

NOTICE

DCSEM/PTAAF

DATE: 06-10-2022

The members who cannot come for the membership fees payment on working days cash counter timings or the members who cannot wait in the payment counter line can drop their documents and cheque/DD in the drop box provided at PTAAF office along with their contact details. However the receipt for the same to be collected from the Cash counter during working hours of Cash counter from Monday to Friday after confirming their application status. Also if there is any discrepancy in the documents/cheque dropped the same would be communicated to the member.

-By Order, PTAAF Managing Committee/DCSEM


EIC, PTAAF

To,

All members through notice boards at PTAAF/DCSEM website/BTS

CC to:

Chairman & members of PTAAF Managing Committee/SPAC

CC to :

1. Director, DCSEM
2. Chairman, GB
3. Additional Chairman, GB
4. CAO
5. JC(F&A)
6. Supdt.(PH&M)
7. EIC,PTAAF

NOTICE

DCSEM/PTAAF

DATE: 06.10.2022

Medical Certificate/Fitness certificate for swimming:- such certificate to be obtained by any prospective member under 50 years age from Registered medical Practitioner holding at least MBBS degree. For 50 years and above medical certificate from registered medical practitioner holding MD degree shall only be valid. The medical certificate should specify that the user is medically fit for swimming and he/she dose not posses any history of any serious medical disorders. The medical certificate should be on the letter head and should be signed, stamped along with date mentioned on the certificate and its validity. The sample format for the same is displayed alongside and will be effective from 01st November 2022 onwards. All existing Swimming members are requested to submit the certificate before 01st November 2022 in order to continue the use of the Swimming facility.

Please note that in case of delay in submission of above certificate no refund or adjustment will be allowed.

-By Order,PTAAF Managing Committee/DCSEM



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(Space for letterhead)

MEDICAL FITNESS CERTIFICATE FOR SWIMMING

To whom so ever it may concern

This is to certify that I have examined Mr. /Mrs. /Ms.....

He/She is suffering/ not suffering from following diseases...

- 1. Any Allergy : Yes/No
- 2. Asthma or other chest problem : Yes/No
- 3. Heart Attack : Yes/No
- 4. Heart Failure : Yes/No
- 5. Diabetes : Yes/No
- 6. Hypertension : Yes/No
- 7. Seizures {Fits} : Yes/No
- 8. Prone To Muscular Cramps : Yes/No
- 9. Physically Disabled : Yes/No
- 10. Mental Disability : Yes/No
- 11. Any other major disease? (Please Specify):

Summarizing,

Is he/she medically fit to swim? : Yes/no

I, Dr. hereby declare Mr. /Mrs. /Ms.

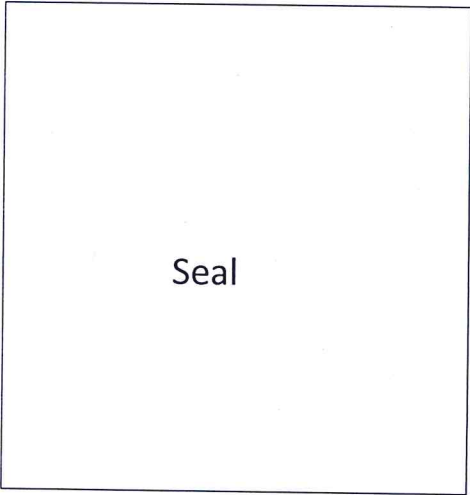
to be medically fit to swim, and that he/she does not possess a history of any serious medical disorders.

Signature of Medical Officer:

Registration No.:

Certificate valid up to:

Date:.....



Note: For under 50 years, Medical Certificate granted by a qualified medical practitioner holding at least M.B.B.S/M.D. Degree AND For 50 years and above Medical Certificate granted by a qualified medical practitioner holding M.D. Degree and registered with Medical Council of India, shall only be valid.