



**Visva-Bharati Swimming Pool
Vinaya-Bhavana
Visva-Bharati**

Ref No-Dir/PSNS/SW Pool/25-26/38

Date-30.04.2025

NOTIFICATION

It is intimated to all concerned that the swimming pool, Visva-Bharati, shall be functional w.e.f. 15th May, 2025. All Students, Academic and Non Academic Staff, Alumni, Pensioners and their wards, who are already in possession of previous User Cards, are requested to pay the monthly fees as per the Fees structure available at the Visva-Bharati swimming pool complex.

All Students, Academic and Non Academic Staff, Alumni, Pensioner and their wards, who are not in possession of last year's User Cards, are requested to collect the Application form from the reception desk of the swimming pool complex/ download from Visva-Bharati Website for availing the services of the Swimming Pool.

The Time Table and User fees chart for the Swimming Pool is also attached to this Notice for information of all concerned.

(Signature)
Director-PSNS

Visva-Bharati, Santiniketan

Copy to:

1. All Directors/ Principals of Bhavanas/ Vibhagas
2. All Heads of Academic & Administrative Departments/Centres/Office/ Sections
3. Registrar
4. Finance Officer
5. Accounts Officer
6. Proctor
7. Librarian, Centre Library
8. In-charge Computer Centre
9. Chief Medical Officer PM Hospital
10. All Joint Registrar/Deputy Registrar/Assistant Registrar/Section Officers
11. Faculty in charge Security
12. CS to Vice-Chancellor
13. PA to Registrar
14. University Webmaster with a request to upload it in the University Website.



VISVA-BHARATI SWIMMING POOL

APPLICATION FORM FOR THE USER OF THE VISVA-BHARATI SWIMMING POOL

To
The Convener
Swimming Pool Committee
Visva-Bharati

Applicants Name: _____ Sex (Please Tick): Male/ Female
Date of Birth: _____ (Age limit- 8yrs – 80 yrs) Height _____ (Min height- 4ft 6 inch)
Email for urgent contact: _____ Mob. No. for urgent contact: _____
Father/ Mother/ Husband Name: _____ Mob. No.: _____

Designation/ Status (Please Tick): Student Patha-Bhavana/ Siksha-Satra/ UG/ PG/ M.Phil/ Ph.D./ University Staff / Children of University Staff/ Spouse of Staff of University/ Pensioner of University/ Spouse of Pensioner of University / Children of University Pensioner*/ University Alumni/ Spouse of University Alumni/ Children of University Alumni*
Suffering from Heart/ Epileptic Diseases – Yes / No (Please Tick)

Check list for Document to be attached

1. Photo – Two Copies (Stamp Size)
2. Identity Bond Duly signed by Application & witness
3. Current Medical Certificate by Registered Medical Practitioner
4. Proof Age & Parental proof – Certificate of Age & Parental proof given by Head of School**/ Voter Id Card / Admit Card of Madhyamik
5. University I Card of V.B. Student, V.B. Staff and V.B. Pensioner, as applicable
6. Alumni Association card for Alumni
7. Spouse of V.B. Staff/ V.B. Alumni & V.B. Pensioner shall submit the voter ID card or Marriage Registration certificate showing husband name as a proof of dependency.

Refer Annex-'A'

Signature of the Applicant

Correspondence Address

Signature of Parents / Guardian

FOR OFFICIAL USE

All document are checked and verified and the applicant is found to be Student Patha-Bhavana/ Siksha-Satra/ UG/ PG/ M.Phil / Ph.D./ University Staff/ Children of University Staff/ Spouse of Staff of University/ Pensioner of University / Spouse of Pensioner of University / Children of University Pensioner*/ University Alumni / Spouse of University Alumni / Children of University Alumni*

(Signature of Convener of Swimming Pool Committee)

Approval of Chairman
(in case of University Student/ Staff/ Staff Ward)

Signature _____

Approval of Committee in case of Pensioner/ Alumni
(Spouse & Children of Pensioner & Alumni)

Signature _____

- In case of Alumni & Pensioner, max two children below the age of 25 yrs are allowed to swim.
- The age limit of dependent children of University is from 8 yrs to 25 yrs or date of employment of the children, which is earlier

CERTIFICATE OF MEDICAL OFFICER

It is certified that Mr. / Mrs. _____ (ID No.) _____ is physically fit to learn/ practice swimming.

University Medical Officer/ Any other
Registered Medical Practitioner

INDEMNITY BOND

To
The President of India

In consideration of my being or my ward/ spouse Mr. / Miss. / Mrs. _____ of whom I am the legal/natural guardian, at my own request to use the Visva-Bharati Swimming Pool facility in charge of any staff of the Visva-Bharati/ outsourcing agency appointed by the Visva-Bharati, undertake and agree that neither I nor my executors or legal representatives will make any claim against the university or against any Staff of the University or any Staff of the outsourcing agency appointed by the Visva-Bharati in respect of any loss or injury to property including injury resulting death which I or my ward/spouse as stated above, may suffer while doing swimming/diving and I understand to agree that no compensation will be paid by the University Authority or any other staff of University or outsourcing agency appointed by the Visva-Bharati. In respect of any such loss or injury and I further agree so as to bind myself my heirs, executors and administration to indemnity you and any other employee of the University or outsourcing agency appointed by the Visva-Bharati or any other person in the service of the Government against out of any act or default on the part of my or the said ward/ spouse during or in connection with such act of swimming/diving in the said pool.

Signature and address of witness
1.

2. _____

Signature of the user of the Swimming Pool
(In case of Minor, Signature of the Guardian)

ID No. _____
Name: _____
Address _____



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Visva-Bharati

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Date of Birth: _____ (Age limit- 8yrs – 80 yrs) Height _____ (Min height- 4ft 6 inch)

Email for urgent contact: _____ Mob. No. for urgent contact: _____

Father/ Mother/ Husband Name: _____ Mob. No.: _____

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Suffering from Heart/ Epileptic Diseases – Yes / No (Please Tick)

Check list for Document to be attached

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7. Spouse of V.B. Staff/ V.B. Alumni & V.B. Pensioner shall submit the voter ID card or Marriage Registration certificate showing husband name as a proof of dependency.

} Refer Appendix- 'A'

Signature of the Applicant

Correspondence Address

Signature of Parents / Guardian

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All document are checked and verified and the applicant is found to be Student Patha-Bhavana/ Siksha-Satra/ UG/ PG/ M.Phil / Ph.D./ University Staff/ Children of University Staff/ Spouse of Staff of University/ Pensioner of University / Spouse of Pensioner of University / Children of University Pensioner*/ University Alumni / Spouse of University Alumni / Children of University Alumni*

(Signature of Convener of Swimming Pool Committee)

Approval of Chairman
(in case of University Student/ Staff/ Staff Ward)

Signature _____

Approval of Committee in case of Pensioner/ Alumni
(Spouse & Children of Pensioner & Alumi)

Signature _____

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It is certified that Mr. / Mrs. _____ (ID No.) _____ is physically fit to learn/ practice swimming.

University Medical Officer/ Any other
Registered Medical Practitioner

INDEMNITY BOND

To
The President of India

In consideration of my being or my ward/ spouse Mr. / Miss. / Mrs. _____ of whom I am the legal/natural guardian, at my own request to use the Visva-Bharati Swimming Pool facility in charge of any staff of the Visva-Bharati/ outsourcing agency appointed by the Visva-Bharati, undertake and agree that neither I nor my executors or legal representatives will make any claim against the university or against any Staff of the University or any Staff of the outsourcing agency appointed by the Visva-Bharati in respect of any loss or injury to property including injury resulting death which I or my ward/spouse as stated above, may suffer while doing swimming/diving and I understand to agree that no compensation will be paid by the University Authority or any other staff of University or outsourcing agency appointed by the Visva-Bharati. In respect of any such loss or injury and I further agree so as to bind myself my heirs, executors and administration to indemnify you and any other employee of the University or outsourcing agency appointed by the Visva-Bharati or any other person in the service of the Government against out of any act or default on the part of my or the said ward/ spouse during or in connection with such act of swimming/diving in the said pool.

Signature and address of witness

1.

2.

Signature of the user of the Swimming Pool
(In case of Minor, Signature of the Guardian)

ID No. _____

Name: _____

Address _____

TIME SCHEDULE OF SWIMMING POOL - 2025-26

MORNING

DAY	06:00-06:50	07:00-07:50	08:00-08:50	09:00-09:50
SUNDAY	VB STUDENT (BOYS)	VB STUDENT (GIRLS)	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS)/OUTSIDER	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER
MONDAY	RESERVED	VB STUDENT/OUTSIDER (GIRLS)	RESERVED	RESERVED
TUESDAY	VB STUDENT/OUTSIDER (BOYS)	VB STUDENT/OUTSIDER (GIRLS)	RESERVED	RESERVED
WEDNESDAY	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER	VB STUDENT/OUTSIDER (BOYS)	VB STUDENT (GIRLS)
THURSDAY	VB STUDENT/OUTSIDER (GIRLS)	VB STUDENT/OUTSIDER (BOYS)	RESERVED	RESERVED
FRIDAY	MAINTENANCE DAY			
SATURDAY	VB STUDENT (BOYS)	VB STUDENT (GIRLS)	RESERVED	RESERVED

TIME SCHEDULE OF SWIMMING POOL - 2025-26

EVENING

DAY	03:00-03:50	04:00-04:50	05:00-05:50	06:00-06:50	07:00-07:50
SUNDAY	RESERVED	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER	V.B Student (GIRLS)	VB STUDENT (BOYS)
MONDAY	RESERVED	RESERVED	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS)/OUTSIDER	VB STUDENT (BOYS)
TUESDAY	RESERVED	VB STUDENT (BOYS)	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS)/OUTSIDER	V.B Student /OUTSIDER (GIRLS)	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER
WEDNESDAY	RESERVED	RESERVED	RESERVED	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS)/OUTSIDER	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER
THURSDAY	RESERVED	VB STUDENT (BOYS)	VB STUDENT (GIRLS)	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS)/OUTSIDER	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER
FRIDAY	MAINTENANCE				
SATURDAY	RESERVED	VB STUDENT (BOYS)	VB STUDENT (GIRLS)	STAFF/ALUMNI/ PENSIONER/FEMALE DEPENDENTS ABOVE 8 YEARS)/OUTSIDER	STAFF/ALUMNI/ MALE DEPENDENTS ABOVE 8 YEARS/OUTSIDER



VISVA-BHARATI

SWIMMING POOL USER FEES STUCTURE

SL. NO.	CATEGORY	AMOUNT
1.	V.B. Students/ V.B. Staff Wards/ Faculty Members' Wards	Rs.300.00 Per month
2.	Research Scholars	Rs. 360.00 Per Month
3.	V.B. Employee/ Spouse of Employee	Rs. 500.00 Per Month
4.	Pensioners their spouse & max. 2 dependent children	Rs. 350.00 Per Month
5.	Alumni / Alumni's spouse/ Alumni's Dependents	Rs. 600.00 Per Month
6.	Academic Class	Rs. 1000.00 Per Slot
7.	Outside School Student (upto 12 th standard)	Rs. 100 Per Slot/ Rs. 1200.00 Per Month
8.	Out Sider	Rs. 200.00 Per Slot/ Rs. 2400.00 Per Month

* Processing fees and cost of user pass Rs. 200.00