



डा० राम मनोहर लोहिया राष्ट्रीय विधि विश्वविद्यालय Dr. Ram Manohar Lohiya National Law University

Ref. No. 407-28(CV) /NLULko/Admin/S-33/2016(1759)
Date: 30 March, 2026

NOTICE

Swimming Pool Opening Announcement for the 2026 Season

1. Opening Period:

- The swimming pool will be open for the season from **April 1, 2026**, and will operate until **September/October 2026**.

2. Application Process for Swimming Pass:

- All the University Students, Faculty Members, Officers, Staff and their family members who are desirous to avail the existing facility of Swimming Pool must obtain a **Swimming Pool Pass**.
- Applicants can apply for **Swimming Pool Pass** through the google form with the help of following link or QR Code:

<https://forms.gle/ZNCWwz2J7rRUYusJA>



- Application form is also available on University website and **Room No. 101, Administrative Block on all working days**.
- A application fee of **₹1,500** must be submitted with the application form, which will be payable only through online mode to the univeristy account directly with the help link available on the university website or the link given below:

<https://www.onlinesbi.sbi/sbicollect/icollecthome.htm?corpID=288415>

(Payment Category => Other, Payment Head => Swimming Pool)

- A hard copy of the Google Form Response Copy/Duly filled Application Form along with the fee receipt must be submitted to Room No 101 on all working days.
- After successful verification of the applicant, **Swimming Pool Pass** will be issued by the competent authority in due course of time and same can be collected by the applicant from **Room No. 101, Administrative Block on all working days**.

3. Mandatory Requirements:

- A **Medical Fitness Certificate** issued by the institution's Medical Officer is required for all applicants.
- No entry will be permitted without a valid Swimming Pool Pass.**

4. Applicability:

- These guidelines apply to **all students, faculty members, officers, staff and their family members**.

(Prof. (Dr.) Manish Singh)
Chairman, Sports Committee

Copy to:

- V.C. for kind information
- HOD/Registrar/FO/Joint Registrar
- Chief Proctor/Warden in Chief/All Wardens
- Librarian in-charge
- All Assistant Registrar
- Security Officer
- All the Notice Boards & website

(Prof. (Dr.) Manish Singh)
Chairman, Sports Committee

SWIMMING POOL TIME SCHEDULE

(w.e.f. 01 April, 2026)

MORNING

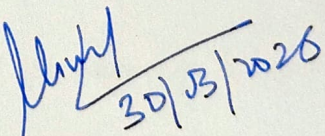
⇒ There shall be 04 slots of one hour duration each from 06:00 am to 10:00 am. The first slot from 06:00 am to 07:00 am shall be exclusively reserved for female members from University and outside.

EVENING

⇒ There shall be 05 slots of one hour duration each from 05:00 pm to 10:00 pm. The slot from 06:00 pm to 07:00 pm shall be exclusively reserved for the RMLNLU Faculty/Officers/Staff and their Family members.

Note:

- ⇒ Apart from the above arrangements the RMLNLU Students/Faculty/Officers/Staff and their family members shall have the access to the swimming pool during all slots.
- ⇒ Swimmers will be allowed as per pool capacity, in case the number of swimmers exceed the pool capacity, they will be shifted to next permissible slots.

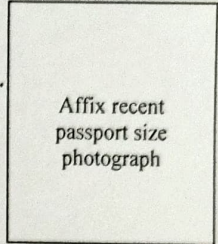

(Prof. (Dr.) Manish Singh)
Chairman, Sports Committee

SWIMMING POOL

MEMBERSHIP APPLICATION FORM

Student Faculty Officer Staff Family Member

Course Name.....Enrollment No.....
(in case of student only)



Name of the Applicant
.....
(IN BLOCK LETTERS)

Gender:- Male Female Oth

Age..... Yrs. Heightcm Contact
No.....

Name of the
Employee.....
(in case of family member) Relation with
employee.....

Fee Detail

Transaction Reference no.	Date	Amount

DECLARATION

1. In case of an Accident I will not hold the university authorities responsible in any way. Rules & Regulations and their amendments as decided by the Swimming pool management committee are applicable on me and I agree to abide by them. I shall cooperate with the authorities in maintaining the discipline in the swimming pool.
2. I declare that I am not suffering from any communicable disease, Epilepsy and Psychiatric Illness.
3. I understand that if any one of the details given above is proved to false, my membership will be cancelled, and suitable disciplinary action will be taken against me.

(Signature of the employee)
(in case of family member)

(Signature of the Applicant)

Date:.....

Date.....

MEDICAL CERTIFICATE

This is to certify that he/she is not suffering from any chronic/contagious diseases or/any disability which prevents him/her from swimming. As such he/she fit for Swimming.

Date:.....
Signature.....

Doctor's
Name & Stamp