



PARAGLIDING ASSOCIATION OF INDIA

(Registration no.: 500/Goa/2010)

Nizari Bhavan, 5th Floor, Menezes Braganza Road, Panaji, Goa 403 001.

Tel: +91-832-2431192 / 93

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www.pgaioi.org

APPLICATION FOR VETERAN SCHOOL/CLUB MEMBERSHIP

To,
The Secretary
Paragliding Association of India
Panjim, Goa.

Affix 1
**PASSPORT
SIZE
PHOTO** of the
School/Club Owner
3.5 x 4.5 cms

2 more copies of the
same photo to be
submitted along with
this form

PLEASE USE BLOCK LETTERS ONLY

The application should be filled by the current owner of the school/club

Applicant's Details:

(First Name) (Middle Name) (Surname)

Gender M / F Date of birth ____ / ____ / ____

Email ID _____ Valid email ID for all communications

SCHOOL / CLUB DETAILS

Name of the school / club _____

Location _____ State _____

Year of establishment _____ Proof attached

Communication Address

City _____ Dist. _____

State _____ Pin Code _____

Web site WWW. _____ Contact No. _____

I, the undersigned, do hereby apply for Membership of the Paragliding Association of India (PAI), and agree to abide by, and observe, the Rules, Regulations and bye-laws of PAI at all times.

Date _____

Place _____

Applicant's signature

SCHOOL / CLUB DETAILS (To be verified by PAI representatives)

CHIEF INSTRUCTOR

Name _____

Chief Instructor Experience Summary _____

Hours Flown - PG _____ hrs. PPG _____ hrs. Proof/s attached

Certification or Licenses Held _____ First Aid / Safety Certification

Certification Proof/s attached

Certification Proof/s attached

Number of students trained so far (approx.) _____

COURSES/ CERTIFICATION (Details of Certification / License issued by the school)

Beginner Course _____

Intermediate Course _____

Advanced Course _____

Other courses offered _____

EQUIPMENT LIST

Type	Brand	Model	Certification No.	Year of prod.

OTHER AFFILIATIONS - Any other PG/PPG organisation (National / International)

Organization Name	Affiliation Type / Membership No

CREW

Assistant Instructors

[1] Name _____ Gender M / F Age _____ yrs.

Experience Summary _____

Certification _____

Safety/First Aid _____

Certification Proof/s attached

Certification Proof/s attached

[1] Name _____ Gender M / F Age _____ yrs.

Experience Summary _____

Certification _____

Safety/First Aid _____

Certification Proof/s attached

Certification Proof/s attached

[1] Name _____ Gender M / F Age _____ yrs.

Experience Summary _____

Certification _____

Safety/First Aid _____

Certification Proof/s attached

Certification Proof/s attached

TANDEM OPERATIONS

Equipment

<i>Brand</i>	<i>Model</i>	<i>Certification No.</i>	<i>Year of prod.</i>

Tandem Pilots

<i>Name</i>	<i>Experience/Details</i>

EQUIPMENT SALES

<i>Type</i>	<i>Brand</i>

FIRST AID AND SAFETY

<i>Type</i>	<i>Details (Quantity, specification if any)</i>
First Aid Box	
Stretchers	
Vehicle	

OTHER INFORMATION (optional)

DECLARATION 'A'

(By the Applicant)

I declare that all information provided by me is correct. I am responsible for accuracy of the data mentioned in the submitted documents. In case of any modification in the submitted information I am responsible to inform the same to the PAI.

The equipment mentioned in the documents is owned by the school / club / applicant. I shall always use approved equipment and follow all established and approved safety practices in the school/club at all times, and shall always hold the PAI fully indemnified against any claims of whatsoever nature from any of our students/club members or for any other third parties.

Signed _____ by _____

Designation _____

Place _____ Date _____

APPLICANT'S SEAL >

DECLARATION 'I'

(By the PAI Inspection Team)

The applicant School / Club was inspected by us. Following documents/ proofs are collected.

<input type="checkbox"/>		
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Detailed findings relating to the school/club and its operations will be submitted to The President, PAI.

Signed _____ By _____ Place _____ Date _____	Signed _____ By _____ Place _____ Date _____
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PAI SEAL >