



GURUCHARAN UNIVERSITY, SILCHAR

Date – 31/07/2026

NOTICE

Admission to Gymnasium

Admission to the Gymnasium Centre of Gurucharan University will remain open from **01/08/2026 to 17/08/2026**.

Interested students (Boys & Girls) are hereby informed to download the admission form from the University website. Applicants must also fill in and submit the **Google Form** within the stipulated period. The duly filled-in admission form should be submitted to the **University Office, Counter No. 02**.

Submission Time: 11:30 A.M. to 3:00 P.M.

Google Form Link: <https://forms.gle/e7DbqTnqbGEvRVWS9>



[Signature]
31/7/26

Convenor,

**Gurucharan University, Silchar
Gymnasium Centre (Boys/Girls)**



GURUCHARAN UNIVERSITY GYMNASIUM CENTRE ADMISSION FORM

Paste your
recent
coloured
passport size
photograph
(3.5 x 4.5 cm.)

Date: _____ Serial Number: _____
Boys/Girls: _____ Session: _____

1. Student's Name (Block Letters): _____
2. Father's Name (Block Letters): _____
3. Date of Birth (DD/MM/YY): _____ Category: _____
4. Gender: _____ Religion: _____
5. Nationality: _____ Blood Group: _____
6. Present Address: _____
7. Village/Town: _____ District: _____
8. State: _____ PIN: _____
9. Permanent Address: _____
10. Village/Town: _____ District: _____
11. State: _____ PIN: _____
12. Height: _____ Weight: _____
13. Student's Whats app No.: _____ Father's Mobile No.: _____
14. Have you ever had a membership at a gym before? Yes / No If Yes, where:

Do you have any medical condition we should be aware of? Yes / No If Yes, specify:

N.B.: Yoga mat & Skipping rope must be brought by the students.

Signature of the Applicant:
Class :
Stream :
Class Roll No.

Signature of the Parents:
Date :

Verified by:

Trainer,
Gurucharan University
Gymnasium Centre (Boys/Girls)

Admission Approved

Convenor,
Gurucharan University
Gymnasium Centre (Boys/Girls)

FITNESS CERTIFICATE

**Paste your
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I hereby certify that I have examined _____ (Full name of applicant) and have found that he/she is physically fit to participate in a fitness program at the gym. Based on my examination, I do not find any medical condition that would prevent him/her from safely participating in physical exercise.

Full Name of the Physician: _____

Signature: _____

Date: _____

Seal: _____

SELF-DECLARATION FOR GYM

**Paste your
recent
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photograph
(3.5 x 4.5 cm.)**

I, _____ (Full Name of Applicant), Son/Daughter of _____, Class _____ Roll No. _____ Stream: _____ hereby declare that I am physically fit to participate in a fitness program at the Gurucharan University Gymnasium Centre (Boys/Girls). I am aware that there are risks associated with physical exercise and I accept full responsibility for any injury or harm that may occur to me during my practice session in the gymnasium.

I acknowledge that the Trainer/University authority is not responsible for any injury or harm that may occur to me during my practice session. I hereby absolve the Trainer/University authority from any liability for injury or harm that may occur to me during my practice session.

By signing below, I acknowledge that I have read and understood this self-declaration, and I voluntarily take upon myself incidents/accidents associated with my practice in the Gurucharan University Gymnasium Centre (Boys/Girls).

Counter signed by

Applicant's signature

(Parent/Guardian)

Date :

Date :

Place :