



SUMMER CAMP 2024



Registration Fee
2500/-



Organized By
IPS GROUP OF COLLEGES
Shivpuri Link Road, Gwalior

Dates :
1st May to 5th June 2024
Camp Timing
6:00am to 9.00am

Free
Transport Facility

- Camp Activities (Choose any Three)**
- Skating
 - Cricket
 - Table Tennis
 - Volleyball
 - Swimming
 - Football
 - Yoga & Aerobics
 - Shooting
 - Basketball
 - Badminton

Note: Extra charge will be applicable for choosing Shooting and or Swimming.

Free
Fitness Classes & Yoga For Parents

Registration Forms Available :

www.ipsgwalior.org, Master Sports

Contact : Dr. Vijay Moghe - 9039158258, Mr. Bhupendra Singh 9981079199, Mr. Vinay 8821966600, Mr. Vikram 8319183830



IPS, Gwalior

Summer Camp 2024

(Organized by IPS Group of Colleges, Shivpuri Link Road, Gwalior)

Registration Form

(1st May to 5th June 2024, Camp Timing 6.00 am to 9.00 am}

Please Submit
One extra
Photo for
Identity Card

- Name (in capital letters)
 - Father's/Mother's Name
 - Age and Sex (minimum 5 years)
 - Address with Contact No
-
- Please mention, if you are suffering from any chronic disease viz., high blood pressure, Asthma, blood sugars, Allergy (Chlorine) and any Skin Disease etc.
 - Membership requested for (please write Yes/No in given box, **any three**)

Swimming		Cricket		Table Tennis		Volleyball	Skating		Yoga,	
Basketball		Football		Badminton		Shooting	Martial Art		Aerobics & Dance	

NOTE :- Extra charge will be applicable for choosing Swimming and or Shooting

- Entry Fee @ 2500/- for 1 (One) month including conveyance.
- Registration form and fees should be submitted at IPS College campus before the date of opening of the Camp .
- For any queries regarding camp or conveyance please contact following persons.

Dr. Vijay Moghe (Camp In-Charge)	Mr. Bhupendra Singh (Coordinator)	Mr. Vinay Yadav (Coordinator)	Mr. Vikram Singh Tomar (Coordinator)
9039158258	9981079199	8821966600	3319183830

Ish./Smt./Ku..... Undertake to abide by the rules and regulations of Indoor stadium and swimming pool as prescribed by the IPS College administration from time to time. I also commit myself to pay the prescribed membership fees as fixed.

Signature of Applicant.....

Signature of Parents

(For more queries and to download Application Form visit www.ipsgwalior.org)

Account Name	Institute of Professional Studies		Kindly Provide Payment Detail Here	
Bank Name	State Bank of India		UTR / UPI Number	
Account No.	30752034430		Date of Payment	
IFSC Code	SBIN0030119		Fee Amount	

FOR OFFICE USE ONLY

Membership fee of Sh./Smt./Ku..... has been received, his/her application for membership may be accepted effective...../...../.....

Date:

Authorized Signatory.....

BUS ROUTE AND TIME SCHEDULE

Route No 1: {5.00 am Starting Time} Maharaja Complex--- DD Nagar (Main Gate) --- Gola Ka Mandir---7 No. Chauraha---Baradari Chauraha---Thatipur Chauraha---Govindpuri---Madhonagar---Chandrawadi Ka naka---Vikki Factory---IPS College {Arriving at IPS: 6:00 am}

Route No 2: {5.00 am Starting Time} Hajira --R.P.Colony---Gandhi Naga---Padav---SKV Circle ---Laxmi bai Murti--- Phoolbagh---Nadigate---Inderganj--- Hospital Road --- Dal Bazar Tiraha---Naya Bazar Choraha---KRG College---SAF ground road---Gudi Guda Ka Naka--- IPS College {Arriving at IPS: 6:00 am}

Route No 3: {5.00 am Starting Time} Shabd Pratap Aashram --- Koteswar--- SBI Tiraha---Katighati---Jail Road Tiraha---Hanuman Chauraha---Nai Sadak---Patankar---Bada---Roxy Pul---Eidgaha---Murgi Farm--- IPS College {Arriving at IPS: 6:00 am}

DEPARTURE TIME FOR BUSES 08:50 AM

इंस्टीट्यूट ऑफ प्रोफेशनल स्टडीज, ग्वालियर
बेला की बावडी तिराहा, शिवपुरी लिंक रोड, ग्वालियर

चिकित्सा प्रमाण पत्र

प्रमाणित किया जाता है कि श्री/श्रीमती/कु.
..... का स्वास्थ्य परीक्षण मेरे द्वारा किया गया है ये किसी भी प्रकार जैसे
अस्थमा, मिर्गीए एलर्जी ;क्लोरीनद्ध या चर्म रोग से पीड़ित नहीं है। आई.पी.
एस. के तरण ताल में तैरने के लिये इनका स्वास्थ्य उपयुक्त है।

चिकित्सक के हस्ताक्षर

दिनांक

क्रमांक

पदमुद्रा

शपथ - पत्र

मैं शपथपूर्वक कथन करता हूँ
कि मेरे पुत्र/पुत्री के चिकित्सा प्रमाण पत्र में दी गई जानकारी मेरे संज्ञान के
अनुसार सही है। समर कैम्प में किसी भी प्रकार की दुर्घटना के लिये आई.पी.
एस. ग्रुप ऑफ कॉलेज किसी भी प्रकार से जिम्मेदार नहीं होगा।

दिनांक

हस्ताक्षर

अभिभावक

Note:-

- ✓ All the participant of above twelve years should be vaccinated and attach vaccination certificate.
- ✓ Students should follow Covid-19 protocol.