



Important Circular
DEFENCE ACCOUNTS SPORTS CONTROL BOARD
REGD OFFICE: O/O THE CGDA, ULAN BATAR ROAD, DELHI CANTT-10

No. DASCB/1002/Siachen/2012

Dated: 08.08.2012

To

All PCsDA, CsDA, CFAs

Subject: High Altitude Siachen Glacier Trek from 01-27 Sep 2012.

Army Adventure wing is organizing a High Altitude trek in Siachen Glacier from 01-27 Sep 2012 with participants of 45 personnel from organizations associated with Army, IMF, Media, Cadets from RIMC, CTW and RMS, dependents of Army personnel of all personnel posted at IHQ of MoD (Army).

2. PCDA, CDA, CFA offices are requested to forward the names of suitable and medically fit volunteers on the prescribed application form along with Indemnity Bond and Medical certificate by 14th Aug 2012. The selected participant members for the trek are required to carry items mentioned at Appx 'E'.

3. It is essential that the volunteer personal detailed for the trek should be physically fit to undertake the trek, capable of undergoing planned extensive pre-trek training including rigors of extreme weather conditions and should be capable of carrying their loads (Rucksacks) during the trek.

4. Volunteer participants who will be selected for the trek by Army Adventure Wing are required to report to 'Reception cell for Civil Trek' at Leh directly under own arrangements by 31 Aug 2012. The entire administrative support including clothing, food, accommodation and technical equipment required for the trek will be provided by the Army Adventure Wing/Headquarter Northern Command.


(R.P.Singh)

Sr.Dy.CGDA(AN) & Secretary (DASCB)

APPLICATION FORM

1. Rank and Name :
2. Appointment/Designation :
3. Parent organization :
4. Correspondence address with telephone Nos (both land line & mobile) :
5. Indemnity bond date _____ is enclosed.
6. Medical certificate duly signed by medical officer dated _____ is enclosed.
7. Experience in trekking and rock climbing, if any :-

8. Declaration :-

(a) I understand that High Altitude Siachen Trek is under inhospitable terrain, which may involve serious risk to the person or property of the trekker. I am undertaking the High Altitude Siachen Trek at my own risk and consequences and shall not hold the Army authorities responsible for any mishap/injury sustained during the trek.

(b) I understand that if I have given wrong information in my application, this will be ground for disqualification from the trek.

(c) I understand that the decision of the medical authorities either in Leh or in Base Camp is final and cannot be challenged, that in the event of my being disqualified on medical grounds by the competent medical authorities.

Station : _____

(Signature of Participant)

Date : 2012

Station : _____

(Signature of Officer
Sponsoring Organization)

Date : 2012

INDEMNITY BOND

To

The President of India

2. In consideration of Name _____ S/o _____ belong to _____ Service/organization of whom I am the authorized signatory being carried at my request as passenger in Mechanical Transport/Animal Transport/Service Aircraft of Indian Army/Indian Air Force/Indian Navy and participating in adventure activity or during stay at the adventure camp, the in charge of any office or other ranks of Indian Army/Indian Air Force/ Indian Navy or any person in the service of Government. I undertake and agree that neither I nor my executors or administrations or other legal representative will make any claim against the Government, or against any person in the service of Government in respect of any loss or injury to the property or person including injury resulting in death which the said individual may suffer while the said person is consequence of the said person being carried or whilst he/she is boarding or alighting from the said transport, and I understand and agree that no compensation will be paid by the Government or by any officer or other ranks of employee of the Indian Army/Indian Air Force/Indian Navy or any person in the service of the Government in respect of any such loss or injury and I further agree so as to bind myself my ors and administrators to indemnity you and any offr or other ranks or employee of the Indian Army/Indian Air Force/Indian Navy and any person in the Service of the Government against any claim which may be made by any third party against you or them or any arising out of any fact or default on the part of the said person during or in connection with such journey in the Mechanical Transport/Animal Transport/Service Aircraft.

2. It is further declared that the stamp duty, payable on this undertaking shall be borne by me.

Date, the _____ day of _____

Signature of Witness

Witness No.1

Signature

Address

(Signature of applicant)

Designation

Address

Witness No.2

Signature

Address

COUNTERSIGNATURE BY HEAD OF THE DEPARTMENT/CO/OC

MINIMUM EQUIPMENT REQUIRED BY EACH PARTICIPANTS

1.	Woolen cap	:	01
2.	Sun goggles	:	01
3.	Wind proof jacket	:	01
4.	Warm trouser	:	01
5.	Hand gloves	:	01 pr.
6.	Trekking shoes	:	01 pr
7.	Woolen socks	:	02 prs
8.	Light sleeping bag	:	01
9.	Carry mat	:	01

Note :-

1. Special clothing and technical equipment to be used on glacier beyond base camp will be issued by AMI at Base Camp.
2. The above items are required for transit period from Leh to Base Camp and back

MEDICAL CERTIFICATE

1. This is to certify that medical checkup of (Name) _____ son/daughter of _____ has been carried out and he/she is declared physically fit/unfit to participate in the High Altitude Glacier Trek from _____ to _____.

2. The above mentioned individual has no history of the following :-

- (e) Epilepsy.
- (f) Asthma.
- (g) Psychiatry.
- (h) Hypertension.

Date : 2012

(Signature of Medical Officer)