



Prakram: The Mountaineering and Adventure Club
GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR
(Established by State Legislature Act 17 of 1995)
'A+' GRADE NAAC Accredited

No. MAC/2023/10
Dated 06.05.2025

To,

All Dean(s) / Director (s) / Chairperson (s) / Branch Officers
Guru Jambheshwar University of Science and Technology. Hisar

Subject : Trekking Expedition to Black Peak and Trek to Ruinsara Tal- Kyar Koti.

Sir / Madam,

It is to inform you that upon kind approval of Honb'le Vice Chancellor, Prakram: The Mountaineering and Adventure Club is going to organize Trekking Expedition to **Black Peak and Trek to Ruinsara Tal- Kyar Koti**. The details are as follows

Black Peak (6387 Meters) and Trek to Ruinsara Tal- Kyar Koti (3820 Meters): 2025

Purpose: To educate the participants about the basics of mountaineering. To develop leadership skill and skills of Adventure.

Duration : 8-9 Days

Participants: Faculty (Regular and Contractual), Non-Teaching Staff (Regular and Contractual), Research Scholar and Students of UTD. Students will have to submit a certificate from HOD regarding good behavior and discipline. Selection will be done on fulfillment of fitness and medical criteria. All participants will have to procure insurance for Black Peak expedition.

Dates: For Kyar Koti 14.05.2025 to 22.05.2025 and for Black Peak 14.05.2025 to 28.05.2025

Estimated Expenditure: Rupees 14000-00 for Kyar Koti and Rupees 70000-00 for Black Peak. Travel cost from Hisar to Sakri and back will depend upon no of participants and on mode of transport.

All the participants will have to bear all expenses for themselves. All participants shall be entitled for Duty Leave (Attendance in case of students and research scholars) during the expedition. Interested person can contact Secretary (MAC) on mobile number 8607050500 / Ext. No. 663) Room No 112, Teaching Block-6. for further queries, information and submission of participation form. The form for participation can be downloaded from university website www.gjust.ac.in and the last date for submission of form 09.05.2025.

You are requested to circulate this among all concerned and to put on notice board.

Secretary

Cc: OSD for kind information of Honb'le Vice Chancellor.

Secretary to Registrar for kind information of Worthy Registrar.

Director, PDUIC, for uploading the notice and attached form on website.



Prakram: The Mountaineering and Adventure Club
GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR
(Established by State Legislature Act 17 of 1995)
'A+' GRADE NAAC Accredited

THE CONSENT FORM TO BE FILLED BY THE TREKKER BEFORE GOING FOR TREK / EXPEDITION

Name of the Participant : _____

Employee Code / Roll No : _____

Father's Name : _____

Date of Birth : _____

Designation : _____

Department : _____

Address : _____

Mobile No. _____

Details for emergency Contact : _____

Mobile No. _____

Next of KIN : _____

1. I, _____ understand that **Black Peak / Trek to Ruinsara Tal- Kyar Koti** is a high altitude trekking expedition under inhospitable conditions which may pose serious risk to person.. I am undertaking this Trek / Expedition at my own volition, cost, risk and I am consciously aware of the benefits and consequences.

2. I hereby undertake that in case of any loss of my property and life on this, Prakram: The Mountaineering and Adventure Club and Guru Jambheshwar University shall not be liable. I give my consent that decision of group leader regarding any issue shall be final and binding on me. In case of emergency, any evacuation charges will be borne by my family.

3. I further undertake that without prejudice to the foregoing, all claims, disputes, differences shall be subject to the Jurisdiction of Courts in Hisar only.

Dated : _____

(Trekker-Participant)

Consent by Next of KIN :-



Prakram: The Mountaineering and Adventure Club
GURU JAMBHESHWAR UNIVERSITY OF SCIENCE & TECHNOLOGY, HISAR
(Established by State Legislature Act 17 of 1995)
'A+' GRADE NAAC Accredited

Application form for Black Peak and Trek to Ruinsara Tal- Kyar Koti

Name of the Participant : _____

Employee Code / Roll No : _____

Father's Name : _____

Date of Birth : _____

Designation : _____

Aadhar Number: _____

Previous Experience (At least 3000 Meter): _____

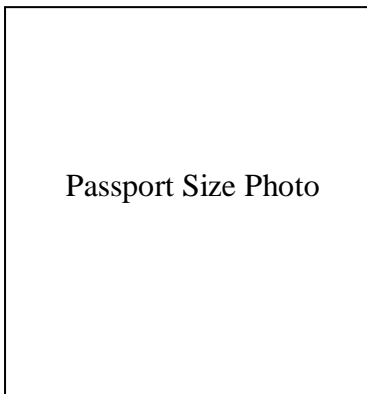
Department : _____

Address : _____

Mobile No. _____

Details for emergency Contact : _____

Mobile No. _____



Signature of Applicant