart Murmurs <input type="checkbox"/> Pneumonia <input type="checkbox"/> Allergies <input type="checkbox"/> Epilepsy <input type="checkbox"/> Recent Surgery <input type="checkbox"/> High Cholesterol <input type="checkbox"/> Tachycardia <input type="checkbox"/> H/L Blood Pressure <input type="checkbox"/> Others: Details: | |
| 14. | Membership fee (Rs. 250/-) | | Bill No : | Date: |
| 15. | Trainer required | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |