



MAHINDRA ADVENTURE RALLY OF MAHARASHTRA



MEDICAL HISTORY FORM

Driver _____ Bl. Grp. _____

Co-Driver _____ Bl. Grp. _____

Comp. No. _____

Following information is required as precautionary measure in case of emergency. Please Specify

Particulars	Driver	Co-Driver
Diabetes	YES/ NO	YES/ NO
Family History	YES/ NO, IF YES MOTHER/ FATHER	YES/ NO, IF YES MOTHER/ FATHER
Hyper Tension	YES/ NO	YES/ NO
Family History	YES/ NO, IF YES MOTHER/ FATHER	YES/ NO, IF YES MOTHER/ FATHER
Cardiac Disease	YES/ NO	YES/ NO
Family History	YES/ NO, IF YES MOTHER/ FATHER	YES/ NO, IF YES MOTHER/ FATHER
Asthma	YES/ NO	YES/ NO
Family History	YES/ NO, IF YES MOTHER/ FATHER	YES/ NO, IF YES MOTHER/ FATHER
Epilepsy	YES/ NO	YES/ NO
Family History	YES/ NO, IF YES MOTHER/ FATHER	YES/ NO, IF YES MOTHER/ FATHER
Any drug Allergies	YES/ NO, IF YES PLEASE SPECIFY	YES/ NO, IF YES PLEASE SPECIFY
Signature With Date		



MAHINDRA ADVENTURE RALLY OF MAHARASHTRA



RECONNAISSANCE VEHICLE REGISTRATION

	ENTRANT	DRIVER	CO-DRIVER	
FAMILY NAME				
FIRST NAME				
				Comp. No.

RECONNAISSANCE CAR DETAILS

MAKE	
MODEL	
COLOUR	
REGISTRATION NUMBER	
DOES THE VEHICLE HAVE THIRD PARTY INSURANCE	YES/ NO

Entrants Signature _____

Signature of Crew Member _____

Time _____

Date _____



MAHINDRA ADVENTURE RALLY OF MAHARASHTRA



SERVICE CREW/ VEHICLE REGISTRATION

Service Crew Disclaimer:

I acknowledge and agree as a condition of entry that Confederation of THE Federation of Motor Sports Clubs of India (FMSCI) nor the Promoters, nor the Sponsor Organisation, nor the land owners or lessees, not the Organisers of the event, nor their respective servants, officials, representatives or agents (all of whom shall collectively be called "the Organisers"), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as result of participation in or being present at the event, expect in regard to any rights I may have arising under the Trade Practices Act 1974. I acknowledge that motor sport is dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

TEAM MANAGER/ SERVICE CREW CHIEF

MOBILE DURING EVENT		SIGNATURE	
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SERVICE VEHICLE 1 (Registration included in Entry Fee)

Make:	Model:	Colour	Reg. No.
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SERVICE VEHICLE 1 (Registration included in Entry Fee)

Make:	Model:	Colour	Reg. No.
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TEAM

SR. No.	Name	Mobile No.	Signature	Remark
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: For security reasons only registered personnel and vehicles displaying official identification will be admitted to Service Parks.

ENTRANT'S SIGNATURE	NAME	DATE



MAHINDRA ADVENTURE RALLY OF MAHARASHTRA



AUTHORITY LETTER

Vehicle Registration No.

Comp. No.

I/ We hereby authorise the following person(s) to present our vehicle to the **Pre-event Vehicle Scrutiny & Post Event Vehicle Scrutiny** of Mahindra Adventure Rally of Maharashtra.

Authorised Person(s)

1. Mr.		PHOTO
2. Mr.		PHOTO
3. Mr.		PHOTO

Team Manager

Driver

Co- Driver

To,

The Clerk of Course

Mahindra Adventure Rally of Maharashtra

I/ We hereby request you to grant adjacent service bays in the main SERVICE PARK of the event for the following competing cars:

1. _____
2. _____
3. _____
4. _____
5. _____



MAHINDRA ADVENTURE RALLY OF MAHARASHTRA



BANK DETAILS FORM

Description	DRIVER	CO-DRIVER
ACCOUNT NAME		
NAME OF BANK		
NAME OF BRANCH		
IFSC CODE OF BANK/BRANCH		
SIGNATURE		



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BANK DETAILS FORM

Description	DRIVER	CO-DRIVER
ACCOUNT NAME		
NAME OF BANK		
NAME OF BRANCH		
IFSC CODE OF BANK/BRANCH		
SIGNATURE		