പതിനഞ്ചാം കേരള നിയമസഭ

പതിനാറാം സമ്മേളനം

നക്ഷത്രചിഹ്നമിടാത്ത ചോദ്യം നമ്പർ: 1374 **03-02-2026-ൽ മറുപടിയ്ക്ക്**

അഡ്വെഞ്ചർ ആക്ടിവിറ്റി പ്രൊവൈഡർ സർട്ടിഫിക്കറ്റ്

ചോദ്യം ഉന്നയിച്ച അംഗങ്ങൾ	**മറുപടി നൽകിയ മന്ത്രി**
ശ്രീ. എൽദോസ് പി. കുന്നപ്പിള്ളിൽ	ശ്രീ. പി. സി. വിഷ്ണുനാഥ്
ശ്രീ. എൽദോസ് പി. കുന്നപ്പിള്ളിൽ	(വിനോദസഞ്ചാര - സാംസ്കാരിക വകുപ്പ് മന്ത്രി)

(എ) വട്ടിയൂർക്കാവ് യൂത്ത് ബ്രിഗേഡ് സൊസൈറ്റിയെ കേരള ടൂറിസം വകുപ്പ് അഡ്വെഞ്ചർ ആക്ടിവിറ്റി പ്രൊവൈഡർ എന്ന നിലക്ക് അംഗീകരിച്ച് സർട്ടിഫിക്കറ്റ് നൽകിയിട്ടുണ്ടോയെന്ന് വ്യക്തമാക്കുമോ;

മറുപടി: ഉണ്ട് . ഓൺലൈൻ പോർട്ടൽ മുഖേനയാണ് രജിസ്ട്രേഷൻ അനുവദിച്ചത് . ഓൺലൈൻ രേഖകളുടെ പകർപ്പ് **അനുബന്ധമായി** സമർപ്പിക്കുന്നു.

(ബി) പ്രസ്തുത നടപടി സംബന്ധിച്ച നോട്ട് ഫയൽ, കറന്റ് ഫയൽ എന്നിവയുടെ പകർപ്പുകൾ ലഭ്യമാക്കാമോ?

മറുപടി: ഉണ്ട് . ഓൺലൈൻ പോർട്ടൽ മുഖേനയാണ് രജിസ്ട്രേഷൻ അനുവദിച്ചത് . ഓൺലൈൻ രേഖകളുടെ പകർപ്പ് **അനുബന്ധമായി** സമർപ്പിക്കുന്നു.

സെക്ഷൻ ഓഫീസർ

Department of Tourism

CERTIFICATE

OF REGISTRATION

Registration of Adventure Activity Provider

No. TVM-289

I hereby declare that ***VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' COOPERATIVE SOCIETY***, Akkulam Tourist Village, Thiruvananthapuram, Thiruvananthapuram, has been conferred the status of Adventure Activity Provider for a period of 2 years from 20-06-2025 for the activities Cycling, High Rope Courses, Tent Camping, Zip Line

Thiruvananthapuram
20-06-2025

Director
Department of Tourism

kerala
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Department of Tourism, Government of Kerala

KATPS

Approval of Adventure Activity Providers – Land

Name of Provider (The word 'Provider 'should follow the name)	Vattiyoorkavu Youth Brigade Entrepreneurs Cooperative Society.	
Address of Provider	Tc-30/2865, Maruthankuzhi, Kanjirampara P.O, Thiruvananthapuram, Kerala-695030.	
Phone numbers	8547065649	
e mail address	Vybegreen@gmail.com.	
web address		
Owner's name		
Owner's address		
Details of building	**Building Number**	
	Name of the local body	Thiruvananthapuram Corporation
Details of location	**Area of the plot**	
	Survey number	
	Ward No.	
	Village	
	Taluk	Thiruvananthapuram.
Activity Details:	① Cycling ④ Tent Camping. ② Zipline. ③ High Rope Courses.	
Documents produced by the applicant	**Self-Certification in stamp Paper**	~~Yes~~/No
	If applicable NOC from relevant Department	Yes/~~NA~~
	Registration Copy	~~Yes~~/No
	GST Registration/PAN Number	~~Yes~~/No
	Ownership/lease deed of the site	~~Yes~~/No
	Qualification of the personnel	~~Yes~~/No
	Experience Certificate	~~Yes~~/No
	Medical Fitness Certificate	~~Yes~~/No
	First –aid & CPR training certificate	~~Yes~~/No
Application date		

Date: 22-04-2025

DEPARTMENT OF TOURISM * DISTRICT OFFICE THIRUVANANTHAPURAM Pin: 695014 * GOVT. OF KERALA

Name, Designation and Signature of
The Chairman, Adventure Activity Provider
Approval committee

എം. ശ്രീകുമാർ
(PEN : 372438)
ഡെപ്യൂട്ടി ഡയറക്ടർ
ടൂറിസം ജില്ലാ ഓഫീസ്
തിരുവനന്തപുരം

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Department of Tourism, Government of Kerala

Approval of Adventure Activity Provider

Checklist

Name of unit : Vattiyoorkavu Youth Brigade Entrepreneur's Cooperative Society

Date of inspection : 22-04-2025

Sl No	Documents/Facilities / Services	YES	NO	NA
1.	Copy of documents uploaded	✓		
2.	Self Certification in stamp paper	✓		
3.	Risk Assessment document prepared	✓		
5.	Insurance Coverage	✓		
6.	List of nearest hospital or enrooted	✓		
7.	Qualified Team Leader	✓		
8.	Qualified Staff	✓		
9.	Equipments for activities are standardized	✓		
10.	First -aid kit with necessary items	✓		
11.	Emergency Action plan prepared	✓		
12.	Waste management system in place	✓		
13.	Safety instructions displayed	✓		
14.	Copy of SOP retained	✓		
15.	Access to washroom/ toilets	✓		
16.	Activity fee displayed	✓		
17	Valid registration for vehicle obtained	✓		
18	Indemnity Bond/Declaration	✓		
19	Log Book	✓		
20	Purchase bill of adventure equipments	✓		

Supplement check list for verification of Expert Committee

Sl No	Facilities / Services / Utensils	YES	NO	NA
1.	Certificate from Engineer.	✓		
2.	Site is safe for conducting activity	✓		
3.	Galvanized/ stainless steel wire used	✓		
4.	Zip wire / course wire has minimum diameter of 12 mm	✓		
5.	Terminators closure angle equal to or less than 60 degree	✓		
6.	Personal Protective Equipment (PPE) are proper and safe	✓		
7.	Proper Breaking system is maintained	✓		
8.	PPE conform to UIAA/EN-CE standard	✓		

Activity Based Documents

Code	Activity Name	Facilities / Services / Utensils	YES	NO	NA
L7	Zip Wires(Zip Line)	Engineer Certification	✓		
L8	High Ropes Courses	Engineer Certification	✓		
L10	Artificial Wall Climbing	Engineer Certification			✓
L13	Jeep Safari	Registration copy of Vehicle			✓
		Fitness Certificate of Vehicle/s			✓

Committee Members	Name and Designation	Signature with Date
Chairman	[illegible] (PEN 372438) [illegible]	08/05/2025
Convener	BWJ KURIAKO SJB CBO KATPI	8/5/25
Member	Technical Member KATPS Pradeep Murthy	
Member	Satheesh Miranda DTPC Secretary	8/5/25
Member		

Department of Tourism, Government of Kerala
Approval of Adventure Activity Provider

KATPS

Inspection Report of the Committee for Adventure Activity Provider

The committee has inspected the AAP...M/S Vathiyoorkavu Youth Bridgade Entrepreneurs Cooperative Society on...08/05/2025

Decision of the Committee

* The Adventure Activity Provider can be approved.

[Remarks :

.....

.....]

Or

* As the AAP does not satisfy the requirements as per the stipulation of Department of Tourism, Government of Kerala, it could not be approved.

[Remarks:

.....

.....

.....]

Committee members	Name and Designation	Signature with date
Chairman	ശ്രീകുമാർ (PEN : 372438) ടൂറിസം ജില്ലാ ഓഫീസ് തിരുവനന്തപുരം	08/05/2025
Convener	BINU ടൂറിസം പ്രമോഷൻ ഓഫീസർ DTPC, KATPS	
Member	Technical Member KATPS Pradeep M.V.	
Member	Satheesh Miranda DTPC Secretary	
Member		
Member		

Gmail

Info Katps <info@katps.in>

Kerala Adventure Safety and Security Guide line Registration - Site Inspection intimation

2 messages

Info Katps <info@katps.in> Wed, Apr 16, 2025 at 10:52 AM
To: Deputy Director Thiruvananthapuram <ddtvm@keralatourism.org>
Cc: DTPC Thiruvananthapuram <info@dtpcthiruvananthapuram.com>, ktm@keralatravelmart.org, Pradeep Murthy <pradeepmur@gmail.com>
Bcc: vybegreen@gmail.com

Dear Sir,

Thiruvananthapuram district Adventure Units site inspection is scheduled on 22nd April 2025. Please see the attached documents and schedule.

https://www.keralaadventure.org/online-registration/uploads/accreditation-adventire-tourism-guidelines.pdf

Adventure Activity Provider:

No.	Name of Unit	Address & Activity place	Date &Time	Activity
1	M/s. Vattiyoorkavu Youth Brigade Entrepreneurs' Cooperative Society	TC-30/2865, Maruthankuzhi, Kanjirampara P.O., Thiruvananthapuram, Kerala - 695030 Location of Activity: Akkulam Tourist Village, Thiruvananthapuram	22.04.2025 01.00 pm	1.Cycling 2.Zip Line 3.High Rope Courses 4.Tent Camping

Binu Kuriakose,
Chief Executive Officer,
Kerala Adventure Tourism Promotion Society
T.C.26/849(1), University Women's Hostel Junction,
Vazhuthacaud,
Thiruvananthapuram - 695014
Ph: +91 471 2320777
Mob: +91 9656011630
Email: info@katps.in
Website: www.keralaadventure.org

---

ktm@keralatravelmart.org <ktm@keralatravelmart.org> Wed, Apr 16, 2025 at 12:05 PM
To: Janeesh / EAT Vlogs <janeesh.j@gmail.com>
Cc: Info Katps <info@katps.in>

Dear Janeesh,

Please see the trail email and join the inspection team representing KTM.

With kind regards,

Rajkumar K
Chief Executive Officer

Kerala Travel Mart Society

63/456, Elamkulam Road (Kaloor-Kadavanthra Road), Cochin - 682017

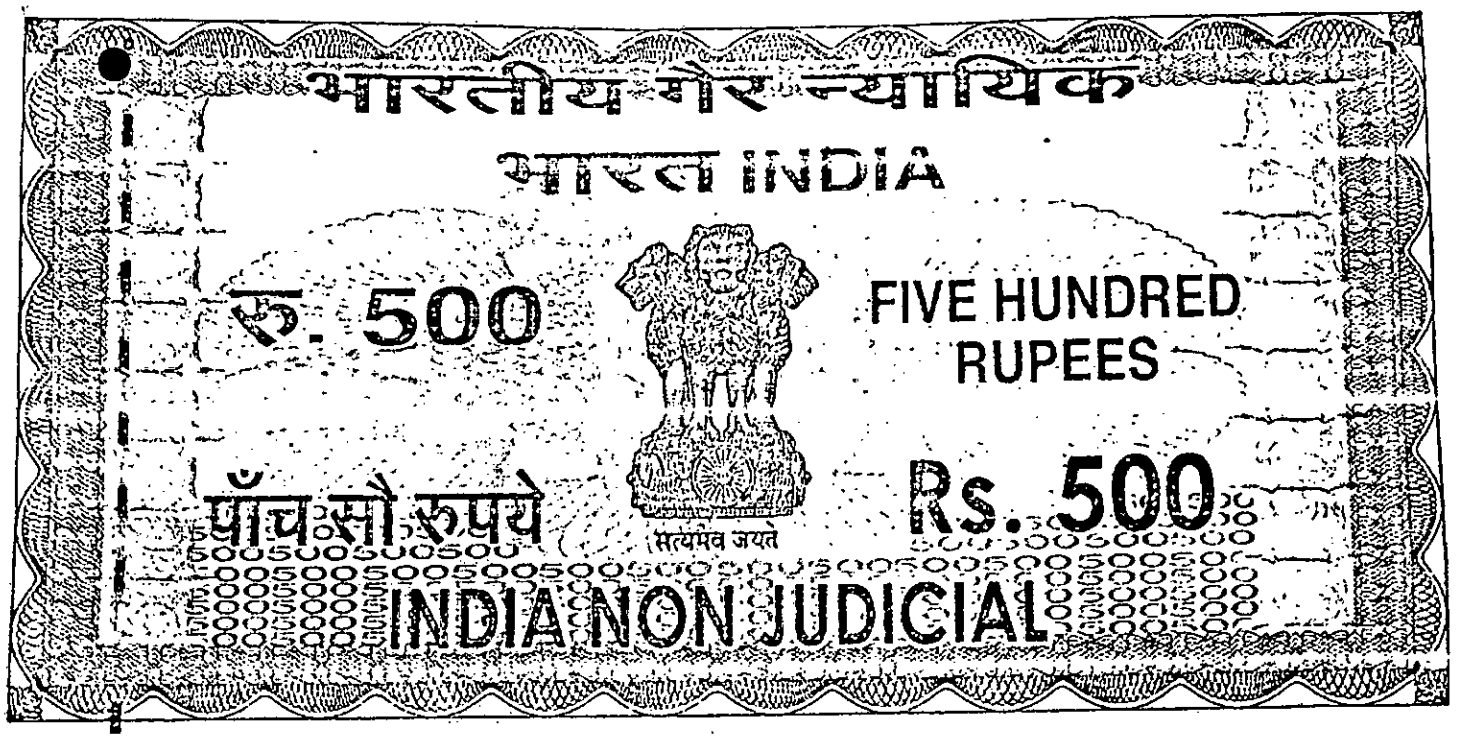
Tel : +91-484-2203156

Mob : 9744720077

emails : ktm@keralatravelmart.org,

www.keralatravelmart.org

[Quoted text hidden]



കേരളം केरल KERALA L 377893

A G R E E M E N T

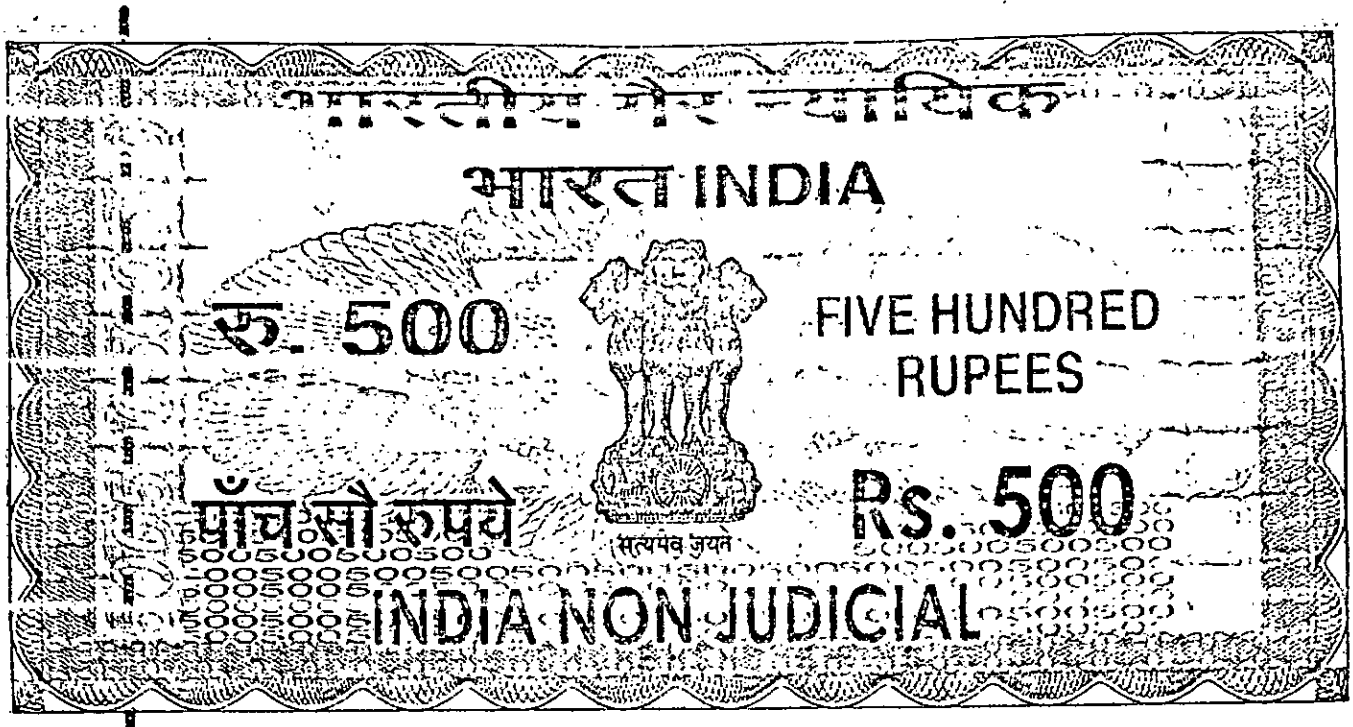
District Tourism Promotion Council, Thiruvananthapuram, an agency under **Department of Tourism for identification, development & maintenance of** domestic tourist destinations. For brevity it is termed as **DTPC** hereinafter. Akkulam tourist village is a prominent picnic spot managed by DTPC situated within 15kms radius of the city far from the hustle and bustle in a very calm and quiet region adjacent to the beautiful Akkulam Lake and also very close to the newly opened Lulu mall. The park has free regions and amenities that can be used for setting up adventure zones, fun activities, and eateries. Considering the opportunity, DTPC invited prominent private agencies and experts from industry for a pre-bid meet on 29th December 2021.

Sharon Veettil
Secretary
District Tourism Promotion Council
Thiruvananthapuram-695 003

03-06-2022

30 MAR 2022

AMANC
VENDOR



കേരളം केरल KERALA L 377892

Consequently, DTPC proposes to operate the facilities in an outsourced manner and hence invited quotations following QCBS selection model in the "Twin cover" system from experienced private players willing to invest and set up activities inside Akkulam tourist village.

After due process, Vattiyoorkavu Youth Brigade Entrepreneurs' Co-operative Society Limited No: T 2283 (hereinafter termed **VYBECOS**) has emerged as the successful bidder based on the evaluation criteria. Further to which this agreement is entered by DTPC & VYBECOS to operate new activities at Akkulam tourist village as per the scope of this agreement.

This agreement is signed on July 03, 2022 between **DTPC Thiruvananthapuram** represented by **Sri. Sharon Veettil, Secretary** on one part **(hereinafter called DTPC)** and **VYBECOS** represented by **Smt. Radhika Ramachandran U.** on the other part **(hereinafter called VYBECOS)**

Sharon Veettil
Secretary
District Tourism Promotion Council
Thiruvananthapuram-695 003

VYBe

30 JUN 2022

03-06-2022

Youth Brigade

Co-operative

HAMANG
NDOR
JEEV. R.S

1. The lease/contract will be for a period of 5 years commencing from the date of signing of agreement and any further extension will be allowed upon satisfactory assessment by the District Tourism Promotion Council, Thiruvananthapuram as per the various terms of this agreement. The VYBECOS is expected to complete work on facility building by July 15, 2022. Any extension on the date of beginning of operations will be allowed on sufficient grounds for larger investment projects to execute. The contract period will start from the 1st day of operation viz. signing of this agreement.

2. There will be an annual inspection of the leased space or whatever components covered in the project by the Secretary or an authority appointed by the secretary as per directions of the District collector or Chairman, DTPC. Upon satisfactory report the contracts stand renewed meeting other conditions of contract and on a negative report the DTPC shall cancel the contract with a notice to the agency stating the reason and canceling agreement shall be at its sole discretion.

3. After the 5-year+ period, the contract can be extended on the basis of a satisfactory report on the operations by the agency. This renewal is not a right of the operator; however, such renewal is on a satisfactory completion of the previous 5 years. After that, the contract will not be continued, unless otherwise decided by authority of DTPC Thiruvananthapuram.

4. **GST at the prevailing rates will be applicable to the Revenue Sharing. The Financial components and payment methods are elucidated in the annexure-1 forming part of this agreement.**

5. Security deposit - VYBECOS has to remit (or show as security deposit) an amount equivalent to 6 months lease amount as security deposit or 25% of

Sharon Veettil
Secretary
District Tourism Promotion Council
Thiruvananthapuram-695 003

total projected annual sale as deposit or minimum of 2 lakh whichever is higher. This security deposit (or bank guarantee) will be returned after a three months period from the date of termination of the contract after clearing all the liabilities due to DTPC Thiruvananthapuram. Security deposit is for the guarantee of the space and resources handed over to VYBECOS as a part of this agreement. The region leased for activities include the water body with coracles, artificial waterfall, walkways to top regions, fish spa, the cycle track along with cycles, and the top region excluding dining spots.

6. Activities built and operated by VYBECOS must be approved by the Secretary, DTPC Thiruvananthapuram and any new addition to activities must be given in document for approval before beginning with installation. Rates must be communicated and approved in document. As per the terms and conditions of the financial tender submitted the revenue share will be of ratio 75:25 for VYBECOS and DTPC Thiruvananthapuram respectively.

7. Both the parties can terminate the contract with three months' notice. Any dues/loss incurred by District Tourism Promotion Council; Thiruvananthapuram will be taken from the Security.

8. VYBECOS will put up necessary infrastructure for the new activities as per project report submitted, Staffing as per requirement and qualified to handle the facility. Procuring all safety gears as required to operate such a facility. Any or related expense to operate such a facility within the premises allotted as per project report submitted.

9. VYBECOS shall follow the SOP's set for the Akkulam tourist village and ensure a seamless service to visitors. VYBECOS shall jointly work with

Sharon Veettil
Secretary
ct Tourism Promotion Council
iruvananthapuram-695 003

VYBE

DTPC for accomplishing the vision of making Akkulam tourist village a favorite picnic destination in Thiruvananthapuram attracting both local & foreign tourists. Both parties shall jointly work for promotion campaigns to bring more visitors to the destination.

10. All other applicable rules and regulations of the state with respect to operation of such facilities (such as maintenance of facility, hygiene standards, safety measures, etc.) have to be complied fully. The standards/compliance etc will be at par with G.O.(Ms)No: 18/2019/Tourism dt. 14-10-2019 – Kerala Adventure and Activity Based Tourism standards.

11. Safety protocols must be strictly on place and inspected at regular intervals to avoid any accidents to visitors and staff. VYBECOS must ensure and provide insurance for the complete activities with a reputed service provider.

12. Since the land is a State Property and for any unforeseen reasons, if the State notifies this area for any developmental purposes, which may propel the DTPC Thiruvananthapuram to cancel the agreement, the same will be affected with three months' notice and VYBECOS will not have any right for claiming compensation or any charges for early termination of contract.

13. DTPC, Thiruvananthapuram would like to have the workers positioned by VYBECOS medically certified from approved Registered Medical Practitioner recognized by Indian Medical Council, to be free from Communicable and contagious diseases in addition to general fitness. Polite and respectable manners should be maintained by all employees engaged by the VYBECOS and as specified by District Tourism Promotion Council, Thiruvananthapuram from time to time.

Sharon Veettil
Secretary
District Tourism Promotion Council
Thiruvananthapuram-695 003

VYBC

14. All the staff in the leased facility should wear very clean uniforms, face masks, gloves, caps and proper identity cards throughout the working hours. COVID protocol will be followed as per instructions from the state.

15. Every dispute, differences or question which may at any time arise between the parties here to or any person claiming under them, touching or arising out of or in respect of the agreement or subject matter shall be referred to the Director, Department of Tourism, Park View, Thiruvananthapuram whose decision shall be final and binding on all concerned.

16. The facilities should open and work on all days. The operation time shall be as per park hours of Akkulam tourist village.

17. VYBECOS should ensure that hazardous or inflammable items or any other intoxicating materials are not stored in the building and its premises. Proper firefighting equipment should be installed in the premises besides normal safety measures by DTPC.

18. VYBECOS will take appropriate approvals from its appropriate committee or administration regarding this project.

Witness:

1. PRAMOD.K.S

2. AKHIL G.S

Sharon Veettil
Secretary,
DTPC-Thiruvananthapuram

Radhika Ramachandran U.
Secretary,
VYBECOS

OFFICE OF THE DISTRICT TOURISM PROMOTION COUNCIL TVPM. Ph:0471-2335003

Annexure – 1

This annexure is part of this agreement, which explains the operational part of the Financial Revenue and its sharing pattern.

1. The tariff for each component excluding GST will be informed by VYBECOS TO DTPC much before starting of operation, so as to enable the creation of proper tickets in the ticketing machines. If GST is implemented, the tariff inclusive of GST should be informed separately for the above ticketing purpose.
2. The revenue sharing is @ 25:75 between DTCP AND VYBECOS respectively for activities operated by VYBECOS.
3. The share of VYBECOS will be transferred to the bank account of VYBECOS on a weekly basis. The period can be extended or shortened on mutual agreement.
4. At the end of payment period as per clause 3 above, a debit memo will be prepared by DTPC indicating activity based revenue collection (excluding GST, if implemented) and the share of 75% due to VYBECOS will be transferred to their bank account.
5. At the month end, an Invoice of VYBECOS will be generated in the ticketing machine clearly showing the total collection for the month (GST including, if implemented) The total 75% less already released will be released along with 75% of the GST Component.
6. VYBECOS undertakes and indemnifies DTPC that they will promptly file GSTR-1 within the stipulated time as per rules.

Sharon Veettil
Secretary
District Tourism Promotion Council
Thiruvananthapuram-695 003

തിരുവനന്തപുരം നഗരസഭ

UE2/5764/2022

19/11/2022

നിരാക്ഷേപ സാക്ഷ്യപത്രം

DTPC യുടെ കീഴിലുള്ള ആക്കുളം ടൂറിസ്റ്റ് വില്ലേജിൽ സ്ഥാപിച്ചിരിക്കുന്ന അഡ്വഞ്ചർ ടൂറിസം പദ്ധതിക്കുള്ള നിർമ്മാണ പ്രവർത്തനങ്ങൾ ചുവടെ ചേർക്കുന്ന നിബന്ധനകൾക്ക് വിധേയമായി നിരാക്ഷേപ സാക്ഷ്യപത്രം ഇതിനാൽ നൽകുന്നു.

വ്യവസ്ഥകൾ

1) നിയന്ത്രിത ഇടവേളകളിൽ പീരിയോഡിക്കൽ ഇൻസ്പെക്ഷനും മാസ പരിശോധനയും നടത്തി സുരക്ഷ ഉറപ്പു വരുത്തേണ്ടതാണ്.
2) അഡ്വഞ്ചർ പാർക്കിലെ റൈഡിംഗ് ഉപകരണങ്ങളിൽ ലോഡിംഗ് കപ്പാസിറ്റി നിശ്ചിത സ്റ്റാന്റേർഡിന് വിധേയമായി നിജപ്പെടുത്തേണ്ടതാണ്.
3) ആവശ്യമായ സുരക്ഷാസംവിധാനങ്ങൾ എപ്പോഴും പ്രവർത്തനക്ഷമമായിരിക്കേണ്ടതാണ്.
4) പാർക്കിന്റെ പ്രവർത്തനം ഈ വിഷയത്തിൽ പ്രാവീണ്യമുള്ള ഗാർഡുകളുടെ നിയന്ത്രണത്തിലായിരിക്കണം.
5) റൈഡുകളിൽ എന്തെങ്കിലും സുരക്ഷാവീഴ്ചയുണ്ടായാൽ ആയതിന്റെ പൂർണ്ണ ഉത്തരവാദിത്വം ടൂറിസം വകുപ്പിനായിരിക്കും.
6) സിവിലായിട്ടുള്ള നിർമ്മാണ പ്രവർത്തനങ്ങൾക്ക് KMBR ന് വിധേയമായി പെർമിറ്റ് എടുക്കേണ്ടതാണ്.

സെക്രട്ടറി BIJU.K
തിരുവനന്തപുരം നഗരസഭ

Executive Engineer
Municipal Corporation
Thiruvananthapuram

THIRUVANANTHAPURAM MUNICIPAL CORPORATION ENGINEERING SECTION

DISTRICT TOURISM PROMOTION COUNCIL

a Government of Kerala Undertaking

No Objection Certificate

To Whomsoever it may Concern

This is to certify that District Tourism Promotion Council - Thiruvananthapuram has granted permission to Vattiyoorkavu Youth Brigade Entrepreneurs' Co-operative Society for constructing and operating Adventure Tourism Activities at Akkulam Tourist Village, Thiruvananthapuram.

Certified that District Tourism Promotion Council – Thiruvananthapuram has no objection in the aforementioned movement.

Issued this on October 20 2022, as requested by Vattiyoorkavu Youth Brigade Entrepreneurs' Co-operative Society in support of their application for Project Accreditation by Kerala Adventure Tourism Promotion Society.

Shri. Sharon Veetil
Secretary,
DTPC-Thiruvananthapuram

Opp. Raj Bhavan, Vellayambalam, Kowdiar P.O., Thiruvananthapuram-695 003
Tel. 0471 2315397, 2313606, E-mail: info@dtpcthiruvananthapuram.com

kerala
God's Own Country

DISTRICT TOURISM PROMOTION COUNCIL

a Government of Kerala Undertaking

No: DTPC/G-249/2022 /250 12-4-2022

The Secretary
Vattiyoorkavu Youth Brigade Entrepreneurs'
Co-operative Society Ltd No: T. 2283
Karthika, B-38, T.C.22/3236, Srirangam Lane
Thiruvananthapuram-695010

Sir,

Sub: DTPC TVPM – Selection of Service Provider for Leisure and adventure activities at Akkulam – reg:
Ref: 1. Bid notification published in news paper dt. 20-1-2022
2.Your bid dt. 10-2-2022

Kind attention is invited to above references. We are glad to convey that your bid was successfully selected by the evaluation committee as per the scoring sheet and financial bid quoted. Further to which the honorable chairperson of District Tourism Promotion Council, Thiruvananthapuram has granted approval to finalize your bid and enter into an agreement. You are requested to enter an agreement with the District Tourism Promotion Council to build and execute the proposed activities as per the terms and conditions of the bid. As the successful bidder you are requested to abide by the project proposed and do not make any amendments without the permission from the council. Please share with us the various stages of execution of the project with a deadline to open the adventure & leisure zone to the public. As per the meeting called for negotiation you have agreed for the revenue share model of 25:75 for DTPC and VYBE society respectively to the conditions of agreement. You may submit any conditions to include in the draft agreement by email to the secretary, DTPC but subject to approval. Kindly revert with acceptance to this letter and enter into agreement within the next 10 working days.

Yours faithfully,

SECRETARY

ഷാരോൺ വീട്ടിൽ
സെക്രട്ടറി
ജില്ലാ ടൂറിസം പ്രമോഷൻ കൗൺസിൽ
തിരുവനന്തപുരം

Opp. Raj Bhavan, Vellayambalam, Kowdiar P.O., Thiruvananthapuram-695 003
Tel. 0471 2315397, 2313606, E-mail: info@dtpcthiruvananthapuram.com

Kerala God's Own Country

Department of Tourism

CERTIFICATE

OF REGISTRATION

Registration of Adventure Activity Provider

No. TVM-139

I hereby declare that ***VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' COOPERATIVE SOCIETY***, Akkulam Tourist Village, Thiruvananthapuram, Thiruvananthapuram, has been conferred the status of Adventure Activity Provider for a period of 2 years from 30-11-2022 for the activities Cycling, High Rope Courses, Zip Line

Thiruvananthapuram
30-11-2022

Director
Department of Tourism

kerala
God's Own Country

The Oriental Insurance Company Limited

GPA - NAMED POLICY SCHEDULE

IRDA/NL-HLT/OIC/P-P/V.1/457/13-14

Policy No.	: **441202/48/2025/634**	**Prev.Policy No.**	: **442301/48/2024/685**
Cover Note No.	: -	Cover Note Date	: -
Insured's Code	: 166659423	Issue Office code	: 441202
Insured's Name	: The Secretary, Vattiyoorkavu Youth Brigade Entreprenueurs (GSTIN: 32AAGAV5579C1ZE)	Issue Office Name	: BO PAPPANAMCODE (GSTIN: 32AAACT0627R3Z6)
Address	: Co-op Society Ltd. No T 2283,T.C.30/2868, Maruthamkuzhi, Kanjirampara P.O. Trivandrum 695030 TRIVANDRUM KERALA 695030	Address	: Govindam Complex Estate Road Pappanamcode TRIVANDRUM KERALA 695018
Tel. /Fax /Email	: / / 9633841844 / vybegeneral@gmail.com	Tel. /Fax /Email	: 0471 2222539 ; (D) 0471-2220539 / / 441202@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code	: **NA0000001346 DIRECT**
Agent/Broker	: **BA0000034807 MR. S.J. RAJESH**
Address	: **Hamarah,Industrial Estate PO.,Trivandrum.,TRIVANDRUM,KERALA,695018**
Tel/Fax/Email	: **9747111188//tvm.rajesh2010@gmail.com**

Period of Insurance : FROM 20:00 ON 16/11/2024 TO MIDNIGHT OF 15/11/2025

Collection No & Dt : DC_I_IND 5220005579 - 16/11/2024 GST INVOICE NO :3223488952 UIN :0

Gross Premium : 1,650 GST : 298 Stamp Duty : 25 Total : 1,948

Co-insurance Details : NIL

Number of persons covered : 3

Total Sum Insured : 750000

AOA Limit : 500000

Details of Insured Persons :

Sr. No.	Emp No./ ID No.	Name	Age	Sex	Section/Cover	Sum Insured	Additional Covers
1	1	Rajesh R	35	M	Table of benefits III Table of benefits I Table of benefits IA Table of benefits II	2,50,000	Medical Expenses Loading 10%
						2,50,000	
2	2	Vishnu A	31	M	Table of benefits III Table of benefits I	2,50,000	Medical Expenses Loading 10%

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

The Oriental Insurance Company Limited

Attached to and forming part of policy number 441202/48/2025/634

2				Table of benefits IA Table of benefits II	2,50,000		
3	6	Pooja A L	22	F	Table of benefits III Table of benefits I Table of benefits IA Table of benefits II	2,50,000 2,50,000	Medical Expenses Loading 10%

Additional Details of Insured Persons :

Sr.No.	Name	Occupation	Pre-existing Disabilities	Risk Group	Assignee Name	Share %	

Total Sum Insured in words : Indian Rupees Seven Lakhs Fifty Thousand Only
Total Premium in words : Indian Rupees One Thousand Nine Hundred Forty-Eight Only

Term of Insurance: As per the Clauses written hereunder and/or attached herewith
In case of any single accident, the liability under this policy shall be restricted to the AOA Limit specified in the Schedule.
In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing offices as well as Company's website.
Where Loading for Medical Extension cover is 10%, the Policy is Extended to include payment of medical expenses due to accident upto 10% of the capital SI or 25% of the admissible PA claims amount or actual medical expenses incurred whichever shall be less

Excess : NIL

"The Insurance under this policy is subject to conditions,clauses,warranties,exclusions which are available on Company's website: www.orientelinsurance.org.in or an demand from the policy issuing office"

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the Company has/have herein to set his/their hands at BO PAPPANAMCODE (GSTIN: 32AAACT0627R3Z6) on 16TH DAY OF NOVEMBER 2024

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

The Oriental Insurance Company Limited

Attached to and forming part of policy number 441202/48/2025/634

Relationship

1	Rajesh R	OTHERS	Nil	HEAVY RISK	Arshan	100	Spouse
2	Vishnu A	OTHERS	Nil	HEAVY RISK	Sheela	100	Spouse
3	Pooja A L	OTHERS	Nil	HEAVY RISK	Lily	100	Spouse

Entered By : SHYNU C. VIJAYAN
Examined By : UDAYA KUMAR C.K.

Policy Printed By : 943193 IP :
Policy Printed On : 16-NOV-24 20:50:38 MAC :

Digitally Signed
By
Authorised Signatory

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.
In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.
CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees
IRDA Regn. No. 556 - Now you can buy and renew selected policies online at **www.orientalinsurance.org.in** and through other digital platforms including Whatsapp (Send "Hi" to 9560711200)

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

The Oriental Insurance Company Limited

PUBLIC LIABILITY NON INDUSTRIAL POLICY SCHEDULE

Policy No.	: **441202/48/2025/635**	**Prev Policy No.**	: **442301/48/2024/684**
Cover Note No.	: -	Cover Note Dt.	:
Insured's Code	166659423	Issuing Office Code	: 441202
Insured's Name	: The Secretary, Vattiyoorkavu Youth Brigade Entreprenueurs (GSTIN: 32AAGAV5579C1ZE)	Issuing Office	: BO PAPPANAMCODE (GSTIN: 32AAACT0627R3Z6)
Address	: Co-op Society Ltd. No T 2283,T.C.30/2868, Maruthamkuzhi, Kanjirampara P.O. Trivandrum 695030 TRIVANDRUM KERALA 695030	Address	: Govindam Complex Estate Road Pappanamcode TRIVANDRUM KERALA 695018
Telephone No.	: / / 9633841844 / vybegeneral@gmail.com	Telephone No.	: 0471 2222539 ; (D) 0471-2220539 / / 441202@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code : **NA0000001346**

Agent/Broker : **BA0000034807 MR. S.J. RAJESH**

Address : **Hamarah,Industrial Estate PO.,Trivandrum.,TRIVANDRUM,KERALA,695018**

Tel/Fax/Email : **9747111188//tvm.rajesh2010@gmail.com**

Period of Insurance : FROM 20:00 ON 16/11/2024 TO MIDNIGHT OF 15/11/2025

Collection No. & Dt. : DC_I_IND 5220005579 - 16/11/2024 GST INVOICE NO :3223488951 UIN :0

Gross Premium : 7,643 GST : 1376 Stamp Duty : .5 Total : 9,019

Retroactive Date : 16/11/2024

AMUSEMENT PARK-AKKULAM ADVENTURE TOURISM PROJECT

Indemnity Limit :

Any One Accident	: Rs. 500000
Aggregate during the Policy Period	: Rs. 2000000
Compulsory Excess	: 0.25%AOA limit subject min of Rs.1000 max of Rs. 1,00,000/-
Voluntary Excess	: NIL
	:

Territory/Jurisdiction: INDIA / INDIA

Location Details

Location Number : 1

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-558

The Oriental Insurance Company Limited

Attached to and forming part of policy number 441202/48/2025/635

Location Name : AKKULAM TOURIST VILLAGE, AKKULAM
Address : AKKULAM ADVENTURE TOURISM PROJECT
AKKULAM TOURIST VILLAGE, AKKULAM TVM
State : KERALA
City : TRIVANDRUM
Pin Code : 695029-ANAYARA
District : THIRUVUNANTHAPURAM
EQ_Zone :
Class Of Construction : CLASSII
Risk Group : GROUPIV
Height :

Total Premium in words : Indian Rupees Nine Thousand Nineteen Only

The insurance under this policy is extended to cover risks of (as per forms attached) : NIL

"The insurance under this policy is subject to conditions,clauses,Waranties,exclusions which are available on Company's website **www.orientalinsurance.org.in** or on demand from the policy issuing office.

1 Not Beyond the Indian Territories
2 In the event of a claim under the policy exceeding Rs. 1 lac or a claim for refund of premium exceeding Rs. 1 lac,the insured will comply with the provisions of the AML policy of the Company.The AML policy is available in all our operaing offices as well as Company's website.
3 If any additional EXCESS/DEDUCTIBLE is imposed on the face of the policy, the EXCESS/DEDUCTIBLE which ever is Higher will only be applied

Hypothecation / Lease / Hire Names are as per the list attached: Not Applicable

ı witness where of the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at BO 'APPANAMCODE (GSTIN: 32AAACT0627R3Z6) on 16TH DAY OF NOVEMBER 2024.

ntered By : SHYNU C. VIJAYAN

xamined By : UDAYA KUMAR C.K.

olicy Printed By: 943193 IP:

olicy Printed On: 16-NOV-24 20:51:57 MAC:

Digitally Signed
By
Authorised Signatory

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-558

Attached to and forming part of policy number 441202/48/2025/635

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at **www.orientalinsurance.org.in** and through other digital platforms including Whatsapp (Send "Hi" to 9560711200)

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

The Oriental Insurance Company Limited

ORIENTAL BHARAT SOOKSHMA UDYAM SURAKSHA POLICY POLICY SCHEDULE

Policy No	: **441202/11/2025/97**	**Prev Policy No**	: **442301/11/2024/177**
Cover Note No	: -	Cover Note Dt	:
Insured's Name	: 166659423 - The Secretary, Vattiyoorkavu Youth Brigade Entreprenueurs (GSTIN: 32AAGAV5579C1ZE)	Issuing Office	: 441202 - BO PAPPANAMCODE (GSTIN: 32AAACT0627R3Z6)
Address	: Co-op Society Ltd. No T 2283,T.C.30/2868, Maruthamkuzhi, Kanjirampara P.O. Trivandrum 695030 TRIVANDRUM KERALA 695030	Address	: Govindam Complex Estate Road Pappanamcode TRIVANDRUM KERALA 695018
Tel /Fax /Email	: / / 9633841844 / vybegeneral@gmail.com	Tel /Fax /Email	: 0471 2222539 ; (D) 0471-2220539 / / 441202@orientalinsurance.co.in

Agent/Broker Details

Dev.Off.Code	: **NA0000001346 DIRECT**
Agent/Broker	: **BA0000034807 MR. S.J. RAJESH**
Address	: **Hamarah,Industrial Estate PO.,Trivandrum.,TRIVANDRUM,KERALA,695018**
Tel/Fax/Email	: **9747111188//tvm.rajesh2010@gmail.com**

Period of Insurance : **FROM 20:00 ON 16/11/2024 TO MIDNIGHT OF 15/11/2025**

Collection No & Dt : DC_I_IND 5220005579 - 16/11/2024 GST INVOICE NO :3223488950 UIN :0

Gross Premium : 5,837 GST : 1,050 Stamp Duty : .5 Total : 6,887

Co Insurance Details : None

RISK DETAILS

1 Location of the Risk : AKKULAM ADVENTURE TOURISM PROJECT
AKKULAM TOURIST VILLAGE, AKKULAM, TVM

KERALA
TRIVANDRUM
695029
THIRUVUNANTHAPURAM

Risk Description : Amusement Parks

Sum Insured : 30,00,000

RISK DETAILS

2 Location of the Risk : x

KERALA
TRIVANDRUM

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-656

Attached to and forming part of policy number 441202/11/2025/97

695001
THIRUVUNANTHAPURAM

Risk Description	:	Material stored in Godown and Silos - Storage of Non-hazardous goods subject to warranty that hazardous goods of Category I, II, III , Coir waste, Coir fibre and Caddies are not stored therein
Sum Insured	:	20,00,000

1	SMI Desc	Nature of Stock	Sum Insured
	Other Contents-Safety equipments		5,00,000
	Equipments for adventure tourism - Rope & Wire, Safety equipments,Construction materials with labour		25,00,000

2	SMI Desc	Nature of Stock	Sum Insured
	Stock		20,00,000

SCHEDULE OF PREMIUM

TOTAL PREMIUM	5,837
STAMP DUTY	.5
ADD: SGST	525
ADD: CGST	525
TOTAL AMOUNT	6,887

Total Sum Insured In Words : Indian Rupees Fifty Lakhs Only
Total Premium In Words : Indian Rupees Six Thousand Eight Hundred Eighty-Seven Only

Excess:

Excess of 5000 for each and every claim
Terrorism excess as per the clause attached.

DEDUCTIBLE:

Fire Excess ¿ Excess of ? 5,000 (Rupees Five Thousand) for each claim

The Insurance under this policy is subject to warranties & Clauses otherwise stated herein:

1. AGREED BANK CLAUSE
2. Endorsement - Earthquake (Fire And Shock) - Add On Cover
3. Exclusions:4. Pollution or contamination, unless i. the pollution or contamination itself has resulted from an Insured Event,or ii. an Insured Event itself results from pollution or contamination.
4. Exclusions:5.Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity
5. Exclusions:6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings,securities, obligations on documents of any kind, coins or paper money, cheques, vehicles, and explosive substances

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

Attached to and forming part of policy number 441202/11/2025/97

6. Exclusions:7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
7. Exclusions:3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from Bharat Grih Suraksha 24 any nuclear waste from combustion of nuclear fuel, or the radioactive,
8. Exclusions:8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Exclusions:9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Exclusions:11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area
11. Exclusions:12. Costs, fees or expenses for preparing any claim.
12. Coverages:Fire.– Explosion or Implosion.Lighting.– Earthquake, volcanic eruption, or other convulsions of nature.Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation
13. Coverages:Bush fire, Forest fire,Jungle fire.Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, animal, falling trees, aircraft, wall etc.)
14. Coverages:Acts of terrorism (Coverage as per Terrorism Clause attached.)Bursting or overflowing of water tanks, apparatus and pipes.Leakage from automatic sprinkler installations.
15. Exclusions:We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly a result of or is caused by or arising from events, stated below:
16. Exclusions:2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising
17. Terrorism Damage Cover Endorsement
18. Terrorism Cancellation Clause
19. Terrorism Additional Exclusions
20. Coverage now includes loss of damage caused by action taken in suppressing, controlling,preventing or minimizing the consequences of an act of terrorism by the military authority.

Financier's Names are as stated herein:

Sl No	Bank Name/Financier	Bank Branch and Address
1	FEDERAL BANK LTD,	PALAYAM, TRIVANDRUM

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

The Oriental Insurance Company Limited

This Document is Digitally Signed
Signer: REKHA THAKUR MOHANTY
Date: Sat, Nov 16, 2024 20:45 IST
Location: NOIDA
Reason: Signing Policy for OICL

Attached to and forming part of policy number 441202/11/2025/97

The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at TRIVANDRUM on 16TH DAY OF NOVEMBER 2024

Entered By : SHYNU C. VIJAYAN

Examined By : UDAYA KUMAR C.K.

The Oriental Insurance Company Limited

Policy Printed By : 943193 IP :

Policy Printed On : 16-NOV-24 20:49:19 MAC

Digitally Signed
By
Authorised Signatory

This is an electronically generated document (Policy Schedule).The Policy document duly stamped will be sent by post.

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485.

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

IRDA Regn. No. 556 - Now you can buy and renew selected policies online at **www.orientalinsurance.org.in** and through other digital platforms including Whatsapp (send 'Hi' to 9560711200).

Place : TRIVANDRUM
Date : 16/11/2024

IRDA-REGNO-556

BIODATA

RAJESH R.

Rajesh Bhavan
Kizhakke thettivila
Kalliyoor P.O.
Thiruvananthapuram - 695042
Mob: 9072475200, 8893558945
Email: admsteam10@gmail.com

Personal Details

Date of birth	:	18.05.1989
Name of Father	:	Rajasekharan A.
Name of Mother	:	Geetha R.
Sex	:	Male
Religion	:	Hindu, Nadar
Nationality	:	Indian
Languages known	:	Malayalam, English, Hindi & Tamil

Educational Qualification

- SSLC, +2, Diploma in Hotel Management
- Technical Qualification: Rock climbing Basic Course & Advance Course
- Life saving license and speed boat license

Experience

- **15 years experience in Adventure, Camping, Nature study camps**
- **DTPC**, District Tourism Department (1Year) as Adventure instructor
  Adventure Park, Kollam Asramam (1 Year) as Adventure instructor
- **5 year experience in Water Sports Instructor**
- **10 years experience Disaster Management**

Declaration

I hereby declare that the above information furnished by me is true and correct by knowledge andbelief.

Place : Thiruvananthapuram

Date :

Rajesh R.

GOVERNMENT OF KARNATAKA

GENERAL THIMAYYA NATIONAL ACADEMY OF ADVENTURE

Code : ARC/05/21-22/91

MERIT CERTIFICATE

This is to certify that

MR. RAJESH. R S/o ~~or D/o~~ RAJASHEKARAN

from KERALA has successfully completed Advance Rock Climbing Course conducted by General Thimayya National Academy of Adventure, Dept. of Youth Empowerment & Sports, Govt. of Karnataka and has secured 'A' Grade which was held at National Rock Climbing Centre, Badami, Bagalkot Dist., on 20-10-2021 to 02-11-2021

We sincerely appreciate the commitment & Enthusiasm.

Recommended for TRAINERS TRAINING Course

Dr. Jeethendra Shetty
Deputy Director, Youth Empowerment & Sports
Administrative Officer, GTTHNAA

ROCK CLIMBING SCHOOL

Telangana Tourism

S.No 01/19/01

Date: 28/07/2019

CERTIFICATE

This is to certify that Rajesh. R

Son / Daughter of Sri Raja Savaran

has successfully completed the Basic / Advance Rock Climbing course held at Rock Climbing School. Bhongir. Telangana from 26-07-2019 to 28-07-2019 with 'A' Grade.

Chief Instructor

TRANSCEND ADVENTURES

Director

'A' Distinction
'B' Average
'C' Unqualified

DEPARTMENT OF YOUTH EMPOWERMENT & SPORTS

GENERAL THIMAYYA NATIONAL ACADEMY OF ADVENTURE

CERTIFICATE

Course No. : BRC/12/20-21/279

This is to certify that

RAJESH · R ..... *has*

successfully completed Basic Rock Climbing Course

held at Badami, Bagalkot District, from 19-11-2020 to 28-11-2020

"A"

We appreciate the commitment & Enthusiasm.

Recommended for Advance Rock Climbing ..... *Course.*

DR. JEETHENDRA SHETTY
DEPUTY DIRECTOR &
ADMINISTRATIVE OFFICER
GETHNAA

K. SRINIVAS IAS
COMMISSIONER
YOUTH EMPOWERMENT & SPORTS
DIRECTOR GENERAL, GETHNAA

Institute of Land and Disaster Management

P.T.P. Nagar, Thiruvananthapuram – 695038

Certificate of Participation

This is to certify that Dr./Mr./Ms. ..... RAJESH. R ..... has attended the three-day State Level Training Programme on "Industrial Disasters – Standard Operation Procedure" organised by the Institute of Land and Disaster Management in association with the National Institute of Disaster Management, Ministry of Home Affairs, Govt. of India, held from 17th to 19th March 2010 at the Conference Hall, ILDM.

Place: Thiruvananthapuram

Date: 19th March 2010

DIRECTOR

Institute of Land and Disaster Management

Cert. No. : P.4037.1746.Re
Name : Rajesh R
S/D/O : Rajasekharan
Address : Trivandrum,Kerala
Birth Date : 21.03.1989
Cert. Date : 16.11.2023 (05.10.2019)
Place : Goa
Trained by : Mr. Sameer Kosbe

License Valid Till : 15.11.2025

Holder's Signature

Nodal Officer

NATIONAL INSTITUTE OF WATERSPORTS

Ministry of Tourism, Government of India

Powerboat Handling (Tiller)

1. Use of Licenses upon expiry is illegal and not permitted.
2. Renew License before date of expiry.
3. Non renewal of License shall be sole responsibility of the Holder
4. Original License shall be submitted for further renewal
5. Right to renewal of this license shall vest with NIWS only.

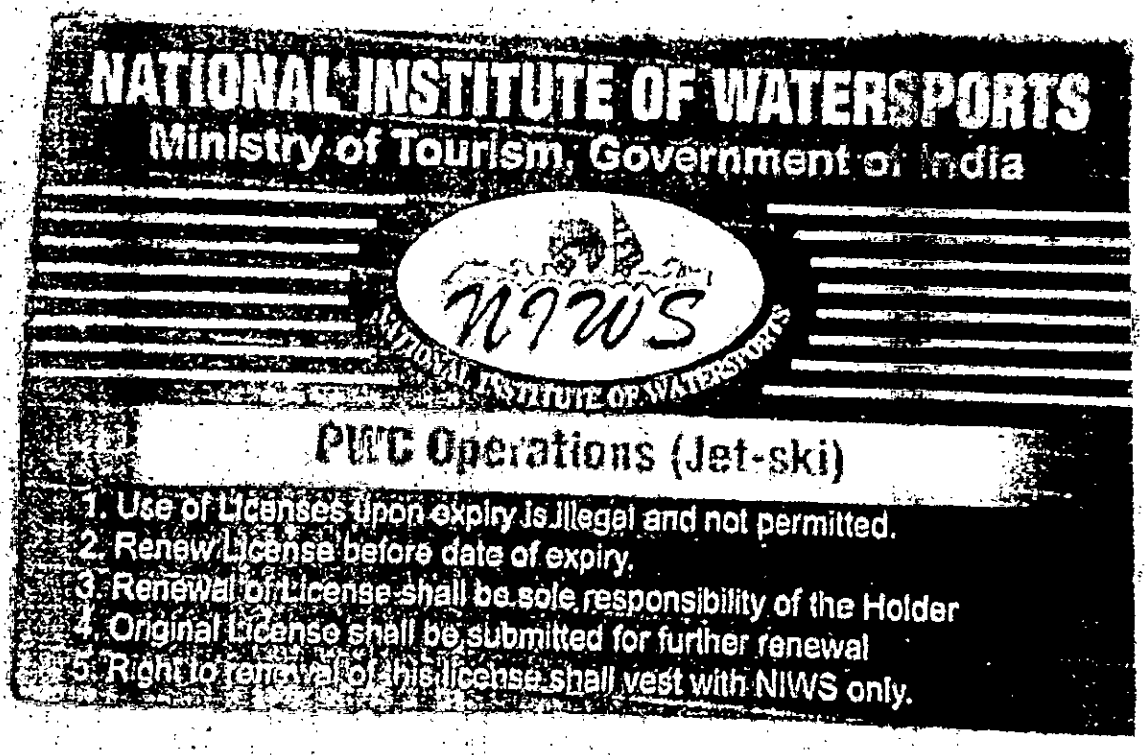
Cert. No. : J/631/1731
Name : Rajesh R
S/D of : Rajasekharan
Address : Andaman Flyer
Birth Date : 21.03.1989
Cert. Date : 22.10.2023
Place : Goa
Trained by : Mr. Rovin Jolly

License Valid Till: 21.10.2025

Holder's Signature

14/11/2023

Nodal Officer


NATIONAL INSTITUTE OF WATERSPORTS
Ministry of Tourism, Government of India
NIWS
NATIONAL INSTITUTE OF WATERSPORTS
PWC Operations (Jet-ski)
1. Use of Licenses upon expiry is illegal and not permitted.
2. Renew License before date of expiry.
3. Renewal of License shall be sole responsibility of the Holder
4. Original License shall be submitted for further renewal
5. Right to renewal of this license shall vest with NIWS only.

BIODATA

VISHNU A.
Pulimoodu House
Keleswaram
Kalliyoor P.O.
Thiruvananthapuram - 695042
Mob: 9809980777, 9074527459
Email: vkannn288@gmail.com

Personal Details

Date of birth	:	15.05.1993
Name of Father	:	Anirudhan
Name of Mother	:	Ambika
Sex	:	Male
Religion	:	Hindu, Thandar
Nationality	:	Indian
Languages known	:	Malayalam, English, Hindi

Educational Qualification

- SSLC, +2
- Technical Qualification: Diploma in Networking Engineering, CCNA, CCMP, MCTS
- Rock Climbing Basic Course
- Life saving technic

Experience

- DTPC, District Tourism Department (1Year) as Adventure instructor
  Adventure Park, Kollam Asramam (1Year) as Adventure instructor
- 12 years experience in Adventure field

Declaration

I hereby declare that the above information furnished by me is true and correct by knowledge andbelief.

Place : Thiruvananthapuram

Date :

VISHNU A.

Certificate Id: 22-05-006-CIZQO

Membership Number: 22-05-006-GAQVH

YACHTING ASSOCIATION OF INDIA

"LIFE SAVING TECHNIQUES CERTIFICATE FOR POWERBOAT / JET SKI OPERATOR"

This is to certify that

Vishnu A

has sucessfully qualified in

Resuscitation - First Aid - Life Saving

Sreekumar Vinod Nair	Sandeep Mhatre	May, 11 2022	R Adm P. D. Sharma (Retd.)
INSTRUCTOR	EXAMINER	DATE	PRESIDENT RASHTRIYA JEEVAN RAKSHA SOCIETY (INDIA)

Valid Until: May. 11, 2024

Valid for employment Validity 1st issue - 3 year 1st renewal - 2 years & thereafter every 3 years

DEPARTMENT OF YOUTH EMPOWERMENT & SPORTS

GENERAL THIMAYYA NATIONAL ACADEMY OF ADVENTURE

CERTIFICATE

Course No. : BRC/12/20-21/378

This is to certify that

VISHNU . A ..... *has*

successfully completed **Basic Rock Climbing Course**

held at Badami, Bagalkot District, from 19-11-2020 to 28-11-2020

Grade : "A"

We appreciate the commitment & Enthusiasm.

Recommended for Advance Rock Climbing ..... *Course.*

Lt. Jeethendra Shetty
Deputy Director &
Administerative Officer
GETHNAA

K. Srinivas IAS
Commissioner
Youth Empowerment & Sports
Director General, GETHNAA

LIFE SAVING INDIA

Vishnu A

Beach Lifeguard

Membership Number :- 25-02-0014-UCUCW

Date of Issue :- 05-02-2025

Valid Until :- 05-02-2027

LIFE SAVING OATH

IN THE NAME OF GOD I SWEAR OR SOLEMNLY AFFIRM THAT I WILL ALWAYS AND EVERY TIME RENDER WILLING AND PROMPT ASSISTANCE OR FIRST AID TO ANYONE I SEE IN NEED

For RLSS (I)

Membe

GOVERNMENT OF KARNATAKA

GENERAL THIMAYYA NATIONAL ACADEMY OF ADVENTURE

Certificate

Code : SBRC/17/22-23/47

This is to certify that

Miss POOJA. A.L S/o or D/o ANIL KUMAR. M

from ADMS, KALLIYOOR, THIRUVANANTHAPURAM, KERALA has

successfully completed Basic Rock Climbing Course, conducted by
General Thimayya National Academy of Adventure, Department of Youth Empowerment & Sports
at Rock Climbing Centre, Badami, Bagalakote from 24-03-2023 to 02-04-2023.

We appreciate the commitment & Enthusiasm.

Grade : A

Recommended for ADVANCE Course.

Dr. [illegible]
Deputy Director, Youth [illegible]
Administrative Officer

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / ~~Kumari / Smt.~~ Rajesh. R ..... aged
Son / ~~Daughter~~ of Shri Rajasekharan ..... P.O.
..... 36 ..... Years, of Village: Kalliyoor .....
..... P.S Neyyaar .....
Dist. Trivandrum State Kerala PIN 695042 and certify that, he / ~~she~~ is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interferewith the efficiency of his / ~~her~~ work and found him /~~her~~ possessing good health.

This certificate is being given to him /~~her~~ for the purpose of Adventure Institute, Aakulam Tourist Village, Trivandrum

Rajesh
Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer: Ambika

Name of Medical Officer: Dr. Ambika. V

Registration No. 38851

Dr. AMBIKA V
MBBS, DNB Pulmonary Medicine
Reg. No: 38851
Assistant Surgeon
Kerala State Health Services

Dated: 27/03/25

FAMILY HEALTH CENTRE
ANAYARA. P.O.
TVPM-695 029
Date.....
KADAKAMPALLY

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within **one year** from the date of application.

MEDICAL CERTIFICATE OF FITNESS

I have examined ~~Shri / Kumari~~ / Smt. Pooja A L aged
~~Son~~ / Daughter of Shri Late G P.O.
23 Years, of Village: Kilimanoor
P.S Kilimanoor
Dist. Trivandrum State Kerala PIN 695614 and certify that ~~he~~ / she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interferewith the efficiency of ~~his~~ / her work and found ~~him~~/ her possessing good health.

This certificate is being given to ~~him~~ /her for the purpose of Advertisement Instructor, Aakulam Tourist Village, Trivandrum

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:

Name of Medical Officer: Dr. Ambika V

Registration No. 38851

Dr. AMBIKA V
MBBS, DNB Pulmonary Medicine
Reg. No: 38851
Assistant Surgeon
Kerala State Health Services

Dated: 27/03/25

FAMILY HEALTH CENTRE
ANAYARA. P.O.
TVPM-695 029
Date

Note: Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree and registered with Medical Council of India, shall only be valid. The date of issue of the medical certificate should be within one year from the date of application.

SN Health Care Hospital

Punnamoodu, Kalliyoor, Thiruvananthapuram

snhealthcarehospital@gmail.com Ph: 8921700125

VISHNU A (#9347) , 31y2m , M | +91-8809990777 | 27-03-2025

Fitness Certificate

Fitness Certificate Number : 56

To Whom So Ever It May Concern

This is to certify that the above mentioned patient has been examined by Dr. SUSHANTH SS and he/she is not suffering from any specific illness or allergies and have undertaken all mandatory vaccines. I, hereby certify that He/She is physically, mentally and psychologically fit to follow the normal work routine.

Any other remarks, please specify: ECG - WNL
BP - 130/80mmHg
Chest X-Ray - Normal
RBS - 148

Patient is fit for Job.

Issued on: 27-03-2025

Electronically Signed by:
Dr. SUSHANTH SS
(Reg No.: 63194)
General Practice

Dr. Sushanth.S.S
MBBS Reg: No. 63194
Medical Officer in charge
SN HealthCare Hospital

HEARTSAVER

Heartsaver®
First Aid CPR AED

American Heart Association.

Pooja A L

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver First Aid CPR AED Program.

Optional modules completed:

Exam, Child CPR AED, Infant CPR

Issue Date
12 Apr 2025

Renew By
Apr 2027

Training Center Name
Charles Institute

Instructor Name
shifas b

Training Center ID
ZZ21283

Instructor ID
2011000239

Training Center City, Country
Mumbai, Maharashtra, India

eCard Code
255699503982

Training Site Name
Charles Institute, Trivandrum

QR Code

To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to https://ecards.heart.org/international.

HEARTSAVER

Heartsaver®
First Aid CPR AED

American Heart Association.

Pooja, A L

has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association Heartsaver First Aid CPR AED Program.

Optional modules completed:
Exam, Child CPR AED, Infant CPR

Issue Date	Renew By	eCard Code
12 Apr 2025	Apr 2027	255699503982

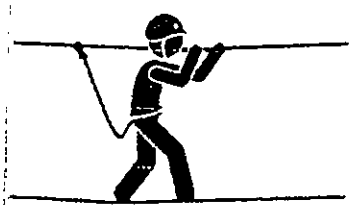
To view or verify authenticity, students and employers should scan this QR code with their mobile device or go to https://ecards.heart.org/international.

HEARTSAVER

Training Center Name	Charles Institute
Training Center ID	ZZ21283
TC City, Country	Mumbai, Maharashtra, India
Training Site Name	Charles Institute, Trivandrum
Instructor Name	shifas b
Instructor ID	2011000239

Directions

1. Cut along dotted lines
2. Fold both halves together
3. Use adhesive to combine halves



High Rope Activities

Standard Operating Procedure

This form describes the details, Operational Procedures, Risks and Emergency Procedures for the activity listed

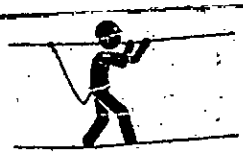
This SOP is to be used each time the activity is conducted. Any changes or suggestions to be raised in activity debrief and meetings.

Activity:	**High Rope Activities**		
Location of Activity:	Akkulam Tourist Village, Thiruvananthapuram		
Site:	**Akkulam Tourist Village**	**Area:**	Activities
Prepared By:	Rajesh R.	**Version :**	1
Position:	Various	**Location of Hard copy:**	ADMS, Kizhkkethettivila, Hospital Ward, Kalliyoor PO, Thiruvananthapuram
Number of Participants:	**Max Ratio:** 1:10	Ratio adjusted with changes in risk levels	
Supervisor Competence:	On-site qualification based on internal competencies, External qualification/ Logbook evidence and SMS, SOP induction. Rescue trained.		
Equipment / Clothing Requirements:	Rope, Carabineer, Autolack, Self Anchor, Helmet, Harness, Tandum pulley, Single Pulley, Gloves Mittens etc.	Instructor whistle Rescue Kit (Rope, belay device, SRD & Steel carabiners)	
Activity Requirements:	Fitting clothes, covered shoes	Weather appropriate clothing	
Communication Procedures:	Use instructor's cell phone or walky talky to contact emergency services and /or other staff. Alternative communication; Send runner to office		
Related Documents - Qualifications/ Legislation / Guideline / Permits / Consents:	High Rope Activity Log Book, Check list, Audit Book, Instructor Certifications		

This Standard Operating Procedure (SOP) is approved for use at sites operated by ADMS Trust. As at the time of approval this SOP meets all known regulations (Adventure Activity regulations, Safety Audit Standards etc) and current industry good practice

Emergency Procedures

Emergency/ Incident → Stop all particpants and gather away from the course → Perform First Aid. *Know where your group first aid kit is kept (Cellphone /call other staff if required) → Call 111 / emergency services if required. → Alert Camp Office/Staff of incident → Fill out incident form/ Debrief- Group. Self, Staff



High Ropes Activities

Operating Procedures

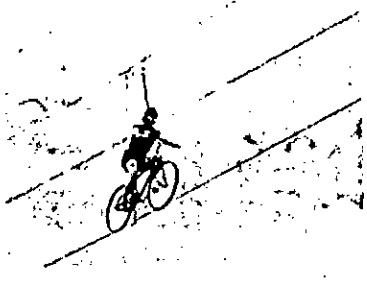
Pre-activity Check	
1	Attend safety briefing (discuss weather)
2	Re-familiarise with SOP
3	Visual check of equipment and structures as per equipment check
Setup	
1	Lay out harnesses for group
Instructor Brief to other Supervisors / Assistants	
1	Describe how to fit harness.
2	Describe importance of participants remaining clipped into safety cable.
Instructor Brief to Participants	
1	*Gather the group together and disclose hazards / risks in the general area
2	Distribute harnesses; get supervisors to assist with fitting them.
3	*Ensure harnesses fit correctly
4	Describe how to uses lanyards and where to clip them (marked safety cables only)
5	Explain what you expect and what they can expect from the session/ What they want from the session
Operating Instructions	
1	Participants to move around course as directed by instructor
2	Encourage participants to use elements only- not safety cables/ safety lanyards
3	*Maximum 2 participants per element and 3 per platform
4	After participants have completed the course once, have them try challenges: re do challenge course actually using the element cables only! Do elements walking backwards; have 2 participants together, one blindfolded other guiding (as safety); Have the team on each element carrying water (Cups/ buckets) from one end to the other without spilling any; etc etc.
Debrief suggestions	
1	Gather group together and see what they learnt, what was challenging, what do they want to practice more
2	Reflect on session goals
3	Get feedback from group (Note down pertinent information). Thank the participants and supervisors
Closing Down the Activity	
1	Gather all gear up and check that it is all returned. Note any broken or damaged gear
Pause activity if:	
1	*Participant unclips from safety cable
2	*Halt activity at any time if conditions or people become unsafe

***Safety points: Ensure this is done**

High Rope Activities

all safety clips operate correctly (open and close freely with double action)
New hazards/ risk must be reported or resolved appropriately as soon as possible.

Environment Specific Risks	Risk Management Strategy	Risk Level		Hierarchy of Control
		Managed	Unmanaged	
Slippery surfaces, participants running, structure hazards	No running. Ensure appropriate footwear. Disclose risks and hazards as appropriate. Monitor continually.	Low	High	ADMIN
Long hours in the sun (Supervisors & Participants)	Apply sunscreen prior to activity. Bring water bottle. Program breaks/ Supervisor & Instructor rotations. Participants to wait in shaded areas.	Low	Medium	PPE
Distraction from other groups	Supervisors to use good group management. Disclose risk to supervisors. Remind supervisors of other groups if necessary, use positive communication.	Low	Medium	ADMIN
Change in weather	Ensure everyone has appropriate clothing. Supervisor to halt activity at any time if weather compromises safety (e.g. Electrical storm, high wind). Weather Risk assessed continuously.	Low	Medium	ADMIN
Activity Specific Risks	**Risk Management Strategy**	**Risk Level**		**Hierarchy of Control**
		Managed	Unmanaged	
Participant behaviour compromises group safety	Give safety brief. Staff or Supervisor can remove participant from activity area or deny participation if safety of others is compromised.	Low	High	ADMIN
Participant is unable to 'self rescue'	ladder to climb up onto the element.	Low	Medium	PPE
Participant freezes	Instructors trained in talking participants through challenges and physical rescues	Low	Medium	ADMIN
Equipment Specific Risks	**Risk Management Strategy**	**Risk Level**		**Hierarchy of Control**
		Managed	Unmanaged	
Equipment failure	Regular checks of equipment and training on correct use by instructors.	Low	Medium	ADMIN
Incorrect use of equipment	All connections, harness and helmet fit to be checked by staff before climbing. Participant understands they must remain connected at all times.	Low	High	PPE
Pause activity if:	**Risk Management Strategy**	**Risk Level**		**Hierarchy of Control**
		Managed	Unmanaged	
Participants are not using equipment correctly	STOP everyone and explain what they are doing wrong, correct technique and then continue.	Low	High	ADMIN
Participant/ Instructor unclipped or incorrectly clipped	STOP individual and reconnect to safety cable immediately.	Low	High	PPE



Sky Cycling

Standard Operating Procedure

This form describes the details, Operational Procedures, Risks and Emergency Procedures for the activity listed

This SOP is to be used each time the activity is conducted. Any changes or suggestions to be raised in activity debrief and meetings.

Activity:	Sky Cycle			
Location of Activity:	Akkulam Tourist Village, Thiruvananthapuram			
Site:	Akkulam Tourist Village		**Area:**	Activities
Prepared By:	Rajesh R.		**Version :**	1
Position:	Various		**Location of Hard copy:**	ADMS, Kizhkkethettivila, Hospital ward, Kalliyoor PO,
Number of Participants:	**Max Ratio:**	**1:1****	Ratio is made on the instructor competence in relation to group needs	
Instructor Competence:	On-site qualification based on internal competencies External qualification/ Logbook evidence and SMS, SOP induction. Rescue trained.			
Equipment / Clothing Requirements:	Rope, Cycle, Trolley Carabiners		Helmets Harnesses Lanyards Rescue Kit	
Activity Requirements:	Covered shoes 100kg max weight Long hair tied up		Loose clothing removed or tucked in	
Communication Procedures:	Use instructor's cell phone or walky talky to contact emergency services and /or other staff.			
Related Documents - Qualifications/ Legislation / Guideline / Permits / Consents:	Sky Cycle Activity Safety Guidelines Sky Cycle Log Book, Check list.			

**However the group size per rotation is suggested to not exceed 10

Sky Cycling

	Operating Procedures	
Pre-activity Check		
1	Visual check of equipment and structures as per equipment check	
2	Attend safety briefing (check weather forecast, discuss with senior staff)	
3	Re-familiarise with SOP	
Setup		
1	Lay out helmets and harnesses for group	
2	Instructor to climb up tower *Secure personal safety line.	
3	Attach trolley over wire, clip static rope to bottom and a lanyard to the back up ensuring the carabiner goes over the wire. Clip safety lanyard back to tower	
4	Set up platform ladder and group supervisor to the side of the bottom of flight path	
ADMS Instructor Brief to other Group Supervisors		
1	One group supervisor to manage group waiting	
2	Second supervisor to help unclip participants at the bottom of the wire. Explain that the platform ladder needs to be shifted out of the flight path between participants. Explain clear communications tools.	
3	Carabiners stay attached to the trolley	
4	Group supervisor is to clip tow rope onto lanyard for the participant to tow back to the tower.	
ADMS Instructor Brief to Participants		
1	*Gather the group together and disclose hazards / risks in the general area	
2	Explain what you expect of them and what they can expect from the session/ What they want from the session. Set session goals if appropriate	
3	Explain tower safety *Helmets must be worn by all in zip line area and up the tower	
4	Distribute harnesses and helmets and assist with fitting them	
5	Systematic check of gear (harness, helmet)	
6	Disclose the boundaries of the activity	
Debrief suggestions		
1	Gather group together; what they learnt, what was challenging, what do they want to practice more	
2	Reflect on session goals if made	
3	Get feedback from group (Note down pertinent information).	
Closing Down the Activity		
1	Gather all gear up and check that it is all returned. Note any broken or damaged gear. write in rope log (including use)	
2	Visually check equipment and record any incidents, near misses, damage, or wear before returning to shed in rope log	
3	Ensure any ladders are secured while activity is unsupervised	
Pause points		
1	* Make sure there is no loose hair or clothing	
2	*If the flight path becomes obstructed including by participants	
3	*Halt activity at any time if conditions or people become unsafe	

Sky Cycling

Hazards and risk identification

This section describes some reasonably foreseeable risk, its potential level and suggested management strategies.
All Risk must be continually monitored throughout the activity
New hazards/ risk must be reported or resolved appropriately as soon as possible.

Environment Specific Risks	Risk Management Strategy	Risk Level		Hierarc of contr
		Managed	Unmanaged	
Slippery surfaces, participants running, structure hazards	No running. Ensure appropriate footwear. Disclose risks and hazards as appropriate. Monitor continually.	Low	High	PPE
Long hours in the sun (Group supervisors & Participants)	Apply sunscreen prior to activity. Bring water bottle. Program breaks/ Group supervisor & ADMS instructor rotations. Participants to wait in shaded areas.	Low	Medium	PPE
Distraction from other groups	Group supervisors to use good group management. Disclose risk to group supervisors. Remind group supervisors of other groups if necessary, use positive communication.	Low	Medium	ADMIN
Change in weather	Ensure everyone has appropriate clothing. Group supervisor to halt activity at any time if weather compromises safety (e.g. Electrical storm, high wind). Weather Risk assessed continuously.	Low	Medium	PPE
Activity Specific Risks	**Risk Management Strategy**	**Risk Level**		**Hierarc of contr**
		Managed	Unmanaged	
Fall from height	ADMS instructor to be vigorous at any and all change points. Using the redundancy in the lanyard safety line system	Low	High	PPE
Participant behaviour compromises group safety	Give safety brief. Staff or Group supervisor can remove participant from activity area or deny participation if safety of others is compromised.	Low	High	ADMIN
Loose hair/clothing	All long hair to be tied up. Participants advised to remove necklaces, bracelets and rings. All clothing to be tucked into harness, or removed if potentially intrusive to equipment movement/function	Low	Medium	PPE
Participant freezes	ADMS instructors trained in talking participants through challenges and physical rescues. Participants can climb down if needed	Low	Medium	ADMIN
ADMS instructor unprepared for participant	Check list to be used so ADMS instructor can check system is ready.	Low	Medium	ADMIN
Swinging or falling equipment	Helmets are worn by all on and around tower. Zip line trolley to be pulled in by rope, NOT flicked up by participants so rig doesn't swing.	Low	Medium	PPE
Participant or object in flight path	Flight path area roped off from other activity areas. Participants instructed not to walk under or through the flight path and ADMS instructor and group supervisor to check that path is clear before letting participants leave the platform. Using clear hand signals to communicate.	Low	Medium	PPE
Equipment Specific Risks	**Risk Management Strategy**	**Risk Level**		**Hierarc of contr**
		Managed	Unmanaged	
Equipment failure	Regular checks of equipment and training on correct use by ADMS instructors.	Low	High	PPE
Incorrect use of equipment	All connections, harness and helmets fitted to be checked by staff before climbing. Correct belay techniques supervised by staff. Safety equipment is worn at all times (harness, helmet, safety line lanyard attachment to tower).	Low	High	PPE
Pause Points	**Risk Management Strategy**	**Risk Level**		**Hierarc of contr**
		Managed	Unmanaged	
Zip Line pulley jams	Group gathered away from tower. Trained ADMS instructor to perform rescue	Low	High	PPE
Participant or equipment caught on tower	ADMS instructor to do a visual check as they checklist to launch. If anything is caught stop the participant	Low	Medium	PPE
Object in flight path	Instructor to not let participant go unless path clear. Monitor path continually	Low	Medium	ADMIN

Sky Cycling

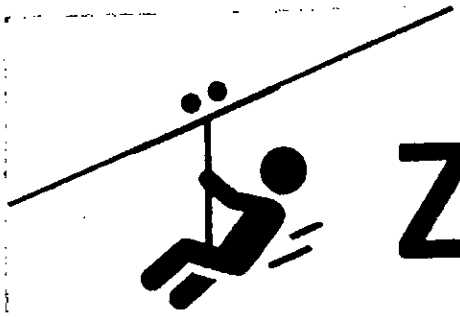
	Equipment Check
1	Carabiner - check that it opens and closes easily, there are no cracks, serious abrasions or sticking gate
2	Helmets - check the outer and inner shell for cracks, ensure straps and buckles work well
3	Slings, Prussic, Harness - check that stitching is in tact, no fraying or cuts, no rust on buckles
4	Rope - check for glazing of the sheath, severe furring of the rope, powdering of the fibres, soft spots, unevenness, cuts in the rope, any sign of the core showing through

This Standard Operating Procedure (SOP) is approved for use at sites operated by ADMS. As at the time of approval this SOP meets all known regulations (Adventure Activity regulations, Safety Audit Standards etc) and current industry good practice

"I confirm that employees, subcontractors, suppliers and visitors have been shown and advised of all the Risks and controls in the operational procedure and they fully understand and acknowledge their requirements and are competent to fulfil their role "

Emergency Procedures

Emergency Incident → Perform Rescue. Lower participant to ground → Alert Camp Office of incident (call other staff if required) → Group Supervisor to gather group away from tower → Perform First aid and call 112 / emergency services if required. → Fill out Incident from/Debrief Group, Self, Staff



Zip Line

Standard Operating Procedure

This form describes the details, Operational Procedures, Risks and Emergency Procedures for the activity listed

This SOP is to be used each time the activity is conducted. Any changes or suggestions to be raised in activity debrief and meetings.

Activity:	Zip Line		
Location of Activity:	Akkulam Tourist Village, Thiruvananthapuram		
Site:	Akkulam Tourist Village	**Area:**	Activities
Prepared By:	Rajesh R.	**Version :**	1
Position:	Various	**Location of Hard copy:**	ADMS, Kizhkkethettivila, Hospital ward, Kalliyoor PO.
Number of Participants:	**Max Ratio:** 1:1** Ratio is made on the instructor competence in relation to group needs		
Instructor Competence:	On-site qualification based on internal competencies External qualification/ Logbook evidence and SMS, SOP induction. Rescue trained.		
Equipment / Clothing Requirements:	Rope Trolley Carabiners		Helmets Harnesses Lanyards Rescue Kit
Activity Requirements:	Covered shoes 120kg max weight Long hair tied up		Loose clothing removed or tucked in
Communication Procedures:	Use instructor's cell phone or walky talky to contact emergency services and /or other staff.		
Related Documents - Qualifications/ Legislation / Guideline / Permits / Consents:	Zip line Activity Safety Guidelines Zip line Log Book, Check list.		

**However the group size per rotation is suggested to not exceed 10

Zip Line

Operating Procedures		
Pre-activity Check		
1	Visual check of equipment and structures as per equipment check	
2	Attend safety briefing (check weather forecast, discuss with senior staff)	
3	Re-familiarise with SOP	
Setup		
1	Lay out helmets and harnesses for group	
2	Instructor to climb up tower *Secure personal safety line.	
3	Attach trolley over wire; clip static rope to bottom and a lanyard to the back up ensuring the carabiner goes over the wire. Clip safety lanyard back to tower	
4	Set up platform ladder and group supervisor to the side of the bottom of flight path	
ADMS Instructor Brief to other Group Supervisors		
1	One group supervisor to manage group waiting	
2	Second supervisor to help unclip participants at the bottom of the wire. Explain that the platform ladder needs to be shifted out of the flight path between participants. Explain clear communications tools.	
3	Carabiners stay attached to the trolley	
4	Group supervisor is to clip tow rope onto lanyard for the participant to tow back to the tower.	
ADMS Instructor Brief to Participants		
1	*Gather the group together and disclose hazards / risks in the general area	
2	Explain what you expect of them and what they can expect from the session/ What they want from the session. Set session goals if appropriate	
3	Explain tower safety *Helmets must be worn by all in zip line area and up the tower	
4	Distribute harnesses and helmets and assist with fitting them	
5	Systematic check of gear (harness, helmet)	
6	Disclose the boundaries of the activity	
Debrief suggestions		
1	Gather group together; what they learnt, what was challenging, what do they want to practice more	
2	Reflect on session goals if made	
3	Get feedback from group (Note down pertinent information).	
Closing Down the Activity		
1	Gather all gear up and check that it is all returned. Note any broken or damaged gear. write in rope log (including use)	
2	Visually check equipment and record any incidents, near misses, damage, or wear before returning to shed in rope log	
3	Ensure any ladders are secured while activity is unsupervised	
Pause points		
1	* Make sure there is no loose hair or clothing	
2	*If the flight path becomes obstructed including by participants	
3	*Halt activity at any time if conditions or people become unsafe	

Zip Line

Hazards and risk identification

This section describes some reasonably foreseeable risk, its potential level and suggested management strategies.
All Risk must be continually monitored throughout the activity
New hazards/ risk must be reported or resolved appropriately as soon as possible.

Environment Specific Risks	Risk Management Strategy	Risk Level		Hierarc of contr
		Managed	Unmanaged	
Slippery surfaces, participants running, structure hazards	No running. Ensure appropriate footwear. Disclose risks and hazards as appropriate. Monitor continually.	Low	High	PPE
Long hours in the sun (Group supervisors & Participants)	Apply sunscreen prior to activity. Bring water bottle. Program breaks/ Group supervisor & ADMS instructor rotations. Participants to wait in shaded areas.	Low	Medium	PPE
Distraction from other groups	Group supervisors to use good group management. Disclose risk to group supervisors. Remind group supervisors of other groups if necessary, use positive communication.	Low	Medium	ADMIN
Change in weather	Ensure everyone has appropriate clothing. Group supervisor to halt activity at any time if weather compromises safety (e.g. Electrical storm, high wind). Weather Risk assessed continuously.	Low	Medium	PPE
Activity Specific Risks	**Risk Management Strategy**	**Risk Level**		**Hierarc of contr**
		Managed	Unmanaged	
Fall from height	ADMS instructor to be vigorous at any and all change points. Using the redundancy in the lanyard safety line system	Low	High	PPE
Participant behaviour compromises group safety	Give safety brief. Staff or Group supervisor can remove participant from activity area or deny participation if safety of others is compromised.	Low	High	ADMIN
Loose hair/clothing	All long hair to be tied up. Participants advised to remove necklaces, bracelets and rings. All clothing to be tucked into harness, or removed if potentially intrusive to equipment movement/function	Low	Medium	PPE
Participant freezes	ADMS instructors trained in talking participants through challenges and physical rescues. Participants can climb down if needed	Low	Medium	ADMIN
ADMS instructor unprepared for participant	Check list to be used so ADMS instructor can check system is ready.	Low	Medium	ADMIN
Swinging or falling equipment	Helmets are worn by all on and around tower. Zip line trolley to be pulled in by rope, NOT flicked up by participants so rig doesn't swing.	Low	Medium	PPE
Participant or object in flight path	Flight path area roped off from other activity areas. Participants instructed not to walk under or through the flight path and ADMS instructor and group supervisor to check that path is clear before letting participants leave the platform. Using clear hand signals to communicate.	Low	Medium	PPE
Equipment Specific Risks	**Risk Management Strategy**	**Risk Level**		**Hierarc of contr**
		Managed	Unmanaged	
Equipment failure	Regular checks of equipment and training on correct use by ADMS instructors.	Low	High	PPE
Incorrect use of equipment	All connections, harness and helmets fitted to be checked by staff before climbing. Correct belay techniques supervised by staff. Safety equipment is worn at all times (harness, helmet, safety line lanyard attachment to tower).	Low	High	PPE
Pause Points	**Risk Management Strategy**	**Risk Level**		**Hierarc of contr**
		Managed	Unmanaged	
Zip Line pulley jams	Group gathered away from tower. Trained ADMS instructor to perform rescue	Low	High	PPE
Participant or equipment caught on tower	ADMS instructor to do a visual check as they checklist to launch. If anything is caught stop the participant	Low	Medium	PPE
Object in flight path	ADMS p instructor to not let participant go unless path clear. Monitor path continually	Low	Medium	ADMIN

Zip Line

	Equipment Check
1	Carabiner - check that it opens and closes easily, there are no cracks, serious abrasions or sticking gate
2	Helmets - check the outer and inner shell for cracks, ensure straps and buckles work well
3	Slings, Prussic, Harness - check that stitching is in tact, no fraying or cuts, no rust on buckles
4	Rope - check for glazing of the sheath, severe furring of the rope, powdering of the fibres, soft spots, unevenness, cuts in the rope, any sign of the core showing through

This Standard Operating Procedure (SOP) is approved for use at sites operated by ADMS Trust. As at the time of approval this SOP meets all known regulations (Adventure Activity regulations, Safety Audit Standards etc) and current industry good practice

"I confirm that employees, subcontractors, suppliers and visitors have been shown and advised of all the Risks and controls in the operational procedure and they fully understand and acknowledge their requirements and are competent to fulfil their role "

Emergency Procedures

Emergency Incident → Perform Rescue. Lower participant to ground → Alert Camp Office of incident (call other staff if required) → Group Supervisor to gather group away from tower → Perform First aid and call 112 / emergency services if required. → Fill out Incident from/Debrief Group, Self, Staff

GUIDELINES FOR ZIP WIRES & HIGH ROPES COURSES

Standard Operating Procedures

Safety briefing by the instructions including practical assessments of participants would be carried over by the instructors before commencing of an activity.

which would include:

a) Explanation of the high ropes / zip wire Course and inherent risks.

b) Explanation of the equipment (PPE) to Use when required.

c) Demonstration by the instructor.

d) Explanation of the safety instructions, especially the need to be always connected to the safety system by at least one Connector.

e) Explanation of any marking placed at the Beginning of every course or action system.

f) Identification of instructors and how and when to communicate with them (at any time any participant shall be within range of sight of either an instructor or an adult participant).

g) Action to be taken in event of an accident.

h) All of this information shall be documented.

i) All instructors and guides would be able to give a thorough safety briefing that covers all safety aspects and detailed paddling and rescue instructions in detail. This briefing must be clear, must have the ability to be given in English and/or Malayalam, with ability to command guests for the activity.

j) The principles of the various techniques participants will have to perform during the course shall be explained. All participants shall demonstrate their understanding of these techniques by means of a practical assessment by a trained guide on a practice zip or high ropes area. All participants shall pass an assessment

This includes: visual inspection, functional inspection, determination of replacement state of worn parts, inspection including manufacturer's instructions for maintenance

k) Personal Protective Equipment (PPE):

All participants are required to wear PPE while engaged in High Ropes and Zip Wire Course activities. As a minimum, the PPE should include:

i) Rock climbing sits harness.

ii) Additional chest harness or full body harness where appropriate, e.g. when a sit Harness is ill fitting around the waist.

iii) Two points of attachment (e.g. Lanyards & screw gate karabiners) to the Safety system.

iv) All PPE to conform to UIAA or EN / CE standards.

l) The fitting of PPE shall be checked by a guide prior to use. The PPE shall be

Inspection are controlled as follows:

i) Routine check before participants use equipment

ii) Complete check by an inspector at least every 12 months; after an Exceptional event

iii) A personal protective equipment Inspection register is required for each set of devices by an instructor who holds an advanced national Climbing certificate (e.g. mountaineering/rock climbing)

f) Support system. The support system (artificial and/or natural structure intended for installation of activity and safety systems) shall have the stability and resistance appropriate for the load calculated. In instances where the zip line course transmits loads to the existing structure (e.g. building) care shall be exercised to ensure that the existing structure can bear the loads created by the zip lines.

g) Activity system. The activity system (e.g. landings, platforms, descending devices, zip wires) shall be designed to accommodate the imposed loads. The safety connection between the participant and the zip wire shall be made with the appropriate personal protective equipment (PPE). Wire ropes shall have no exposed broken wire ends within the reach of the participants. Appropriate training and equipment shall be provided if participants are required to brake actively during the descent; a passive braking system (e.g. gravity, buffer, bungee, net) shall always

Safety system. The safety system can be collective (e.g. railings, landing mats, belay anchor) or individual (e.g. safety harness & belay to fall arrest device). When participants' feet are more than 1.0m from the ground, a safety system shall be in place, in particular an landing platform shall be designed in such a way as to reduce entrapment of body parts or clothing.

Inspection and maintenance. Before the site is inaugurated a competent trial dry run, shall certify that the site is in compliance with the safety standard. After inauguration the equipment and its components should be inspected or maintained as follows:

i) Routine visual check – before each opening

ii) Operational inspection – every Monday

iii) Periodical inspection – at least

once per month by Senior instructors,

GUIDELINES FOR ZIP WIRES & HIGH ROPES COURSES

a) Choice of site. The High Ropes or Zip Wire Course shall be located in an area of reasonable operating safety; it shall be possible to evacuate participants from any part of the course.

b) Materials. Materials shall be fit for purpose. Timber parts shall be designed in such a way that precipitation can drain off freely and water accumulation can be avoided. Metal parts shall be weatherproofed against atmospheric conditions.

c) Wire rope. Only galvanized or stainless steel wire ropes shall be used. Terminations around trees and poles shall have a closure angle less than or equal to 60 degrees.

d) Wire rope terminations and grips.

The number of wire grips shall depend on the nature and diameter of the wire rope and the types of wire ropes and grips used. It shall not be possible to undo critical components without a tool. Points of attachment on wire ropes may create local fatigue and shall be given special attention during inspections.

e) Design and manufacture. High Ropes or Zip Wire Courses shall be designed with consideration for the size and body weight of the participants. The dynamic load (generated by a falling participant) shall not exceed 26kN. Self-belay systems made out of steel wire / Static nylon rope shall be used

Introduction

Zip Wire and High Ropes Courses would be installed and operated to the Safety Standard including Construction and safety requirements.

Operation Safety requirements

a) High ropes and zip wire courses involve participants engaged in activities while attached to ropes or cables shall be more than 1.0m above ground level.

b) As both high ropes and zip wire courses are distinct from playground equipment in that they have restricted access and require supervision an instructor's decision in allowing or restricting a participant's participation would be considered as final.

c) Any person who looks physically looks unstable under the influence of alcohol or any other narcotics substances will be strait away restricted from entering the arena.

d) Sighing an indemnity declaration is am must before a person starts any activity

e) careful supervision, training, instruction & information. On the basis of a risk assessment, operators should take reasonably practicable measures to ensure the safety of participants, including safety devices and protocols designed to limit the risk or consequences of falls or collisions. However, it should be understood that such risks cannot be eliminated altogether.

Medical concerns:

Although two instructors would carry basic first aid pouch with them, we would also have two +First Aid+ points in the arena , one at the high rope event spot and other at the landing spot of zip line.

High ropes and zip wire courses would only be undertaken by those who are physically and mentally able to comply with the safety requirements specified by the operator.

In case any of the following concerns

Please update us before starting the event:

a) Asthma (must carry inhalers).

b) Very High Blood Pressure.

c) Heart disease or recent

open heart surgery.

d) Diabetes.

e) Knee or joints related problems.

f) Spinal issues.

g) Severe allergies

h) Recent surgery/hospitalization.

i) Any other ailments of a serious nature.

j) Pregnancy (expecting mothers should not

participate in the activity).

k) Severe allergies.

of competence on the test course, to a defined pass and fail criteria, before progressing.

k) Supervision of general points. During a rescue operation, a rescuer shall be dispatched without any adverse effect on site supervision. Communication between participants and the guide shall be ensured. At any time any participant shall be within range of sight of either a guide or another adult participant.

l) Course Supervision. Supervision by Trained guides is divided into 3 levels:

i) **Level 1:** a situation whereby a guide can physically intervene.

ii) **Level 2:** a situation whereby a guide can clearly see the participant and Intervene verbally.

iii) **Level 3:** a situation whereby a guide is in a position to communicate verbally with and to provide adequate assistance to participants.

m) <u>Continuous belay system & Zip Wire belays</u>. A minimum of one, and preferably Two, trained guides shall ensure participants Are correctly attached to the safety system On High Ropes or Zip Wire Courses using a continuous belay system.

STRUCTURAL STABILITY CERTIFICATE

Certified that the structural work has been completed as per the prescribed standards, codes, rules, regulations etc and the Structures are stable enough for carriying out the rides under normal weather conditions. Periodical inspections should be carried out and monthly inspections should be carried out to ensure safety and stability. Loading to be carried as per specified standards and in no way allow the structure to get overloaded.

Signature

ANSEER B, ME (Structural)
ENGINEER A
License No: E-4218/14/EA-830/KLM
DEPARTMENT OF URBAN AFFAIRS
GOVERNMENT OF KERALA
Ph: 9633461935

Department of Tourism

CERTIFICATE

OF REGISTRATION

Registration of Adventure Activity Provider

No. EKM-336

I hereby declare that ***Vattiyoorkavu Youth Brigade Entrepreneurs Cooperative Society***, Cochin Children's Science Park, Kalamassery, Ernakulam, Ernakulam, has been conferred the status of Adventure Activity Provider for a period of 2 years from 21-01-2026 for the activities High Rope Courses, Zip Line, Boats and Watersports Rides, Kayaking & Canoeing

Thiruvananthapuram
21-01-2026

Director
Department of Tourism

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Department of Tourism, Government of Kerala

KATPS

Approval of Adventure Activity Providers

Name of Provider (The word 'Provider' should follow the name)	M/s. Vattiyoorkavu Youth Brigade Entrepreneurs Cooperative Society		
Address of Provider	TC 30/2865, Maruthamkuzhi, Kaijrampara P.O Kerala 695030		
Phone numbers	8129673569		
e mail address	Vybegreen@gmail.com		
web address			
Owner's name	Sandhya. C. Nair, Secretary, VYBCOS		
Owner's address	B-38, TC 22/3236, Karthika, Premanjata lane Sasthamangalam, TVM - 695010		
Details of building	**Building Number**		
	Name of the local body	Kalamassery	
Details of location	**Area of the plot**		
	Survey number		
	Ward No.		
	Village		
	Taluk	Kanayannur	
Activity Details;	1. Zip line 2. High Rope Courses	1. Boats & watersports Rides 2. Kayaking & Canoeing	
Documents produced by the applicant	**Self-Certification in stamp Paper**		~~Yes~~/No
	No Objection Certificate if applicable		Yes/No
	Registration Copy		~~Yes~~/No
	GST Registration/PAN		~~Yes~~/No
	Ownership/lease deed of the site		~~Yes~~/No
	Qualification of the personnel		~~Yes~~/No
	Experience Certificate		~~Yes~~/No
	Medical Fitness Certificate		~~Yes~~/No
	First –aid & CPR training certificate		~~Yes~~/No
	LST training certificate		~~Yes~~/No
Application date			

Date: 30.10.2025

Name, Designation and Signature of the Chairman, Adventure Activity Provider Approval committee

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KATPS

Department of Tourism, Government of Kerala

Approval of Adventure Activity Provider

Checklist

Name of unit : M/s Vattiyoor Kavu Youth Brigade Enterprenuers Cooperative Society, Kalamassery.

Date of inspection : 30.10.2025

Sl No	Documents/Facilities / Services	YES	NO	NA
1.	Copy of documents uploaded	✓		
2.	Self Certification in stamp paper	✓		
3.	Risk Assessment document prepared	✓		
5.	Insurance Coverage	✓		
6.	List of nearest hospital or enroote	✓		
7.	Qualified Team Leader	✓		
8.	Qualified Staff	✓		
9.	Equipments for activities are standardized	✓		
10.	First -aid kit with necessary items	✓		
11.	Emergency Action plan prepared	✓		
12.	Waste management system in place	✓		
13.	Safety instructions displayed	✓		
14.	Copy of SOP retained	✓		
15.	Access to washroom/ toilets	✓		
16.	Activity fee displayed	✓		
17	Valid registration for vehicle obtained	✓		
18	Indemnity Bond/Declaration	✓		
19	Log Book	✓		
20	Purchase bill of adventure equipment's	✓		

Specific for Water Activities

Sl No	Facilities / Services / Utensils	YES	NO	NA
1.	Team leader trained in Life Saving Techniques	✓		
2.	Safe embarkation/ disembarkation facility	✓		
3.	Sufficient Buoyancy aids available	✓		
4.	Rescue boat available	✓		
5.	Boats are certified by competent agency	✓		

Committee members	Name and Designation	Signature with date
Chairman	Sivakumar. G. Dy Director Rep: of Tour, Kerala	30/10/2025
Convener	Binoy Kuriakose CEO KATPS	
Member	Liju Joseph, Security DTPC	30/10/25
Member	SANOJ K. - Expert, KATPS	
Member		
Member		

Activity based Documents

Sl No	Boats and Water Sports Ride - W1	YES	NO	NA
1.	PBH Certification			
2.	Certificate for Vessels			
3.	Certification of Seaworthiness			

Sl No	Parasailing – W2	YES	NO	NA
1.	PBH Certification			
2.	Certificate for Vessels			
3.	Certification of Seaworthiness			

Sl No	Water Skiing – W3	YES	NO	NA
1.	PBH Certification			
2.	Certificate for Vessels			
3.	Certification of Seaworthiness			

Sl No	Power Boat Fun Ride – W4	YES	NO	NA
1.	PBH Certification			
2.	Certificate for Vessels			
3.	Certification of Seaworthiness			

Sl No	Scuba Diving – W5	YES	NO	NA
1.	PBH Certification			
2.	Certificate for Vessels			

Supplement check list for verification of Expert Committee – Zip line & High Rope Courses

Sl No	Facilities / Services / Utensils	YES	NO	NA
1.	Certificate from Engineer	✓		
2.	Site is safe for conducting activity	✓		
3.	Galvanized/ stainless steel wire used	✓		
4.	Zip wire / course wire has minimum diameter of 12 mm	✓		
5.	Terminators closure angle equal to or less than 60 degree	✓		
6.	Personal Protective Equipment (PPE) are proper and safe	✓		
7.	Proper Breaking system is maintained	✓		
8.	PPE conform to UIAA/EN-CE standard	✓		

Activity Based Documents

Code	Activity Name	Facilities / Services / Utensils	YES	NO	NA
L7	Zip Wires(Zip Line)	Engineer Certification	✓		
L8	High Ropes Courses	Engineer Certification	✓		
L10	Artificial Wall Climbing	Engineer Certification			
L13	Jeep Safari	Registration copy of Vehicle			
		Fitness Certificate of Vehicle/s			

Committee members	Name and Designation	Signature with date
Chairman	Sreekumar G Dy Director Dept of Tourism GOK	30/10/2025
Convener	Binoy Kumar CBC, KATPS	
Member	Lyo Joseph. Secretary DTPC	30/10/25
Member	SANOJ. K. – Expert, KATPS	
Member		
Member		

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Department of Tourism, Government of Kerala
Approval of Adventure Activity Provider

Inspection Report of the Committee for Adventure Activity Provider

The committee has inspected the AAP M/s. Puthiyakavu Youth Brigade Enterpreneurs Cooperative Society on 30.10.2025

Decision of the Committee

*/ The Adventure Activity Provider can be approved.

[Remarks :

.....

.....]

Or

* As the AAP does not satisfy the requirements as per the stipulation of Department of Tourism, Government of Kerala, it could not be approved.

[Remarks:

.....

.....

.....]

Committee members	Name and Designation	Signature with date
Chairman	Sreekumar G, Dy Director Dept of Tourism, Ekm	30/10/2025
Convener	Biju Kuriakose KBO, KATPS	
Member	Liyo Joseph, Secretary DTPC	30/10/25
Member	Sanoj K Expert, KATPS	
Member		
Member		

KATPS
KERALA ADVENTURE TOURISM
PROMOTION SOCIETY

നമ്പർ. കെ.എ.റ്റി.പി.എസ്/070/2019
തീയതി: 27/10/2025

സ്വീകർത്താവ്,

1. ഡെപ്യൂട്ടി ഡയറക്ടർ
   ജില്ലാ ഓഫീസ്, വിനോദസഞ്ചാര വകുപ്പ്, എറണാകുളം
2. സെക്രട്ടറി, ഡി. ടി.പി.സി, എറണാകുളം
3. Mr. Sanoj K, Technical Expert, KATPS
4. Mr. Justin Jose, Technical Expert, KATPS
5. മെമ്പർ, കെ.റ്റി.എം, എറണാകുളം
6. മെമ്പർ, എ.റ്റി.ഒ.എ.ഇ, എറണാകുളം

സർ,

വിഷയം: വിനോദസഞ്ചാര വകുപ്പ് – കേരള അഡ്വഞ്ചർ ടൂറിസം പ്രൊമോഷൻ സൊസൈറ്റി– സാഹസിക ടൂറിസം ഓപ്പറേഷൻസ് ഓൺലൈൻ രജിസ്ട്രേഷൻ – സംബന്ധിച്ച്;

സൂചന: 1. 14/10/2019 ലെ സർക്കാർ ഉത്തരവ്സ.ഉ(കൈ) നം. 18/2019/ടൂറിസം
2. 23/01/2021 ലെ സർക്കാർ ഉത്തരവ്സ.ഉ(കൈ) നം. 19/2021/ടൂറിസം

സൂചനകളിലേക്ക് അങ്ങയുടെ ശ്രദ്ധ ക്ഷണിക്കുന്നു. കേരള അഡ്വഞ്ചർ ടൂറിസം സേഫ്റ്റി അൻഡ് സെക്യൂരിറ്റി ഗൈഡ്ലൈൻസുമായി ബന്ധപ്പെട്ട് യൂണിറ്റുകളുടെ രജിസ്ട്രേഷൻ, സുരക്ഷാ മാനദണ്ഡങ്ങൾ വിലയിരുത്തൽ തുടങ്ങിയ കാര്യങ്ങൾ നടപ്പിലാക്കുന്നതിനായി സൂചന 2 പ്രകാരം കമ്മിറ്റി രൂപീകരിച്ചുസർക്കാർ ഉത്തരവ് പുറപ്പെടുവിച്ചിരുന്നു.

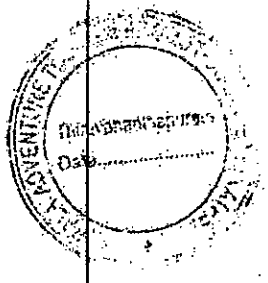
എറണാകുളം ജില്ലയിൽ രജിസ്ട്രേഷൻ നൽകുന്നതിനുവേണ്ടിയുള്ള കമ്മിറ്റി അംഗങ്ങളുടെ സൈറ്റ് ഇൻസ്പെക്ഷൻ 2025 ഒക്ടോബർ 30 ന് നടത്തുവാൻ തീരുമാനിച്ചിരിക്കുന്നതിനാൽ അങ്ങ് കൃത്യമായും പങ്കെടുക്കണം എന്ന് അഭ്യർത്ഥിക്കുന്നു. സമയ ക്രമീകരണങ്ങളും AAP പേരു വിവരങ്ങളും ചുവടെ ചേർക്കുന്നു

വിശ്വസ്തതയോടെ,

ചീഫ് എക്സിക്യൂട്ടീവ് ഓഫീസർ

Adventure Activity Provider:

No.	Name of Unit	Address & Activity place	Date &Time	Activity
1	M/s. Vattiyoorkavu Youth Brigade Entrepreneurs Cooperative Society	Cochin Children's Science Park, Kalamassery, Ernakulam	30.10.2025 11.00 am	1. Zipline 2.High Rope Courses 3.Boats and Water Sports Rides 4.Kayaking and Canoeing



നോൺ ജുഡീഷ്യൽ NON JUDICIAL

₹200 ₹200

കേരള സർക്കാർ
GOVERNMENT OF KERALA
e-Stamp

e-Stamp Serial Number : 202526000005057260 Verification Code : 959746312V

Govt. Reference No.(GRN)	: KL031862596202526E
Purpose	: Agreement or memorandum of an agreement - if not otherwise provided for
Amount of Stamp Paper Purchased in Numeral	: ₹200
Amount of Stamp Paper Purchased in Words	: Rupees Two Hundred
Stamp Paper Purchased on	: 29/10/2025 16:52:45
First Party Name	:
First Party Address	: KATPS, TRIVANDRUM
Second Party Name	: Secretary
Second Party Address	: VYBECOS, TVM
Vendor Code & Name	: 01022158 - SINDHU I S
Treasury Code & Name	: 0102 - Principal Sub Treasury East Fort

Please write or type below this line

Self-Certification

- I/we have a registered office in India, PAN number and a bank account. The firm is registered as Company / Society / Proprietorship / Partnership / others
- I/we have instructors / employees with technical qualification and experience in conducting adventure activities as specified in the "Adventure Activity Guidelines" published by Department of Tourism
- I/we possess specialized equipment commensurate with needs of undertaking and running the respective adventure activities and equipments have standardization as specified in the "Adventure Activity Guidelines" published by Department of Tourism
- I/we operate the adventure activities with the required permits/licenses as prescribed by concerned departments under Government of Kerala and/or the Government of India, if any.
- I/we have valid public and other liability insurance coverage.
- I/we have Standard Operating Procedures (SOP) for each adventure activities. The same will be briefed to all participants prior to the commencement of each activity and the dos and don'ts of each activity must be displayed prominently at the place of the activity.
- I/we maintain the list of documents on site specified in the "Adventure Activity Guidelines" published by Department of Tourism and must be able to produce it on demand or inspection by concerned authorities:
- I/we assure that highest safety measures will be followed for conducting all adventure activities

This can be verified by https://www.estamp.treasury.kerala.gov.in/index.php/estamp_search using e-Stamp Serial Number and Verification Code.

In case of any discrepancy, please inform the competent authority.

SINDHU.I.S
SASTHAMANGALAM VENDOR

- I/we ensure that the adventure activities are being carried out in an area of reasonable operating safety. Each equipment shall be fit for respective activities.
- I/we nominate an Activity leader for the conduct of each activity for each guest or group and he/she is trained in First Aid/CPR/LST.
- I/we ensure that all participants must be given a safety briefing before each activity. This should cover operation of equipment, if any, all aspects of risks and action to be taken both by conducting staff and the participants in detail.
- I/we have a list of the nearest hospitals and medical facilities with their contact details
- I/we have prepared a detailed Emergency Action Plan (EAP) with Evacuation routes and emergency procedures and regular training has been imparted to the staff for the same
- I/we have conducted Risk Assessment of all adventure activities before introducing it and maintain documentation of the Risk Assessment and shall produce it on demand by authorities
- I/we own and carry first aid kit with enough (unexpired) supplies for all participants. The kit shall contain , at the minimum the set of medicines listed in the Adventure Activity Guidelines" published by Department of Tourism in addition to specific medicines suiting to the nature of the activity.

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby agree to indemnify and do not hold the Department of Tourism, Government of Kerala from and against any and all claims, demands, or causes of action of any kind or nature resulting from or in connection with the adventure activities being organized and conducted by our employees / firm.

29/10/2025

Sandhya C Nair
Secretary
VYBECOS

CHECK LIST FOR COCHIN CHILDREN'S SCIENCE PARK, KALAMASSERY MUNICIPALITY, ERNAKULAM

Self-Certification in stamp Paper	Submitted to KATPS
If applicable NOC from relevant Department	NA
Registration Copy	Attached as Annexure 1
GST Registration/PAN Number	Attached as Annexure 2
Ownership/lease deed of the site	Attached as Annexure 3
Qualification of the personnel	Attached as Annexure 4
Experience Certificate	Attached as Annexure 5
Medical Fitness Certificate	Attached as Annexure 6
First –aid & CPR training certificate	Attached as Annexure 7

Sl No	Documents/Facilities / Services	
1.	Copy of documents uploaded	Attached as Annexure 2,3, &4
2.	Self Certification in stamp paper	Submitted to KATPS
3.	Risk Assessment document prepared	Attached as Annexure 8
5.	Insurance Coverage	Attached as Annexure 9
6.	List of nearest hospital or enrooted	Attached as Annexure 10
7.	Qualified Team Leader	Attached as Annexure 4
8.	Qualified Staff	Attached as Annexure 4
9.	Equipments for activities are standardized	YES
10.	First -aid kit with necessary items	YES
11.	Emergency Action plan prepared	Attached as Annexure 11
12.	Waste management system in place	YES
13.	Safety instructions displayed	YES
14.	Copy of SOP retained	Attached as Annexure 12
15.	Access to washroom/ toilets	YES
16.	Activity fee displayed	YES
17	Valid registration for vehicle obtained	Attached as Annexure 13
18	Indemnity Bond/Declaration	Attached as Annexure 14
19	Log Book	Attached as Annexure 15
20	Purchase bill of adventure equipments	Attached as Annexure 16
21	Engineer Certification, PBH Certification, Certificate for Vessels, LST Certificate or similar Lifesaving courses	Attached as Annexure 17

ANNEXURE - 1

File No. O.4533/21

FORM 3

REGISTRATION CERTIFICATE

{Issued under section 8 of the Kerala Co-operative Societies Act 1969}

{Act 21 of 1969}

I do hereby certify in exercise of the powers conferred upon me under section 7 of the Kerala Co-operative Societies Act 1969 (Act 21 of 1969) that Vattiyoorkavu Youth Brigade Entrepreneours' Co-Operative Society Ltd., in Thiruvananthapuram Taluk, Thiruvananthapuram District is registered by me today as a Co-operative Society under the said Act, on the basis of limited liability and that the byelaws of the aforesaid society are also here by registered under the said section. The registration number of the society is T.2283.

DATE OF REGISTRATION OF THE SOCIETY IS :05/08/2021

A copy of the Byelaws of the Society as registered and attested by me is appended to this Certificate.

Place: Thiruvananthapuarm

Date:05/08/2021

JOINT REGISTRAR OF CO-OPERATIVE SOCIETIES (GENERAL)
Thiruvananthapuram

ANNEXURE - 2

सत्यमेव जयते

Government of India

Form GST REG-06

[See Rule 10(1)]

Registration Certificate

Registration Number : 32AAGAV5579C1ZE

1.	**Legal Name**	VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE SOCIETY LTD			
2.	**Trade Name, if any**	VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD			
3.	**Constitution of Business**	Society/ Club/ Trust/ AOP			
4.	**Address of Principal Place of Business**	B-38, TC 22/3236, KARTHIKA, SREERANGAM LANE, SASTHAMANGALAM, Thiruvananthapuram, Kerala, 695010			
5.	**Date of Liability**				
6.	**Period of Validity**	From	12/01/2022	To	Not Applicable
7.	**Type of Registration**	Regular			
8.	**Particulars of Approving Authority**	Centre			

Signature

Signature Not Verified
Digitally signed by DS GOODS AND SERVICES TAX NETWORK(4)
Date: 2022.01.12 18:45:34 IST

Name	MEERA P MEERA
Designation	Superintendent
Jurisdictional Office	Commercial Tax Office I Circle
9. Date of issue of Certificate	12/01/2022

Note: The registration certificate is required to be prominently displayed at all places of business in the State.

This is a system generated digitally signed Registration Certificate issued based on the approval of application granted on 12/01/2022 by the jurisdictional authority.

सत्यमेव जयते

Annexure A

GSTIN	32AAGAV5579C1ZE
Legal Name	VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE
Trade Name, if any	VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE

Details of Additional Places of Business

Total Number of Additional Places of Business in the State 0

सत्यमेव जयते

Annexure B

GSTIN	32AAGAV5579C1ZE
Legal Name	VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE
Trade Name, if any	VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE

Details of Members of Managing Committee

1

Name	RATHEESH C S
Designation/Status	PRESIDENT
Resident of State	Kerala

2

Name	ANEESH B
Designation/Status	SECRETARY
Resident of State	Kerala

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

ABAFV2774P

नाम Name
VYBE GREEN & TOURISM

23/5/2026

निगमन/गठन की तारीख
Date of Incorporation/Formation
06/05/2026

ANNEXURE - 3

KALAMASSERY MUNICIPALITY

APPENDIX - XVI (A)

ACKNOWLEDGEMENT FORM OF HANDING OVER THE SITE TO THE CONTRACTOR

1. Name of work : Cochin Childhood Street Park Activities

2. Estimate amount :

3. Agreement No. : 10/2023-24

I have this the day 16.03.2024 Secretary Municipality for the taken over the site for the above work subject to the conditions in the notes below:

Taken over

Countersignature of the Asst. Engineer with date

JANI KUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 94[illegible]

KALAMASSERY MUNICIPAL OFFICE
PIN 682033

16/03/24

Contractor's signature with date

Submitted to the Executive / Assistant Executive Engineer

NOTE:

1. Handing over the site in this contract would imply making available the site for contractor and his agents workmen etc. to enter the site and carry out the work entrusted to him.
2. This does not mean an occupancy right in the normally accepted sense of the words.
3. In respect of maintenance works of a additions and alterations to existing structure, the contractors right of entry to the sight and carrying on the work should be exercised and not to cause hindrance of disturbance to the existing structure of occupants thereof.
4. The contractor should vacate the site and clear if off all debris etc. on completion of the work or when the contract terminated.

भारतीय गैर न्यायिक

भारत INDIA

रु. 500 FIVE HUNDRED RUPEES

पाँच सौ रुपये Rs. 500

सत्यमेव जयते

INDIA NON JUDICIAL

കേരളം केरल KERALA L 897144

AGREEMENT

This deed of Agreement is executed on the ...15th... day of ....March 2024.

BETWEEN

Kalamassery Municipality, having it's office at Changampuzha Nagar, Pin-682033 rep; by it's Secretary, Mr.Anil Kumar, residing at Thirunilath Housing Colony, South Kalamassery, Ernakulam, Kerala - 682 033 hereinafter referred as the 1st party on the one part

AND

Vattiyoorkavu Youth Brigade Entrepreneurs' Co-operative Society, LTD. NO. T 2283 (PAN: AAGAV5579C), registered under the Kerala Cooperative Societies Act 1969, on behalf of Entrepreneurs of VYBe Green and Tourism Division and having

KALAMASSERY MUNICIPAL OFFICE * CHANGAMPUZHA NAGAR P.O. * PIN: 682033

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD. * 2283 * VYBECOS

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

Secretary Kalamassery Municipality

SINDHU.I.S
SASTHAMANGALAM VENDOR

PRINCIPAL SUB TREASURY * Date 02 MAR 2024 * THIRUVANANTHAPURAM

4/3/2024

its office at TC 30/2865, Maruthamkuzhi, Kanjirampara P.O., Thiruvananthapuram 695033, rep; by its Secretary, Radhika Ramachandran U., Aadhar No. 385387271303, T C 41/147-1, Vigneswaram, Padannavu Lane, Manacaud P O, Thiruvananthapuram-695009 herein after referred as the 2nd party on the other part.

Whereas the permanent address of 1st party's rep.; it's Secretary, Mr. Anil Kumar (Aadhar No.: 473932635583) is Kodiyazhakathuveedu, Thazhamel, Anchal P.O., Anchal, Kollam, Kerala – 691306.

Whereas the 1st party is a Municipality formed and functioning under the provisions of the Constitution of India and the Kerala Municipality Act and Rules there under. The 1st party has formed established and running Cochin Children's Science Park in Ward No. 14 of the Municipality desirous of developing and operating new activities for the benefit of the children as part of the Tourism Activities in its aforementioned Science Park.

Whereas, the 2nd party is a Youth Co-operative Society registered under Registrar of Co-operative Societies, Government of Kerala is engaged in undertaking Tourism Projects and establishing play parks, amusement items etc. as part of tourism activities for the benefit of the children.

Whereas the parties hitherto have discussed the establishment of additional items of activities, Amusement items etc., for the benefit and enjoyment of the children as part of Tourism development in the above said children's Park owned and operated by the 1st party and after discussions both parties reached understanding to install and operate additional items amusement items etc., in the above said park by the 2nd party with specific terms and conditions which are enumerated below.

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

MUNICIPAL OFFICE * KALAMASSERY P.O. * CHANGAMPUZHA NAGAR PIN: 682033

VALIYOOKKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD. No. 2283 • VYBECOS

1. The party hitherto has agreed that this lease/contract shall be for a period of 15 years commencing from the date of signing of this agreement and any further extension will be allowed upon satisfactory assessment of the performance and the execution of the items established by the 2nd party as per the terms and conditions of this agreement.
2. After the completion of the agreement period, the 1st party can either renew the contract with the 2nd party or can take over the activities which were installed and operated by the 2nd party.
3. After 15 years, if the 1st party does not wish to extend the agreement, the entire infrastructure established by the 2nd party shall be handed over to the 1st party at free of cost.
4. The 1st party shall not be liable for any loss or damages suffered by visitors or staff as a result of activities conducted by the 2nd party. Furthermore, the 1st party shall not be responsible for providing compensation for any losses resulting from activities conducted by the 2nd party.
5. It is agreed that activities being built and operated by the 2nd party must be approved by the Secretary of 1st party and any new addition to the activities must be given in document for approval before beginning of the installation. The rates must be communicated and approved in documents.
6. The activities that have been authorized by the 1st party for establishment and operation by the 2nd party are included as Annexure 1 in this document.
7. GST at the prevailing rates shall be applicable to the Revenue Sharing. The Financial components and payment methods are explained in this agreement (clause 8 to 12).
8. It is mutually agreed that the revenue from the newly installed and operated items by the 2nd party shall be shared between the parties at the ratio of 22:78

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

VYBECOS

i.e.; 22% of the revenue shall be the share of the 1st party and 78% shall be the share of the 2nd party.

9. The tariff for each component including GST shall be informed by the 2nd party to 1st party ten days before starting of operation in order to enable the creation of proper tickets in the ticketing machines.
10. The share of 2nd party shall be transferred to the bank account of 2nd party on a monthly basis; on or before the third working day of every month.
11. At the end of payment period as per clause 8 above, a debit memo will be prepared by 1st party indicating activity-based revenue collection and the share of 78% due to 2nd party will be transferred to their bank account.
12. At the month end, an Invoice of 2nd party will be generated in the ticketing machine clearly showing the total collection for the month.
13. 2nd party shall put up necessary infrastructures for the new activities as per project report submitted and shall also deploy qualified personals as per requirement to handle the activities. 2nd party shall procure all safety gears as required to operate the activities and shall be responsible for all the activities of the items installed and being operated by them.
14. 2nd party shall jointly work with 1st party for accomplishing the vision of making Cochin Children's Science Park a favorite picnic destination in Ernakulam attracting both local & foreign tourists and both parties shall jointly work for promotion campaigns to bring more visitors to the destination.
15. It shall be the duty of the 2nd party to take and procure all safety protocols strictly in the place and activities under its control and shall inspect at regular intervals to avoid any accidents to visitors and staff. The 2nd party shall also ensure and provide insurance for the necessary activities, its staffs, visitors and guests with a reputed service provider.

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

KALAMASSERY MUNICIPAL OFFICE * KALAMASSERY P.O. * CHANGAMPUZHA NAGAR PIN- 682033

VYBECOS

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD. No. 2283

16. The 2nd party shall ensure that all their activities are operationalized only after insuring them. The 2nd party shall submit all insurance documents to the 1st party prior to operationalizing their activities.
17. The facilities shall open and work on all days. The operation time shall be from 10.00 am to 10.00 pm and the times scheduled as above shall be extended further during festive seasons on mutual consent of both parties.
18. 2nd party shall ensure that hazardous or inflammable items or any other intoxicating materials are not stored in the building and its premises. Proper firefighting equipment shall be installed in the premises by the 2nd party besides normal safety measures being taken by the 1st party.
19. 2nd party shall take appropriate approvals from the appropriate authorities or administration for operating activities in the premise of the 1st party. However, 1st party shall extent all support and shall acts in liaison with the 2nd party for obtaining necessary permits and approvals from the Indian Navy, Industries Department, KINFRA Park, KSEB, Irrigation department etc. for ensuring seamless operation of the park.
20. 1st party shall establish multiple ticket counters inside Cochin Children's Science Park to ensure seamless ticketing experience for the visitors. 1st party shall also ensure deployment of adequate ticketing staffs and crowd control measures.
21. 1st party shall either erect hoarding and signage concerning to Cochin Children's Science Park at various locations under its jurisdiction or give permission to 2nd party to do the same.
22. 2nd party shall not be eligible for revenue sharing of the existing activities in the Children's Park; including entry ticket, hand pedal boat, 8-D theatre etc. being run by the 1st party.

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

KALAMASSERY MUNICIPAL OFFICE * P.O. CHANGAMPUZHA NAGAR * PIN: 682033

VYBECOS
VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD. No. 2283

23. 2nd party won't be responsible for maintenance of existing activities including children's park activities, musical fountain, 8-D theatre. hand pedal boat at Children's Park etc. under the control of the 1st party.
24. Electricity charge for the proposed activities shall be borne by the 2nd party. For that purpose, separate connection shall be given to the 2nd party by the 1st party.
25. The 2nd party shall be responsible for deployment of trained and certified staffs for operation of its activities and the 1st party shall not have any responsibility of the staff and employees of the 2nd party and their activities.
26. The 1st party shall not be liable for any court or legal proceedings arising from incidents related to the activities carried out by the 2nd party. All such court or legal proceedings shall be the responsibility of the 2nd party.
27. The 1st party shall provide extended parking facility considering the excepted increase of inflow of visitors to the park. But the parking fee being collected from the visitors shall be the revenue of the 1st party and the 2nd party shall not have any right in the parking fee being collected by the 1st party.
28. 1st party shall assure the continuous supply of water to the premise; including drinking water for the park visitors.
29. 1st party shall be responsible for the park sanitation services, landscaping, civil maintenance and security deployment.
30. 1st party shall issue permission to relocate the existing activities to a specified zone in the park.
31. If any activities established by the 1st party need to be relocated to accommodate the activities of the 2nd party, the financial responsibility for such relocation shall lie with the 2nd party.
32. The damaged activities existing at the park shall either be got repaired by the 1st party or shall be given to scrap by the 1st party.

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

KALAMASSERY MUNICIPAL OFFICE * P.O. NAGAR * CHANGAMPUZHA NAGAR PIN: 682033

VYBECOS
VATTIYOORKAVU BEKEARIE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD. No. 2283

33. All disputes shall be subject to the jurisdiction of the courts in Ernakulam district.

34. The proposed activities may solely be conducted by the 2nd party or a member of the 2nd party, or by a member of a consortium under the 2nd party. The 2nd party shall not transfer the rights given under this agreement to a 3rd party or induct a 3rd party into the deal under this agreement and in such event the deed of agreement shall stands terminated forth with.

35. The 2nd party shall not in any way interfere with the functioning of the other items being run by the 1st party at any point of time or do anything preventing the smooth functioning of the items under the control of the 1st party.

36. **Termination clause**

1. This Agreement shall be in force for a period of fifteen years from the date of signing this Agreement. The agreement can be extended further if the performance of the 2nd party is found to be satisfactory or the activities can be taken over by the 1st party after the completion of fifteen years.
2. Breach of any of the terms and conditions of this agreement will be litigable in a court of law, either civil or criminal or both.
3. If ever the 2nd party breaches any of the conditions, the 1st party shall issue a show cause notice. If the response from the 2nd party is deemed unsatisfactory, the 1st party shall terminate the agreement without any further notice.
4. All disputes shall be subject to the jurisdiction of the court in Ernakulam.

Force Majeure

Neither of the Parties shall be considered defaulting in performance of their obligations under the terms listed in this agreement, if such performance is prevented

ANILKUMAR .C
MUNICIPAL SECRETARY
KALAMASSERY MUNICIPALITY
PEN - 949169

KALAMASSERY MUNICIPAL OFFICE * P.O. NADAR 682033 * PIN: CHANGAMPUZHA

VATTIYOORKAVU 70/5TH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD. No. 2283 * VYBECOS

or delayed for any cause beyond the responsible control of the party affected such as war, natural calamities, hostilities, revolution, riots, fire, explosion, flood, earthquake or because of any law or other proclamations, regulations or ordinance of any Government or sub- division thereof or any other cause beyond the control of the concerned parties which could not have been foreseen or avoided by the exercise of due diligence; provided notices of any such case with necessary evidence is given within a day period or if this is not possible, within a reasonable period without delay. As soon as the cause of Force Majeure has been removed, the party whose liability to perform its obligation has been affected shall notify the other party, the actual delay that might have occurred in such affected activity.

IN WITNESS WHERE OF the parties hereto have affixed their signatures on the date first above mentioned in the presence of the following Witnesses:

Kalamassery Municipality
Rep; by it's Secretary,
Anilkumar.

VYBECOS
Rep; by it's Secretary,
Radhika Ramachandran U.

Witnesses:

1. SUNIL P.A Senior clerk Kalamassery Municipality 15/03/2024

2. Dr. Vishnu J. Menon, Director, VYBECOS 15/03/2024

Annexure -1

Phase – 1 Activities

1. Bouncy Castle
2. Kids Trampoline
3. Bungee Trampoline
4. Kids Battery Car Ride
5. Archery
6. Gun Shoot
7. Fish Spa
8. Trackless Train – Kalamassery Express
9. Virtual Reality Centre
10. Sky-Cycle
11. Couple Zip-Line
12. Mini-Family Rope Way
13. Rope Activity Course (10 Activities)
14. Floating Bridge
15. Pedal Boating
16. Stand Up Paddle board
17. Kayaking
18. Water Zorbing Ball
19. Coracle Boating

Phase – 2 Activities (One year following the inauguration of the Phase 1 Activities)

- Glass Bridge

VYBECOS

ANNEXURE – 4

Kerala Adventure Tourism Promotion Society (KATPS)
(Department of Tourism, Government of Kerala)
Vazhuthacaud, Thiruvananthapuram-695014

KATPS

Kerala Institute of Tourism & Travel Studies (KITTS)
(Department of Tourism, Government of Kerala)
Residency, Thycaud, Thiruvananthapuram-695014

KITTS

CERTIFICATE

This is to certify that

Mr. SOORAJ S.

has successfully completed certificate programme on

Adventure Activity Assistant

held from 25.06.2025 to 01.07.2025

Organized jointly by

Kerala Adventure Tourism Promotion Society &

Kerala Institute of Tourism and Travel Studies

Chief Executive Officer
KATPS

Director
KITTS

Registration No. Adv/225/2025
Place : Thiruvananthapuram
Date : 01.07.2025

PATA INDIA AFFILIATE MEMBER

MINISTRY OF TOURISM, GOVERNMENT OF INDIA
TRAINING CENTRE FOR CBSP

DEPARTMENT OF TOURISM
GOVERNMENT OF KERALA

Kerala Adventure Tourism Promotion Society (KATPS)
(Department of Tourism, Government of Kerala)
Vazhuthacaud, Thiruvananthapuram-695014

KERALA ADVENTURE TOURISM PROMOTION SOCIETY

Kerala Institute of Tourism & Travel Studies (KITTS)
(Department of Tourism, Government of Kerala)
Residency, Thycaud, Thiruvananthapuram-695014

KITTS

CERTIFICATE

This is to certify that

Mr. Midhun M.S.

has successfully completed certificate programme on

Adventure Activity Assistant

held from 25.06.2025 to 01.07.2025

Organized jointly by

Kerala Adventure Tourism Promotion Society &

Kerala Institute of Tourism and Travel Studies

Chief Executive Officer
KATPS

kerala
God's Own Country

Registration No. Adv/221/2025
Place Thiruvananthapuram
Date 01.07.2025

Director
KITTS

UN TOURISM AFFILIATE MEMBER

MINISTRY OF TOURISM, GOVERNMENT OF INDIA
TRAINING CENTER FOR CBSP

DEPARTMENT OF TOURISM
GOVERNMENT OF KERALA

www.kittsedu.org info@kittsedu.org

Kerala Adventure Tourism Promotion Society (KATPS)
(Department of Tourism, Government of Kerala)
Vazhuthacaud, Thiruvananthapuram-695014

Kerala Institute of Tourism & Travel Studies (KITTS)
(Department of Tourism, Government of Kerala)
Residency, Thycaud, Thiruvananthapuram-695014

KERALA ADVENTURE TOURISM PROMOTION SOCIETY

CERTIFICATE

This is to certify that

Mr. Gokul S.

has successfully completed certificate programme on

Adventure Activity Assistant

held from 25.06.2025 to 01.07.2025

Organized jointly by

Kerala Adventure Tourism Promotion Society &

Kerala Institute of Tourism and Travel Studies

Chief Executive Officer
KATPS

Kerala

Director
KITTS

Registration No Adv/220/2025

Place Thiruvananthapuram

Date 01.07.2025

UN TOURISM AFFILIATE MEMBER

MINISTRY OF TOURISM, GOVERNMENT OF INDIA
TRAINING CENTRE FOR TOURISM

DEPARTMENT OF TOURISM
GOVERNMENT OF KERALA

www.kittsedu.org info@kittsedu.org

Certificate Id: 25-08-006-XTPOR

Membership Number: 25-08-0025-OFDXQ

YACHTING ASSOCIATION OF INDIA

KAYAKING

CERTIFICATE

This is to certify that

Jobin Raj V

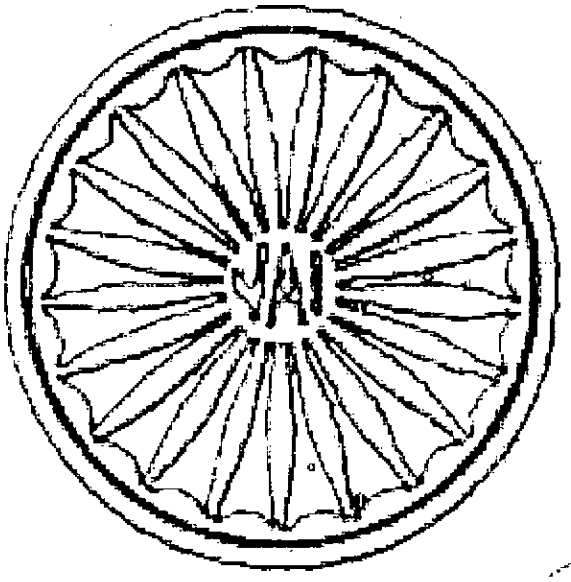
has successfully qualified in

KAYAKING GUIDE

AKASH A S	Tom Joseph	Aug. 13,2025	R. Adm. P. D. Sharma (Retd.)
INSTRUCTOR	EXAMINER	DATE	PRESIDENT RASHTRIYA LIFE SAVING SOCIETY (INDIA)

Valid Until: Aug. 13, 2027

Valid for employment Validity 1st issue - 1 year 1st renewal - 2 years & thereafter every 5 years



4082 PBH

CERTIFICATE OF COMPETENCE

Certified that: **JOBINRAJ V**

Date of Birth: **01 Jan 2002**

Has been examined to standards approved by the Yachting Association of India and found competent and qualified for **Power Boat Handling Certificate**

Date of Issue: **30 Aug 25** Valid upto: **29 Aug 27**

AFFILIATED TO

APJ ABDUL KALAM TECHNOLOGICAL UNIVERSITY
(A State Government University)
Thiruvananthapuram, Kerala, India

upon recommendation of

the Board of Governors, hereby confers

the Degree of

Bachelor of Technology

in

Civil Engineering

on

MUHAMMED NOUFAL C N

having fulfilled the requirements as prescribed under the regulations

at the examination held in

June 2023.

Given under the seal of the University, this day, the 2nd of August 2023.

Register Number: SCM19CE026

Cumulative Grade Point Average(CGPA): 6.9 (First Class)

Authorized Signatory
APJ Abdul Kalam Technological University

Vice-Chancellor

ANNEXURE – 5

ADMS

ADVENTURE & DISASTER
MANAGEMENT SERVICE

Reg No: T.400/12 ADMS, KIZHAKKE THETTIVILA, HOSPITALWARD,
KALLIYOOR (P.O), PH : 9072475200, email : admsadventure2025@gmail.com

Date - 16 August, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Sooraj** was employed with **ADMS (Adventure and Disaster Management Service)** as an **Adventure Activity Instructor** from **January 2023 to 12 August 2025.**

During his service, he actively managed and facilitated adventure activities such as trekking, camping, High rope courses and other outdoor programs. His responsibilities included training participants, ensuring safety protocols, and coordinating with teams to deliver high-quality adventure experiences.

He has been a hardworking, dependable, and enthusiastic team member who consistently upheld the values of safety, discipline, and professionalism.

We wish him the very best in his future professional journey.

Sincerely,
Director

Rajesh R

ADMS – Adventure and Disaster Management Service

ADMS

ADVENTURE & DISASTER
MANAGEMENT SERVICE

Reg No: T.400/12 ADMS, KIZHAKKE THETTIVILA, HOSPITALWARD,
KALLIYOOR (P.O), PH : 9072475200, email : admsadventure2025@gmail.com

Date - 16 August, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Midhun M. S** was employed with **ADMS (Adventure and Disaster Management Service)** as an **Adventure Activity Instructor** from **January 2023 to 12 August 2025.**

Throughout his employment, he played a key role in conducting various adventure activities including High rope Activities and team-building exercises. He consistently ensured safety compliance, guided participants with expertise, and contributed significantly to the smooth execution of outdoor programs.

He is a disciplined, committed, and proactive individual who has been an asset to our team. His work ethic and passion for adventure activities are highly commendable.

We extend our best wishes for his continued success in future endeavors.

Sincerely,
Director

Rajesh R

ADMS – Adventure and Disaster Management Service

ADMS

ADVENTURE & DISASTER
MANAGEMENT SERVICE

Reg No: T.400/12 ADMS, KIZHAKKE THETTIVILA, HOSPITALWARD,
KALLIYOOR (P.O), PH : 9072475200, email : admsadventure2025@gmail.com

Date - 16 August, 2025

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. Gokul. S** was employed with **ADMS (Adventure and Disaster Management Service)** as an **Adventure Activity Instructor** from **January 2023 to 12 August 2025.**

During his tenure with us, he demonstrated commendable skills in conducting and supervising a wide range of adventure activities including High rope courses and team-building programs. He was responsible for ensuring participant safety, maintaining equipment standards, and guiding groups with professionalism and enthusiasm.

We found him to be sincere, reliable, and dedicated to his role, with excellent interpersonal and leadership qualities. His contribution has been valuable to our organization.

We wish him success in all his future endeavors.

Sincerely,
Director

Rajesh R

Rajesh R

ADMS – Adventure and Disaster Management Service

ADMS

ADVENTURE & DISASTER
MANAGEMENT SERVICE

Reg No: T.400/12 ADMS, KIZHAKKE THETTIVILA, HOSPITALWARD,
KALLIYOOR (P.O), PH : 9072475200, email : admsadventure2025@gmail.com

September 13, 2025

EXPERIENCE CERTIFICATE

This is to certify that Mr. Jobin Raj V was employed with ADMS as a Kayaking Guide from August 16, 2025, till date. During his tenure, he demonstrated exceptional skills in guiding tourists through kayaking adventures, ensuring safety protocols, and providing expert knowledge about equipment handling.

Key Responsibilities:

- Conducted guided kayaking tours for tourists.
- Ensured adherence to safety standards and emergency procedures.
- Maintained and inspected kayaking equipment regularly.
- Trained participants in basic kayaking techniques and safety measures.
- Assisted in organizing group activities and managed on-site coordination.

His dedication to safety and customer satisfaction contributed significantly to our operations.

This certificate is issued upon his request, without any obligation to disclose private employment terms.

Rajesh R
Director

VYBECOS

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE SOCIETY LTD. NO. T 2283

Shyam Nivas, TC-30/2868, Maruthamkuzhi, Kanjirampara PO,
Thiruvananthapuram Pin-695030,
Phone - +91 9633841844, Website : www.vybesociety.in
E-mail : info@vybesociety.in, vybegeneral@gmail.com

No. *Date :*

September 13, 2025

EXPERIENCE CERTIFICATE

This is to certify that Mr. Muhammed Noufal CN has been employed with Kalamassery Children's Science Park as a Project Manager since November 2024 and continues to serve in this role with distinction. During his tenure, Mr. Noufal has been instrumental in overseeing the construction design, planning, and execution of the Science Park project, ensuring alignment with organizational goals and quality standards.

Key Responsibilities & Contributions:

•Spearheaded the design and construction planning of the Science Park, coordinating with architects, engineers, and contractors to deliver innovative and child-friendly infrastructure.

•Managed project timelines, budgets, and resource allocation, ensuring adherence to deadlines and cost-efficiency.

•Improved project workflows by implementing strategic adjustments to address on site challenges and optimize deliverables.

•Supervised safety protocols and regulatory compliance, prioritizing a secure environment for staff and future visitors.

Mr. Muhammed Noufal CN has demonstrated exceptional leadership, problem-solving skills, and attention to detail, contributing significantly to the project's progress. His ability to improvise solutions under dynamic conditions has been pivotal in overcoming technical and logistical hurdles.

This certificate is issued at his request, without any obligation to disclose confidential employment terms.

Dr. Vishnu J Menon
Director

President
Ratheesh CS
+ 91 9847309932

Vice President
Vineetha P
+ 91 9746149292
vineethasajeev@gmail.com

Secretary
Radhika Ramachandran U
+ 91 9037241112
radhika.uramachandran@gmail.com

TRUST

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri / Kumari / Smt Sooraj. S.
Son / Daughter of Shri Sukumaran
24 Years, of Village Chemmaruthy
Kaskattom P.S. ...
Dist. Tvpm State Kerala PIN 695587 and ... he / she is free from deafness, defective vision (including colour ...) or any other infirmity, mental or physical, likely to interfere with the ... found him / her possessing good health.

This certificate is being given to him / her for the purpose of employment as Advocate Kalamesseri ...

Signature of Candidate

(To be signed in presence of the Medical Officer)

Signature of Medical Officer

Name of Medical Officer: Dr. Archana J

Registration No. TCMC 55959

Dr Archana J
Consultant Physician
MBBS DNB (GEN MED)
MNAMS
TCMC 55959
Trust Health Care

Dated: 15/06/2025

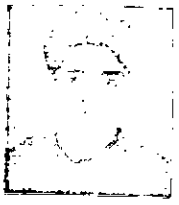
Note: Medical certificate granted by a qualified medical practitioner holding at least MBBS ... degree and registered with Medical Council of India, shall only be valid. The date ... of this certificate should be within one year from the date of application.

ANNEXURE – 6

PHYSICAL FITNESS CERTIFICATE

(Rule 13 Part I KSR)

[G.O. (P) No. 20/2011/P&ARD dated 30/06/2011]



I do hereby certify that I have examined Shri/Smt.....

Mr. GOKUL. S 19/M, GOKULAM CHERUVERY

U.P School Road, Vellanad, Thiruvananthapuram

a candidate for employment in the Adventure Park, Sanjeevanikkam

department and cannot discover that he/she has any disease, bodily or constitutional affection except.....Nil.....

I do not consider this a disqualification for the post of.....(i/A).....

.....His/Her age is according to his/her own statement is.....19.....years and by appearance .....19.....years.

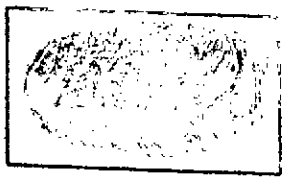
He/She has normal distant vision (.....6/6 bilateral.....)

and he/she is free from colour blindness.

He/She has been vaccinated/re-vaccinated or bears marks of successful vaccination.

Identification marks:

1. A black mole below the (L) Earlobe
2. A black birth mark on the (L) Upperarm



Left hand thumb impression

*Physical Measurement:

Height : 170 cm

Weight : 45 Kg

Chest- Normal : 78 cm

Expanded : 82 cm

JKDFC. DR. JK'S DIABETES & FAMILY CARE * VELLANAD. TVPM *

Signature of Medical Officer

Dr. JAYAKUMAR B

MBBS, BAMS PG DIP DIAB AND MHSc DIABETOLOGY

MNEC FAMILY MEDICINE, Reg No. 219428.5184

FORMER CIVIL SURGEON, KERALA HEALTH SERVICES

DIABETES & FAMILY PRACTITIONER

*In the case of Posts such as Police Constable, House Guard, Forest Guard, Jail Warder etc.

Annexure - IV

Medical Certificate for Service at Sea

[Issued Under the Authority of Directorate General of Shipping, Govt. of India Under Rule No.4 of M.S (Medical Examination) Rules, 2000 as amended]

JOBINRAJ VIPANACHANDRAN

01/01/2002 — MALE

Date of Birth: (dd/mm/yyyy) — Gender :(Male/Female)

Indian Passport /CDC: U2748165 — Valid Until: 11/02/2031

Has been examined by Dr. Ushas Kumar G KRL/ERN/03/2017//

(Name of the Medical Examiner and Approval No.)

DLABS DIAGNOSTIC CENTRE * ERNAKULAM *

And has been found FIT for sea service at sea in the job of

If Unfit / Temp Unfit, Specify Reason-

(a) The hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacitieswherefitnessfortheworktobeperformedisliabletobeaffectedbydefectivecolourvision,areallsatisfactory; and

(b) The seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger he health of other person son board.

(c) TheSeafarercomplieswiththerequirementsspecifiedinTableA-I/9ofSTCWCode(i.e.Minimuminserviceeyesight standardsforseafarers),TableB-I/9oftheSTCWCode(i.e.Assessmentofminimumentrylevelandin-servicephysicalabilities for seafarers)and Regulation1.2,StandardA-1.2&GuidelineB-1.2oftheMaritimeLabourConvention2006.

24/05/2023 KOCHI

(Date & Place of Medical Examination)

Signature of the Medical Examiner

11588

(Serial number of the Certificate)

Address: Ground Floor, Teepeeyem Plus Building,
Kalathiparambu Road,Opp. BSNL Bhavan,
Valanjambalam, Ernakulam South,Kerala -682016

E-mail ID: dgmedicalkochi@gmail.com
Phone: 0484-4030733 /Mobile:+91 9895209326

DLABS DIAGNOSTIC CENTRE ERNAKULAM-16

This Certificate expires on* 23/05/2025

(Day, Month, Year)

Dr. USHAS KUMAR. G MBBS
Reg. No:38081
DG Shipping Approved
Lic.No:KRL/ERN/03/2017

Official Stamp of the Medical Examiner

(*Notmorethan2yearsfromthedateofissue,unlesstheseafarersisundertheageof18,inwhichcasethemaximumperiodof validity of the Medical Certificate shall be 1year).

If the period of validity of the medical certificate expires in the course of voyage, the medical certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a medical certificate, provided that period of such extension shall not exceed 3 months.

Reg no.....................

REPORT OF MEDICALEXAMINATION OF SEAFARER BYANAPPROVEDMEDICAL EXAMINER

As per Merchant standards of MLC 2006 as amended section A- 1/9 paragraph – 7, and as amended ISM/ STCW 2010,and ILO covention 147, and in complance with the medical rules framed their under by the D.G shipping guidelines

DLABS
DIAGNOSTIC CENTRE

Ground Floor, Teepeeyem Plus Building, Kalathiparambu Road,
Opp. BSNL Bhavan, Valanjambalam, Kochi, Kerala-682026
Ph: +91 484 4030733, www.dlRPFWsindia.com

Name: JOBINRAJ VIPANACHANDRAN — Sex: M — Serial No: 11588

Date of Birth: 01/01/2002 — PP/CDC: U2748165 — Rank:

Vessel: — Type : — Route:

Home Address: PUTHUVEETTIL, PUTHENTHURA PO, NEENDAKARA, KOLLAM
PIN: 691582, KERALA,INDIA

Company Name:

Medical History — Please answer the following to the best of your knowledge

Is there any past / present history of any of the following	Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No		Candidate Declaration Yes	Candidate Declaration No	Examiner Record Yes	Examiner Record No
Severe one-sided headaches (Migraine)		No		No	Hernia / Hydrocele / Appendicitis		No		No
Head Injury / Concussion / Loss of Memory		No		No	High / Low blood pressure / Heart disease		No		No
Fits / Epilepsy / Dizziness / Fainting		No		No	Asthma / Bronchitis / Tuberculosis		No		No
Eye / Vision Problems (Glasses, etc.)		No		No	Allergy / Skin disease		No		No
Hearing Impairment		No		No	Infection / Contagious disease		No		No
Ear / Nose / Throat Problems		No		No	Addiction to alcohol / Drugs / Tobacco		No		No
Stomach / Bowel Disorders		No		No	Fracture / Dislocation / Injury / Amputation		No		No
Gall Stones / Kidney Disorders		No		No	Major / Minor Operation		No		No
Jaundice / Liver Disease		No		No	Diabetes		No		No
Piles / Varicose Veins		No		No	Nervous / Mental Disease / Sleep disorder		No		No
Blood Disorder		No		No	Malignant disease (Cancer)		No		No
Female Disorder		No		No	Signed off on medical grounds / Declared Unfit		No		No

notes — BMI: 23.3 Kg/M2

Medical Examination

Height	Weight inKg	ChestInsp-Exp	BloodPressureinmmofHg	Pulse-Beats /min	RespRate / min	General Condition
167 CM	65 KG	NORMAL	120/80	72	20	HEALTHY

Distant Vision	Uncorrected	Corrected	Field of Vision	Audiometry	Hz	500	1000	2000	3000	4000	5000	6000	8000
Right Eye	6/6		Normal	Right Ear	dB	WNL	WNL	WNL	WNL				
Left Eye	6/6		Normal	Left Ear		WNL	WNL	WNL	WNL				

ColorVision				Hearing	Normal Voice	Whispered Voice
	Ishihara	Normal ✓	Abnormal	Right Ear	NORMAL	NORMAL ✓
	Other	Normal	Abnormal	Left Ear	NORMAL	NORMAL ✓

Systemic Examination

	Normal	Abnormal		Normal	Abnormal
Head &Neck	NORMAL		Respiratory system	NORMAL	
Eyes	NORMAL		Cardiovascular system	NORMAL	
Ears / Nose / Throat	NORMAL		Per Abdomen	NORMAL	
Teeth / Oral Cavity	NORMAL		Genito-urinary system	NORMAL	
Musculo-Skeletal system	NORMAL		Others	NORMAL	
Nervous system	NORMAL		Hernia / Hydrocele	NORMAL	
Reflexes	NORMAL		Varicose Veins	NORMAL	
Skin	NORMAL		Fissure/Fistula/Piles	NORMAL	

Notes: FIT

Investigations

Blood	Result	Normal	Urine	
Hemoglobin	16.6 GM/DL		Colour	PALE YELLOW
Total WBC Count	7400 CELLS/CUMM		Specific Gravity	1.006
Neu			Ph	ACIDIC
Malarial parasite	-VE		Albumin	NIL
ESR	09 MM/HR		Sugar	NIL
SGPT	28 U/L		Bile Pigment	NIL
Cholesterol	184 MG/DL		Bile Salts	NIL
Triglycerides	100 MG/DL		Occult Blood	-VE
Blood Sugar	90 MG/DL		RBC Cells	NIL
HBsAg	NEGATIVE		Leucocytes	0-1 PUSCELLS
HIV I & II	NEGATIVE		Others	
VDRL	NEGATIVE		Spirometry	NOT DONE
Others	NIL			
Blood Group	B POSITIVE		Drugs of Abuse	NOT DONE
ECG	NOT DONE			
X-ray Chest	NOT DONE		USG	NOT DONE

RESULT OF MEDICAL EXAMINATION

Fit ☑ Unfit ☐ Temporarily Unfit ☐ Permanently Unfit ☐ Should be re-examined in ____ days / weeks /months.

Remarks/Recommendation:

Dr. Ushas Kumar G. certify that all information required under annexure E & F M.S. (Medical Examination) Rules 2000 is incorporated in this certificate.

This Certificate is Valid till 23/05/2025

Candidate's Signature

Date: 24/05/2023

Dr. USHAS KUMAR G MBBS
DG Shipping Approved
Lic.No: ... 2017
Doctor's Signature

LABS DIAGNOSTIC CENTRE ERNAKULAM

ANNEXURE – 7

KITTS

FIRST AID TRAINING

CERTIFICATE
OF COMPLETION

KATPS

This is to certify that

MR. SOORAJ . S

has successfully completed the

First Aid Training Course

conducted on 29.06.2025

at Kerala Institute of Tourism and Travel Studies (KITTS)

as part of the certificate programme on Adventure Activity Assistant

held from 25.06.2025 to 01.07.2025

Organized jointly by

Kerala Adventure Tourism Promotion Society &

Kerala Institute of Tourism and Travel Studies

SIGNATURE
Dr. SHINY S. BABU

29.06.2025
DATE

KITTS

FIRST AID TRAINING

CERTIFICATE
OF COMPLETION

KATPS

This is to certify that

MR. MIDHUN .M.S

has successfully completed the

First Aid Training Course

conducted on 29.06.2025

at Kerala Institute of Tourism and Travel Studies (KITTS)

as part of the certificate programme on Adventure Activity Assistant

held from 25.06.2025 to 01.07.2025

Organized jointly by

Kerala Adventure Tourism Promotion Society &

Kerala Institute of Tourism and Travel Studies

SIGNATURE

Dr. SHINY S. BABU

Ph D Nursing

29.06.2025

DATE

KITTS

KATPS

FIRST AID TRAINING

CERTIFICATE
OF COMPLETION

This is to certify that

MR. GOKUL. S

has successfully completed the

First Aid Training Course

conducted on 29.06.2025

at Kerala Institute of Tourism and Travel Studies (KITTS)

as part of the certificate programme on Adventure Activity Assistant

held from 25.06.2025 to 01.07.2025

Organized jointly by

Kerala Adventure Tourism Promotion Society &

Kerala Institute of Tourism and Travel Studies

SIGNATURE
S. BABU

29.06.2025
DATE

Certificate Id: 25-08-006-NKH9Z

Membership Number : 25-08-0025-GFDXQ

LIFE SAVING INDIA

This is to Certify that

Jobin Raj V

Has Successfully completed

Date :Aug. 13,2025 Valid Until:Aug. 13,2027

Akash A S
Trainer

Tom Joseph
Examiner

Rear Admiral P D Sharma
President, RLSS (I)

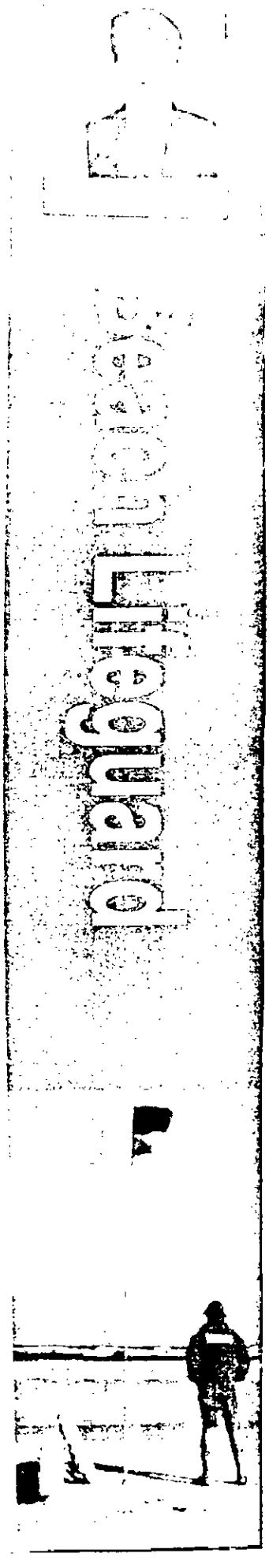
BRANCH OF

MEMBER OF

World Water Safety

Valid for employment

Validity 2 year



ANNEXURE - 8

VYBECOS

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE SOCIETY LTD. NO. T 2283

Shyam Nivas, TC-30/2868, Maruthamkuzhi, Kanjirampara PO,
Thiruvananthapuram Pin-695030,
Phone - +91 9633841844, Website : www.vybesociety.in
E-mail : info@vybesociety.in, vybegeneral@gmail.com

No. *Date:*

RISK ASSESSMENT FOR FLOATING JETTY, PEDAL BOATS, AND KAYAKS AT COCHIN CHILDREN'S SCIENCE PARK

Date: September 09, 2025

Project Name: Watercraft Operations at Lake
Location: Cochin Children's Science Park Lake

1. Introduction

This risk assessment evaluates potential hazards associated with the use, operation, and maintenance of the Floating Jetty, Pedal Boats, and Kayaks at Cochin Children's Science Park. It aims to ensure safety for visitors, staff, and equipment during water-based activities.

2. Description of Activities

- Usage of floating jetty for launching and docking watercraft
- Pedal boat and kayak rentals
- Supervision of water activity participants
- Routine maintenance of watercraft and safety equipment
- Emergency response for water-related incidents

3. Hazard Identification and Risk Evaluation

Hazard	Potential Risk	Likelihood	Impact	Risk Level	Control Measures
Drowning or water immersion accidents	Individuals falling into water, injuries, drowning	Medium	High	High	Mandatory life jackets, supervision, safety briefings, rescue equipment
Overcrowding or excessive load	Capsizing, inability to rescue, injuries	Low	High	High	Limits on number of users, monitoring during activities
Equipment	Watercraft	Medium	High	High	Regular

failure or damage	malfunction, accidents				maintenance, inspections, prompt repairs
Slipping or falling on jetty	Injuries, falls	Medium	Medium	Medium	Anti-slip surface, handrails, safety signage.
Weather conditions (wind, rain)	Capsize, difficulty controlling watercraft	High	High	High	Weather monitoring, suspension of activities during adverse conditions
User inexperience or misconduct	Collisions, falls, injuries	Medium	High	High	User instructions, safety briefings, supervised operation
Emergency response delays	Injuries, drowning, rescue difficulties	Low	High	High	Emergency plan, rescue equipment, trained staff

4. Controls and Mitigation Measures

- Life Jackets: Mandatory for all watercraft users
- Supervision: Trained staff supervising all water activities
- Equipment Maintenance: Regular inspections and servicing of boats and kayaks
- Capacity Restrictions: Enforce limits on the number of occupants
- Weather Monitoring: Suspend activities during bad weather (wind, rain, storms)
- Safety Briefings: Pre-activity instructions on safe use and behavior
- Rescue Preparedness: Availability of rescue equipment (life buoys, ropes) and trained personnel

5. Emergency Procedures

- Immediate cessation of water activities during hazardous conditions
- Use of rescue equipment and trained rescue personnel in case of incidents
- First aid stations in proximity
- Clear communication channels for emergency alerts
- Evacuation routes and procedures reviewed regularly

6. Conclusion

Implementing strict safety protocols, routine inspections, visitor education, and staff training are essential to minimize water-related risks. Ongoing monitoring and periodic reviews will maintain a safe environment for all water activities.

Prepared by:

JOBINRAJ VIPANACHANDRAN
JUNIOR INSTRUCTOR - VYBECOS

Approved by:

RAJESH R
CHIEF INSTRUCTOR - VYBECOS

ANNEXURE - 9

Office Copy

UNITED INDIA INSURANCE COMPANY LIMITED

BHASKARA BLDG SEA AIRPORT ROAD, NEAR KSFE, KAKKANAD
DO 3 ERNAKULAM - 682030 KERALA
PHONE: (484) 2427655,(484) 2427622 FAX: EMAIL:

UNITED BHARAT SOOKSHMA UDYAM SURAKSHA POLICY
POLICY NO.:1013001125P110829560
UIN. IRDAN545RP0013V01202021

PERIOD OF INSURANCE
From 00:00 Hrs of 04/10/2025
To Midnight of 03/10/2026

Insured
M/s THE SECRETARY
VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD
695010
THIRUVANANTHAPURAM
KERALA

Agent Name	**: MEERA P S**
Agent Code	**: AGN1030415**
Mobile/Landline Number/Email	**: 9400703782**
	meeraps.sudheer@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 101300@uiic.co.in

UNITED BHARAT SOOKSHMA UDYAM SURAKSHA POLICY
SCHEDULE

Policy No.	1013001125P110829560		Prev. Pol. No.				
Name Of Insured	M/s THE SECRETARY / 23507106326						
Tel.(O)		Fax		Tel.(R)		Mobile	
Business/Occupation	None			Email			
Period of Insurance	From	00:00 Hrs of 04/10/2025	To	Midnight of 03/10/2026			

CO-INSURANCE DETAILS:
UIIC 101300 : 100%

Risks Covered	Sum Insured(₹)
Contents	3,000,000.00
Floater Cover	Not Opted

Total Basic Premium:	₹	3,285.00
Total Addon Premium:	₹	0.00
Net Premium:	₹	5,836.00
CGST(9%):	₹	525.00
SGST(9%):	₹	525.00
Stamp Duty:	₹	1.00
Total:	₹	6,886.00
Receipt No:		101101300251144890S4
Receipt Date:		06/10/2025

Stamp Duty Applicability : No

Agency/Broker Code:	AGN1030415
MEERA P S	
Dev.Officer Code:	

Deductible	₹ 5,000/- for each & every claim
Terrorism deductible	i)1% of the claim amount subject to minimum of ₹ 25,000/- & upto maximum of ₹ 10,00,000/-(for Non-Industrial risks) ii)5% of the claim amount subject to minimum of ₹ 1,00,000/- & upto maximum of ₹ 2,50,00,000/-(for Industrial risks)

Lo[illegible]ion/F[illegible] Details :

Location Address	Location Name	Risk Description	Item Type	Item Description	Sum Insured(₹)
COCHIN CHILDRENS SCIENCE PART, WARD NO 14, KALAMASSERY MUNCIPALITY, MEDICAL COLLEGE - KINFRA ROAD, ERNAKULAM,KERALA,Pin-683503	COCHIN CHILDRENS SCIENCE PARK	Amusement parks(1020)	Furniture and Fixtures Fittings and Other Equipment	ZIPLINE TOWERS 2 NOS 8 LAKHS, FISH SPA R LAKHS, OCTOPUS RIDE 4 LAKHS, DASHING CAR 4 LAKHS, ILLUMINATION TUNNEL 4 LAKH, ELECTRIC TRAIN 6 LAKHS	3,000,000.00

The Insurance under this Policy is subject to clauses (as listed)- TESTING AND COMMISSIONING CLAUSE

Customer GST/UIN No.:	32AAGAV5579C1ZE	**Office GST No.:**	32AAACU5552C1ZS
SAC Code:	997137	**Invoice No. & Date:**	11251110829560 & 06/10/2025
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.
Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT https://pledge.cvc.nic.in.

Date of Proposal and Declaration: 04/10/2025

IN WITNESS WHEREOF,the undersigned being duly authorised has hereunto set his/her hand at DO 3 ERNAKULAM 101300 on this 06th day of October 2025 .

For and On behalf of
United India Insurance Co. Ltd.

Affix Policy Stamp here.

Duly Constituted Attorney(s)
Underwritten By - SUM25767 (DO UW CUM CASHIER)

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.

(ARCHIVED POLICY)

Office Copy

UNITED INDIA INSURANCE COMPANY LIMITED

BHASKARA BLDG SEA AIRPORT ROAD, NEAR KSFE, KAKKANAD
ERNAKULAM - 682030 KERALA
PHONE: (484) 2427655,(484) 2427622 FAX: EMAIL:

PUBLIC LIABILITY NON INDUSTRIAL POLICY
POLICY NO.:1013002725P110817529

PERIOD OF INSURANCE
From 00:00 Hrs of 04/10/2025
To Midnight of 03/10/2026

Insured

M/s THE SECRETARY
VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD
THIRUVANANTHAPURAM
695010
KERALA

Agent Name	: MEERA P S
Agent Code	: AGN1030415
Mobile/Landline Number/Email	: 9400703782 meeraps.sudheer@gmail.com

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 101300@uiic.co.in

Office Copy

Policy No:1013002725P110817529

UNITED INDIA INSURANCE COMPANY LIMITED

PUBLIC LIABILITY NON INDUSTRIAL POLICY

SCHEDULE

Policy Number	1013002725P110817529		Previous Policy Number			
Insured Details	Name	M/s THE SECRETARY/23507106326				
	Tel:(O)		Tel:(R)		Fax	
	Email				Mobile	
	Business / Occupation	None				
Period of Insurance	From	00:00 of 04/10/2025	To	Midnight of 03/10/2026		

CO-INSURANCE DETAILS: UIIC 101300 : 100%

PREMIUM ₹ : 7,643.00

LOCATION NO	LOCATION DETAILS	LOCATION DESCRIPTION
1		

Description of risk : AMUSEMENT PARK

Estimated Annual Turnover	
Proposed Year(₹)	Previous Year(₹)
0	0

Territory	Jurisdiction
India	India

Cover Name	AOA:AOY	Deductible
Indemnity Cover	1:4	0.00

Office Copy

Policy No:1013002725P110817529

Extension No	Extensions	Limit Of Indemnity (₹) AOA : AOY	Deductible(₹)
	Indemnity Cover	500000:2000000	0

Premium in Words	7,643.00

PREMIUM COMPUTATION:
Gross Premium: ₹ 7,643.00

Premium	:₹	7,643.00
CGST(9%)	:₹	688.00
SGST(9%)	:₹	688.00
Stamp duty	:₹	1.00
Total	:₹	**9,019.00**
Receipt Number	:	10110130025114475851
Receipt Date	:	06/10/2025

Agent: MEERA P S AGN1030415
Contact: 9400703782
meeraps.sudheer@gmail.com

Dev Officer/Agent: AGN1030415

Underwriting Remarks	Scope of Cover: Liability towards third parties for any accidents resulting in injury or damage occurring at the venue COCHIN CHILDRENS PARK,KINFRA ROAD,683503, during the policy period. Limit Of Indemnity: INR 20 LAKHS AOA: AOY =1:4 5 LAKHS : 20 LAKHS Per person limit Rs 2 lakhs. Medical Expenses per person: Rs 20,000/- in Aggregate. Deductible: INR 20,000/- for each and every claim. Excess Not applicable to Medical Expenses.Jurisdiction: India. Exclusions: The Company shall not be liable for any liability arising due to: Pollution, Acts of God, earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado, cyclone or other similar acts or convulsions of nature and atmospheric disturbances. Deliberate, wilful or intentional non-compliance of any statutory requirements. Fines, penalties, punitive or exemplary damages or any other damages resulting from the multiplication of compensatory damages or arising out of any criminal liabilities. Consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, terrorism, insurrection or military or usurped power; Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel, the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. Claims arising out of any motor vehicle or trailer temporarily in the Insured's custody or control for the purpose of parking. Damage to property owned, leased or hired or under hire purchase or on loan to the Insured or otherwise in the Insured's care, custody or control other than Premises (or the contents thereof) temporarily occupied by the Insured for work thereon or other property temporarily in the Insured's possession for work. Loss or damage to the Visitors' clothing and personal effects.Other terms: As per Standard Public liability policy

Customer GST/UIN No.:	32AAGAV5579C1ZE	**Office GST No.:**	32AAACU5552C1ZS
SAC Code:	997139	**Invoice No. & Date:**	2725I110817529 & 06/10/2025
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT https://pledge.cvc.nic.in.

Date of Proposal and Declaration: 04/10/2025
IN WITNESS WHEREOF,the undersigned being duly authorised has hereunto set his/her hand at DO 3 ERNAKULAM 101300 on this 06th day of October 2025 .

For and On behalf of
United India Insurance Co. Ltd.

Duly Constituted Attorney(s)
Underwritten By - BIN38331 (DO UW CUM CASHIER)

Affix Policy Stamp here.

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.

Office Copy

UNITED INDIA INSURANCE COMPANY LIMITED

BHASKARA BLDG SEA AIRPORT ROAD, NEAR KSFE, KAKKANAD
ERNAKULAM - 682030 KERALA
PH: (484) 2427655,(484) 2427622 FAX: EMAIL:

GROUP PERSONAL ACCIDENT POLICY

POLICY NO.: 1013004225P110824166

PERIOD OF INSURANCE
From 00:00 Hrs of 04/10/2025
To Midnight of 03/10/2026

Insured

M/s THE SECRETARY
VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS CO-OPERATIVE SOCIETY LTD

695010
THIRUVANANTHAPURAM
KERALA

Agent Name	**: MEERA P S**
Agent Code	**: AGN1030415**
Mobile/Landline Number/Email	**: 9400703782 meeraps.sudheer@gmail.com**

The genuineness of the policy can be verified through "Verify Your Policy" link at www.uiic.co.in.

For any Information, Service Requests, Claim intimation and Grievances please write to 101300@uiic.co.in

Printed By : CUSTOMER @ 08/10/2025 10:30:19 AM

Office Copy

GROUP PERSONAL ACCIDENT POLICY SCHEDULE

Policy No.:	1013004225P110824166	Prev.Pol.No.:			
Name of Customer/ID	M/s THE SECRETARY /23507106326				
Tel.(O):	Fax:	Tel.(R):		Mobile:	
Business/Occupation :	None	Email:			
Period of Insurance:	From 00:00 Hours of 04/10/2025 To MIDNIGHT of 03/10/2026				

Coinsurance	UIIC 101300 : 100%

Premium : Two thousand two hundred rupees only

Risk Category	No. of Person/Category	Covers	Premium	Loading/Discount	Caculated Amount
RiskCategory III	4	Table III DEATH PTD PPD	1,750.00		
		Medical Expenses	350.00		

Total No Of Person	4	Total Sum Insured for the Group	₹1000000

Special Conditions	TABLE III PLUS MEDICAL EXPENSES

Net Premium:	₹2,200.00
CGST(9%):	₹ 198.00
SGST(9%):	₹ 198.00
Stamp Duty:	₹ 13.00
Total :	**₹2,596.00**
Receipt Number :	10110130025114483547
Receipt Date:	06/10/2025
Agency/Broker Code :	AGN1030415
Dev. Officer Code :	
Direct Business :	OTHERS

Customer GST/UIN No.:	32AAGAV5579C1ZE	**Office GST No.:**	32AAACU5552C1ZS
SAC Code:	997133	**Invoice No. & Date:**	4225I110824166 & 06/10/2025
Amount Subject to Reverse Charges-NIL			

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Anti Money Laundering Clause:-In the event of a claim under the policy exceeding ₹ 1 lakh or a claim for refund of premium exceeding ₹ 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company's web site.

LET US JOIN THE FIGHT AGAINST CORRUPTION. PLEASE TAKE THE PLEDGE AT https://pledge.cvc.nic.in.

Date of Proposal and Declaration: 04/10/2025
IN WITNESS WHEREOF,the undersigned being duly authorised has hereunto set his/her hand at DO 3 ERNAKULAM 101300 on this 06th day of October 2025 .

For and On behalf of
United India Insurance Co. Ltd.

Affix Policy Stamp here.

Duly Constituted Attorney(s)
Underwritten By - BIN38331 (DO UW CUM CASHIER)

This is a system generated document and any manual alteration / correction / overwriting in the document will make it invalid.

ANNEXURE - 10

EMERGENCY CONTACT DETAILS

PARK OFFICIAL:

- Activity Manager (VYBECOS): 6282213104

Hospitals:

1. Government Medical College, Eranakulam

- Address: HMT Colony, HMT Rd, Kalamassery, Kochi, Eranakulam, 683503
- Distance: 1.2 km (4 minutes' drive)
- Contact: 0484-2411460, +91484 2754000
- Remarks: Largest government tertiary care facility; 24/7 emergency services.

2. Kinder Hospital, Pathadippalam

- Address: Pathadippalam, Kalamassery, Kochi, 682033
- Distance: 7 km (15 minutes' drive)
- Contact: +914846660000
- Remarks: Multi-specialty private hospital with speciality in obstetrics and gynecology.

3. Sunrise Hospital, Kochi

- Address: Seaport – Airport Road, Kakkanad, Kochi, 682030
- Distance: 6.5 km (14 minutes' drive)
- Contact: 0484-4160000, +91 9656718000
- Remarks: A tertiary care multi-speciality hospital and prominent laparoscopic center

4. ESIC Hospital, Pathalam

- Address: Udyogamandal, Pathalam Junction, Ernakulam, Eloor, Kerala, 683501
- Distance: 8.6 km (21 minutes' drive)
- Contact: 0484-2545632
- Remarks: General Medicine, general surgery, pediatrics

5. Primary Health Centre, Kalamassery

- Address: NAD Rd, near HMT Junction, South Kalamassery, Kochi, 683104
- Distance: 6 km (14 minutes' drive)
- Contact: 0484-2545632
- Remarks: A health care centre under kalamassery municipality.

6. M.A.J Hospital, Edappally

- Address: Market Rd, Edappally, Kochi, 682024
- Distance: 9.4 km (22 minutes' drive)
- Contact: 0484-2825777
- Remarks: A well-known multi - specialty hospital with advanced emergency medicine and trauma care.

Emergency Contacts

- Ambulance:
  - ➢ Dial 108 (free emergency service) or 112 (pan-India emergency number);
  - ➢ Al-Shifa Ambulance Service : 9747406384
  - ➢ On Time Ambulance Service: 9947361300
  - ➢ TAJ Emergency Services: 9656400101, 9539847847
- Kalamassery Police Station: 0484-2532050, 09497980412 (for coordination during crises).

ANNEXURE - 11

VYBECOS

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE SOCIETY LTD. NO. T 2283

Shyam Nivas, TC-30/2868, Maruthamkuzhi, Kanjirampara PO,
Thiruvananthapuram Pin-695030,
Phone - +91 9633841844, Website : www.vybesociety.in
E-mail : info@vybesociety.in, vybegeneral@gmail.com

No. *Date :*

EMERGENCY ACTION PLAN (EAP) FOR FLOATING JETTY, PEDAL BOATS, AND KAYAKS AT COCHIN CHILDREN'S SCIENCE PARK

Date: September 09, 2025

Project Name: Floating Jetty, Pedal Boats, and Kayaks
Location: Cochin Children's Science Park Lake

1. Purpose

This Emergency Action Plan (EAP) outlines the procedures to be followed in case of emergencies involving water activities at Cochin Children's Science Park, aimed at ensuring swift response, minimizing injuries, and safeguarding lives.

2. Scope

Applicable to all staff, supervisors, and visitors participating in or supervising water activities including the use of the Floating Jetty, Pedal Boats, and Kayaks.

3. Emergency Contact Numbers

Local Emergency Services (Police, Fire, Ambulance): 112

Activity Manager: 7592959223

Lifeguard:

4. Roles and Responsibilities

Personnel	Responsibilities
Activity Manager	Oversee all water activities, monitor safety, coordinate emergency response
Lifeguard	Perform rescues, administer first aid, communicate during emergencies
Visitors / Users	Follow safety instructions, wear life jackets, report hazards or incidents
Emergency Response Team	Execute rescue, provide first aid, evacuate injured persons, communicate with emergency services

President
Ratheesh CS
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ratheesh.nbd@gmail.com

Vice President
Vineetha P
+ 91 9746149292
vineethasajeev@gmail.com

Secretary
Radhika Ramachandran U
+ 91 9037243112
radhika.uramachandran@gmail.com

5. Emergency Scenarios & Response Procedures

A. Person Falling into Water / Drowning

- Detect Incident: Lifeguard or staff observe a fall or distress.
- Alert & Respond: Sound alarm, immediately alert rescue team.
- Rescue: Use rescue equipment (life buoys, ropes) to retrieve the person.
- First Aid: Administer first aid and perform CPR if necessary.
- Medical Assistance: Call emergency services for hospital transfer if required.
- Report & Record: Document incident details for review and safety improvements.

B. Capsize or Watercraft Malfunction

- Detection: Staff notice a watercraft capsized or malfunctioning.
- Response: Stop activity, signal to rescue team.
- Rescue & Assistance: Rescue occupants using safety gear.
- First Aid & Support: Check for injuries, provide first aid, and support victims.
- Post-Incident: Inspect equipment, review cause, and report.

C. Severe Weather Conditions (Storm, Strong Winds, Heavy Rain)

- Monitoring: Continuously monitor weather forecasts.
- Suspension: Immediately suspend all water activities.
- Evacuation: Clear all watercraft from water, direct users to safe zones.
- Communication: Announce cessation of activities to all visitors and staff.
- Resumption: Resume activities only after weather improves and safety is assured.

6. Emergency Equipment & Safety Measures

- Life jackets for all watercraft users (mandatory)
- Rescue ropes, life buoys, first aid kits, and communication devices readily available
- Signage indicating emergency procedures and evacuation routes
- Regular drills to ensure staff preparedness
- Clear instructions for visitors on safety procedures and emergency reporting

7. Training & Drills

- Conduct periodic emergency response drills for staff and volunteers
- Train staff in CPR, first aid, rescue techniques, and communication protocols
- Update and review the EAP regularly according to feedback and incident learnings

8. Post-Incident Procedures

- Medical assistance and counselling for affected individuals

- Incident investigation and reporting
- Safety review and implementation of corrective measures
- Communication with authorities and stakeholders

9. Review and Updates

This Emergency Action Plan will be reviewed annually or after any incident to ensure continued effectiveness and relevance.

Prepared by:

Jobin

JOBINRAJ VIPANACHANDRAN
JUNIOR INSTRUCTOR - VYBECOS

Approved by:

Rajesh

RAJESH R
CHIEF INSTRUCTOR - VYBECOS

VYBECOS

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE SOCIETY LTD. NO. T 2283

Shyam Nivas, TC-30/2868, Maruthamkuzhi, Kanjirampara PO,
Thiruvananthapuram Pin-695030,
Phone - +91 9633841844, Website : www.vybesociety.in
E-mail : info@vybesociety.in, vybegeneral@gmail.com

No. *Date :*

EMERGENCY ACTION PLAN (EAP) FOR SKY CYCLE AND ZIP LINE AT COCHIN CHILDREN'S SCIENCE PARK

Date: September 09, 2025

Project Name: Sky Cycle and Zip Line Operations
Location: Cochin Children's Science Park Lake

1. Purpose

This Emergency Action Plan (EAP) establishes clear procedures to effectively respond to emergencies occurring during the operation of the Sky Cycle and Zip Line, ensuring safety and minimizing injury risks to users and staff.

2. Scope

Applicable to all staff, supervisors, maintenance personnel, and users participating in Sky Cycle and Zip Line activities.

3. Emergency Contact Numbers

Local Emergency Services (Police, Fire, Ambulance): 112

Activity Manager: 7592959223

Head Instructor/ LST:

4. Roles and Responsibilities

Personnel	Responsibilities
Head Instructor	Oversee operations, monitor safety, coordinate emergency response
Trained Staff / Rescue Team	Perform rescues, administer first aid, assist in evacuations
Maintenance Personnel	Respond to equipment malfunctions, repair, and monitor structure safety
Visitors / Users	Follow safety guidelines, report hazards, cooperate during emergencies

President
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ratheesh.nbd@gmail.com

Vice President
Vineetha P
+ 91 9746149292
vineethasajeev@gmail.com

Secretary
Radhika Ramachandran U
+ 91 9037243112
radhika.uramachandran@gmail.com

5. Emergency Scenarios & Response Procedures

A. Fall or Injury During Use

- Detect Incident: Staff or responders observe a fall or injury.
- Alert & Respond: Sound alarm, notify rescue team immediately.
- Rescue: Use harnesses, rescue ropes, and safety gear to retrieve the injured.
- First Aid: Provide first aid and stabilize the patient.
- Medical Assistance: Call emergency services for further treatment or hospital transfer.
- Documentation: Record incident details for review and safety improvements.

B. Structural or Equipment Failure

- Detection: Operator notices equipment malfunction or structural issues.
- Response: Halt all activity, inform rescue team.
- Rescue & Support: Safely retrieve any users still on the ride.
- Inspection & Repair: Isolate affected equipment, initiate repairs.
- Review: Investigate cause to prevent future incidents.

C. Severe Weather Conditions (Storm, Strong Winds, Heavy Rain)

- Monitoring: Constantly monitor weather conditions.
- Suspension: Immediately suspend activities during adverse weather (high winds, storms, heavy rain).
- Evacuation: Safely evacuate all users from rides and towers.
- Communication: Announce suspension, inform visitors, and staff.
- Resume: Only after weather conditions improve and safety is confirmed.

D. Fire or Explosion

- Alarm & Evacuate: Trigger alarm, evacuate visitors and staff from towers and surrounding areas.
- Alert Authorities: Contact fire and rescue services.
- Assist & Support: Guide visitors to designated safe zones.
- Containment: Follow fire safety protocols until emergency services arrive.

6. Emergency Equipment & Safety Measures

- Safety harnesses, helmets, and fall-arrest systems (mandatory for users)
- First aid kits, rescue ropes, harnesses, and emergency communication devices
- Clear signage on safety protocols and emergency procedures
- Routine safety checks and maintenance schedules

- Regular emergency drills with staff

7. Training & Drills

- Conduct periodic emergency response drills for staff and rescue teams
- Train staff on high-angle rescue, CPR, and first aid techniques
- Review and update the EAP routinely based on drills and incident feedback

8. Post-Incident Procedures

- Medical assistance and counselling for affected individuals
- Incident investigation and reporting
- Safety review and implementation of corrective measures
- Communication with authorities and stakeholders

9. Review and Updates

This Emergency Action Plan will be reviewed annually or after any incident to ensure continued effectiveness and relevance.

Prepared by:

Sooraj S
HIGH ROPE INSTRUCTOR - VYBECOS

Approved by:

RAJESH R
CHIEF INSTRUCTOR - VYBECOS

ANNEXURE - 12

VYBECOS

VATTIYOORKAVU YOUTH BRIGADE ENTREPRENEURS' CO-OPERATIVE SOCIETY LTD. NO. T 2283

Shyam Nivas, TC-30/2868, Maruthamkuzhi, Kanjirampara PO,
Thiruvananthapuram Pin-695030,
Phone - +91 9633841844, Website : www.vybesociety.in
E-mail : info@vybesociety.in, vybegeneral@gmail.com

No. *Date :*

STANDARD OPERATING PROCEDURE (SOP) FOR WATER & HIGH ROPE ACTIVITIES AT COCHIN CHILDREN'S SCIENCE PARK

Activities Covered:

- Sky Cycle
- Zip Line
- Boat Jetty
- Pedal Boats
- Kayaks

Location: Cochin Children's Science Park
Effective Date: September 22, 2025
Prepared by: Muhammad Noufal

1. Purpose

To ensure the safe and smooth operation of adventure and water-based activities, standardize procedures, and minimize risks for visitors, staff, and equipment.

2. Scope

This SOP applies to all staff, supervisors, maintenance personnel, and users involved in Sky Cycle, Zip Line, Boat Jetty, Pedal Boats, and Kayak operations.

3. Responsibilities

- Activity Manager: Oversee overall safety and compliance
- Activity Supervisors: Ensure adherence to procedures during activities
- Maintenance Team: Conduct regular inspections and repairs
- Rescue & Safety Team: Respond swiftly during emergencies
- Visitors: Follow instructions and safety guidelines

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Vice President
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+ 91 9746149292
vineethasajeev@gmail.com

Secretary
Radhika Ramachandran U
+ 91 9037243112
radhika.uramachandran@gmail.com

Operational Procedure:	• Issue life jackets to all users • Brief users on proper handling, safety guidelines, and emergency procedures • Ensure maximum capacity and weight limits are not exceeded • Supervise during watercraft usage
Post-Use:	• Collect and inspect watercraft for damages • Store safely after cleaning and maintenance

6. Emergency Procedures

- Cease activity immediately if safety hazards or weather conditions arise
- Respond promptly with rescue and first aid
- Notify emergency services if needed
- Document incidents and take corrective action

7. Maintenance & Inspection

- Conduct daily pre-operation safety checks
- Schedule regular maintenance and hydraulic/electrical inspections
- Record all inspection and maintenance activities

8. Staff Training

- Complete initial and refresher training on safety, rescue, and operation procedures
- Conduct drills regularly to ensure readiness

10.1 Inspection and Maintenance Logs

- Record daily pre-operation inspection checklists, including condition of equipment, safety gear, and facilities.
- Maintain scheduled maintenance records, noting dates, activities performed, parts replaced, and technician details.
- Log any repairs or incidents involving equipment or infrastructure.

10.2 Usage Records

- Keep a register of all users participating in Sky Cycle, Zip Line, Boats, Pedal Boats, and Kayak activities, including date, time, number of users, and safety gear issued.
- Record any deviations from standard capacity or restrictions.

10.3 Personnel Training Records

- Document staff training sessions, including dates, topics covered, and attendees.
- Record certifications obtained, especially for rescue, first aid, and operation procedures.

10.4 Incident Reports

- Maintain a detailed incident log for any accidents, near-misses, or safety breaches.
- include date, time, location, people involved, description, action taken, and follow-up measures.

10.5 Emergency Drills

- Document drills conducted, including date, participants, scenario details, and evaluation of response effectiveness.

10.6 Review and Audit

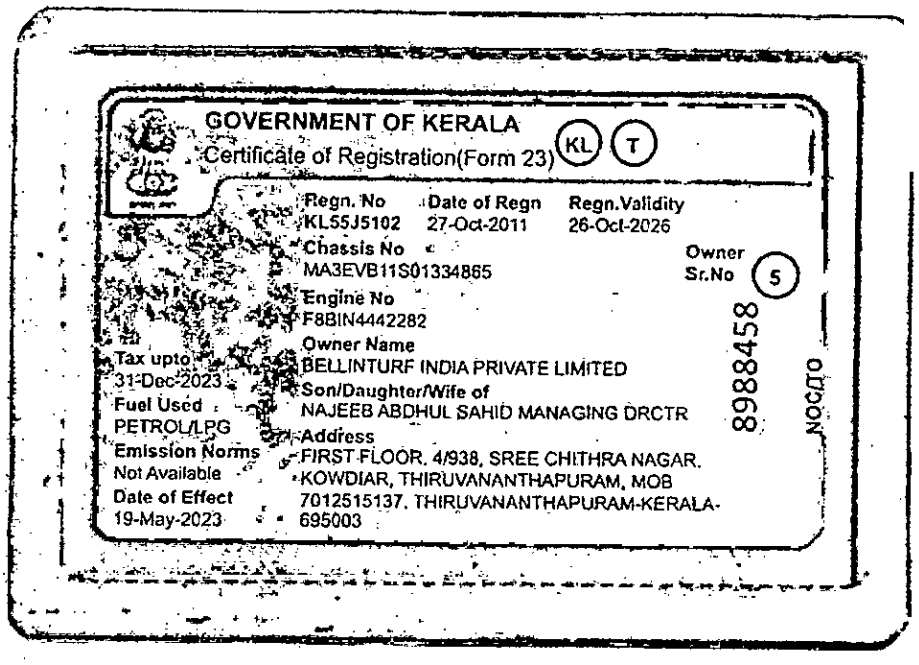
- Conduct periodic reviews of all records to identify trends or recurring issues.
- File audit reports and corrective actions taken as part of continuous safety improvement.

Prepared by:

Muhammed Noufal
B.tech – Civil Engineering
Project Manager – VYBECOS

Approved by:

ANNEXURE - 13



GOVERNMENT OF KERALA

Certificate of Registration(Form 23) KL T

Regn. No	Date of Regn	Regn.Validity
KL55J5102	27-Oct-2011	26-Oct-2026

Chassis No
MA3EVB11S01334865

Owner Sr.No 5

Engine No
F8BIN4442282

Owner Name
BELLINTURF INDIA PRIVATE LIMITED

Tax upto
31-Dec-2023

Son/Daughter/Wife of
NAJEEB ABDHUL SAHID MANAGING DRCTR

Fuel Used
PETROL/LPG

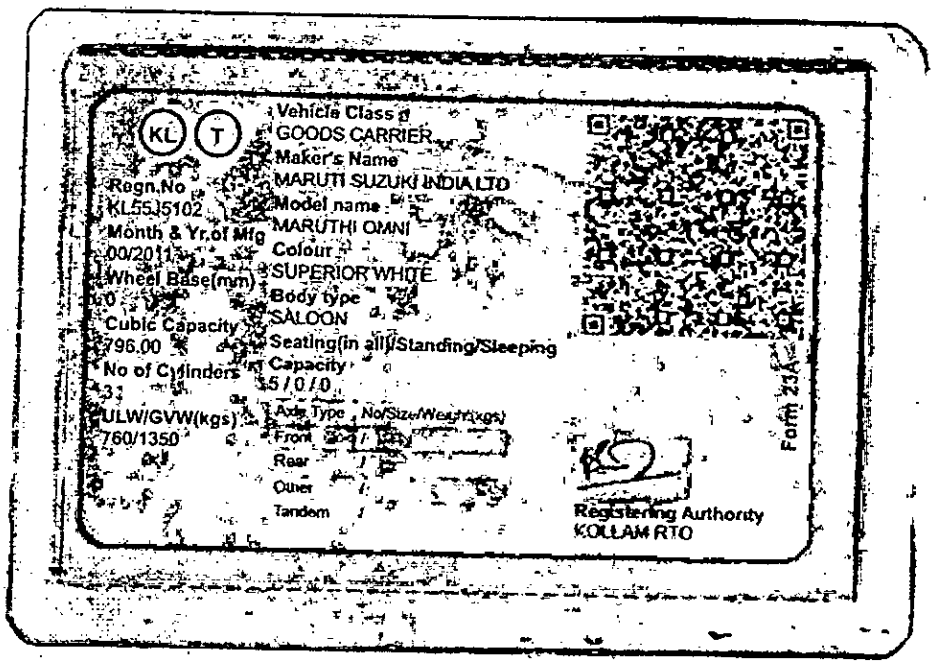
Address
FIRST FLOOR, 4/938, SREE CHITHRA NAGAR, KOWDIAR, THIRUVANANTHAPURAM, MOB 7012515137, THIRUVANANTHAPURAM-KERALA-695003

Emission Norms
Not Available

Date of Effect
19-May-2023

8988458

NOC/TO


KL
T
Regn.No
KL55J5102
Month & Yr.of Mfg
09/2011
Wheel Base(mm)
0
Cubic Capacity
796.00
No of Cylinders
3
ULW/GVW(kgs)
760/1350
Vehicle Class
GOODS CARRIER
Maker's Name
MARUTI SUZUKI INDIA LTD
Model name
MARUTHI OMNI
Colour
SUPERIOR WHITE
Body type
SALOON
Seating(in all)/Standing/Sleeping
Capacity
5 / 0 / 0
Axle Type
No/Size/Weight(kgs)
Front
Rear
Other
Tandem
Registering Authority
KOLLAM RTO
Form 23A

ANNEXURE - 14

Self-Declaration for Guests Participating in High-Rope and Water Activities

Name / പേര്: _____

Date of Birth/ ജനനത്തീയതി: _____

I, the undersigned, hereby declare that:

- I have read and understood the safety guidelines and instructions provided for the high-rope and/or water activities.
- I am physically and mentally fit to participate in these activities.
- I do not have any medical conditions that could be aggravated by participating in high-rope or water activities.
- I will follow all instructions given by the activity instructors and staff at all times.
- I understand the risks involved in both high-rope and water activities and voluntarily assume all responsibility for any injury or accident that may occur during my participation.
- I will wear the provided safety equipment (harness, helmet, life jacket, etc.) as instructed and ensure it is properly secured before starting the activity.
- I will not engage in any behavior that could endanger myself or others during the activities.
- I acknowledge that the activity organizers reserve the right to refuse my participation if I am deemed unfit or non-compliant with safety guidelines.

Signature of Guest: _____ **Date:** _____

Emergency Contact Number: _____

ഹൈ-റോപ്പ്, വാട്ടർ ആക്ടിവിറ്റികളിൽ പങ്കെടുക്കുന്ന അതിഥികൾക്കുള്ള സത്യവാങ്മൂലം

പേര്: _____

ജനനത്തീയതി: _____

താഴെ ഒപ്പിട്ടിരിക്കുന്ന ഞാൻ ഇതിനാൽ പ്രഖ്യാപിക്കുന്നു:

•ഹൈ-റോപ്പ് കൂടാതെ/അല്ലെങ്കിൽ വാട്ടർ ആക്ടിവിറ്റികൾക്കായി നൽകിയിരിക്കുന്ന സുരക്ഷാ മാർഗ്ഗനിർദ്ദേശങ്ങളും നിർദ്ദേശങ്ങളും ഞാൻ വായിച്ച് മനസ്സിലാക്കിയിട്ടുണ്ട്.

•ഈ പ്രവർത്തനങ്ങളിൽ പങ്കെടുക്കാൻ ഞാൻ ശാരീരികമായും മാനസികമായും യോഗ്യനാണ്.

•ഹൈ-റോപ്പ് അല്ലെങ്കിൽ വാട്ടർ ആക്ടിവിറ്റികളിൽ പങ്കെടുക്കുന്നതിലൂടെ വഷളാകാൻ സാധ്യതയുള്ള ഒരു മെഡിക്കൽ അവസ്ഥയും എനിക്കില്ല.

•എല്ലായ്പ്പോഴും ആക്ടിവിറ്റി ഇൻസ്ട്രക്ടർമാരും സ്റ്റാഫും നൽകുന്ന എല്ലാ നിർദ്ദേശങ്ങളും ഞാൻ പാലിക്കും.

•ഹൈ-റോപ്പ്, വാട്ടർ ആക്ടിവിറ്റികളിൽ ഉൾപ്പെട്ടിരിക്കുന്ന അപകടസാധ്യതകൾ ഞാൻ മനസ്സിലാക്കുന്നു, എൻറെ പങ്കാളിത്തത്തിനിടയിൽ സംഭവിക്കാവുന്ന ഏതെങ്കിലും പരിക്കിനോ അപകടത്തിനോ ഉള്ള എല്ലാ ഉത്തരവാദിത്തവും ഞാൻ സ്വമേധയാ ഏറ്റെടുക്കുന്നു.

•നിർദ്ദേശിച്ച പ്രകാരം നൽകിയിരിക്കുന്ന സുരക്ഷാ ഉപകരണങ്ങൾ (ഹാർനെസ്, ഹെൽമെറ്റ്, ലൈഫ് ജാക്കറ്റ് മുതലായവ) ഞാൻ ധരിക്കുകയും പ്രവർത്തനം ആരംഭിക്കുന്നതിന് മുമ്പ് അത് ശരിയായി സുരക്ഷിതമാക്കിയിട്ടുണ്ടെന്ന് ഉറപ്പാക്കുകയും ചെയ്യും.

•പ്രവർത്തനത്തിനിടയിൽ എന്നെയോ മറ്റുള്ളവരെയോ അപകടത്തിലാക്കുന്ന ഒരു പെരുമാറ്റത്തിലും ഞാൻ ഏർപ്പെടില്ല.

•ഞാൻ അയോഗ്യനാണെന്ന് കണ്ടെത്തിയാൽ അല്ലെങ്കിൽ സുരക്ഷാ മാർഗ്ഗനിർദ്ദേശങ്ങൾ പാലിക്കുന്നില്ലെന്ന് കണ്ടെത്തിയാൽ, പ്രവർത്തന സംഘാടകർക്ക് എൻറെ പങ്കാളിത്തം നിരസിക്കാനുള്ള അവകാശം നിക്ഷിപ്തമാണെന്ന് ഞാൻ സമ്മതിക്കുന്നു.

അതിഥിയുടെ ഒപ്പ്: _____

തീയതി: _____

അടിയന്തര കോൺടാക്റ്റ് നമ്പർ: _____

ANNEXURE - 15

LOG BOOK

COCHIN CHILDREN'S SCIENCE PARK

Date: _____

Time: _____

Weather Conditions: _____

Safety & Maintenance Checks:

Date	Inspection Conducted By	Condition of Glass Bridge	Any Issues Found	Action Taken	Remarks

Incident Reports:

Date	Time	Description of Incident	Person Responsible	Action Taken	Follow-up Needed

Additional Notes:

Prepared by: _____

Reviewed by: _____

ANNEXURE - 16

Kerala Roadways Pvt. Ltd.

GST INVOICE — CACHIN Code 685511 — e-Invoice

BRANCH : KALAMASSERRY BOOKING/DELIVERY

GST No : 32AAACK1383P1ZE

Delivered from: ...NITURE INDIA PVT LTD
32AAJCB5277C1ZW
GST No:

Gc No./ Date: 8692014 18/02/2025
From : BANGALORE
Packages booked : 3
Packages delivered : FTING
Said to contain : ...I
Pvt. Mark :
Remarks :

TOTAL RUPEES

INVOICE / CASH RECEIPT

No. : 138428
Date : 26/02/2025

Freight	934.00
demurrage	0.00
Hamali	96.00
Stationery	30.00
Petrol	0.00
Other	0.00
Bill Amt	1080.00

A 1442526

Note : RCM (GST) @5% on freight to be paid by the party

...niture India Pvt Ltd
4/938 First Floor Kowdiar, Trivandrum, Kerala-695003
GSTIN/UIN : 32AAJCB5277C1ZW
State Name : Kerala, Code : 32
Contact : 9072475200/9495817375

Sl No.	Description of Goods	HSN/SAC	Quantity	Rate (Incl. of Tax)	Rate	per	Amount
1	CLAMP *Heavy Duty Gold*	73269099	100 nos	153.40	130.00	nos	13,000.00
2	Clamp 16 MM	73269099	60 nos	165.20	140.00	nos	8,400.00
3	CLAMP *Ratchet Bit?*	73269099	1 nos	4,130.00	3,500.00	nos	3,500.00
4	5 Ton D Shockle G 80	73269099	30 nos	354.00	300.00	nos	9,000.00
5	TURN BUCKLE	73269099	12 nos	1,097.40	930.00	nos	11,160.00
6	WIRE SLING	73121010	10 nos	1,121.00	950.00	nos	9,500.00
7	THIMBLE	73269099	60 nos	70.80	60.00	pcs	3,600.00
8	P.P.Ropes *Static Rope*	56074900	200.00 kgs	72.80	65.00	kgs	13,000.00
9	Ratchet Lever Hoist *2 Ton*	84251110	1 nos	5,900.00	5,000.00	nos	5,000.00
							76,160.00
	OUTPUT IGST						12,928.80

SUBJECT TO BANGALORE JURISD...

This is a Computer Generated Invoi...

(ORIGINAL FOR RECIPIENT)

e-Invoice

Tax Invoice

9019566864

...espatch are carried ...
... apparent condition ...
...onsible for loss or d...
... goods are transp...
...nature and indiff...
...e consignee at the ...
... to time. 7. The ...
...rcharged before ...
...n such consign...
...ing declaratio...
...r reject the ...
...ing delivery ...
...er the con...
...gnee or co...
...rame. 14. ...
...onsi...

Ack No. / IRN: ...9fea8fe25092eaa9o9c047bdfe002d5e110727644-...b16e847a6fcd

...C5a92723676

...b-25

Invoice No.	e-Way Bill No.	Dated	
...0270/24-25	[redacted]	24-Feb-25	
Delivery Note		Mode/Terms of Payment	
		Online	
Reference No. & Date.		Other References	
Buyer's Order No.		Dated	
Dispatch Doc No.		Delivery Note Date	
Dispatched through		Destination	
Terms of Delivery			

... Tools
... Complex, Ground Floor
... N R Road
...560002
... 9019566864
...29ALWPJ7342M1Z5
... Karnataka, Code : 29
...41124341,9019566864
...mil.mlt1@gmail.com

...(Ship to)
...ry Science Park
... Channel, Kalamassery, 683104
...e : Kerala, Code : 32
... : 9072475200/9495817375

...(to)
...a India Pvt Ltd
...st Floor Kowdiar, Trivandrum, Kerala-695003
GSTIN/UIN : 32AAJCB5277C1ZW
State Name : Kerala, Code : 32
... : 9072475200/9495817375

Description of Goods	HSN/SAC	Quantity	Rate (Incl. of Tax)	Rate	per	Amount
WIRE ROPE 12mm Usha Martin Galavanized	73121010	1,000.000 mtr	159.30	135.00	mtr	1,35,000.00
OUTPUT IGST						24,300.00
Total		1,000.000 mtr				1,59,300.00 Rs

E. & O.E

Amount Chargeable (in words)

One Lakh Fifty Nine Thousand Three Hundred INR Only

HSN/SAC	Taxable Value	IGST Rate	IGST Amount	Total Tax Amount
73121010	1,35,000.00	18%	24,300.00	24,300.00
Total	1,35,000.00		24,300.00	24,300.00

Tax Amount (in words) : Twenty Four Thousand Three Hundred INR Only

Company's Bank Details
Bank Name : State Bank of India
A/c No. : 30950113441
Branch & IFS Code : J C Road & SBIN00...

for Mining & Lifting Tools

Authorised Signatory

Declaration
1.Invoice shows the actual price. Any dispute will be taken care in Bangalore jurisdiction. 2. 24% interest will be charged if not paid in 30days. 3. Above product sold does not cover under any warranty.
4. There is no exchange and no return, of any of the material.

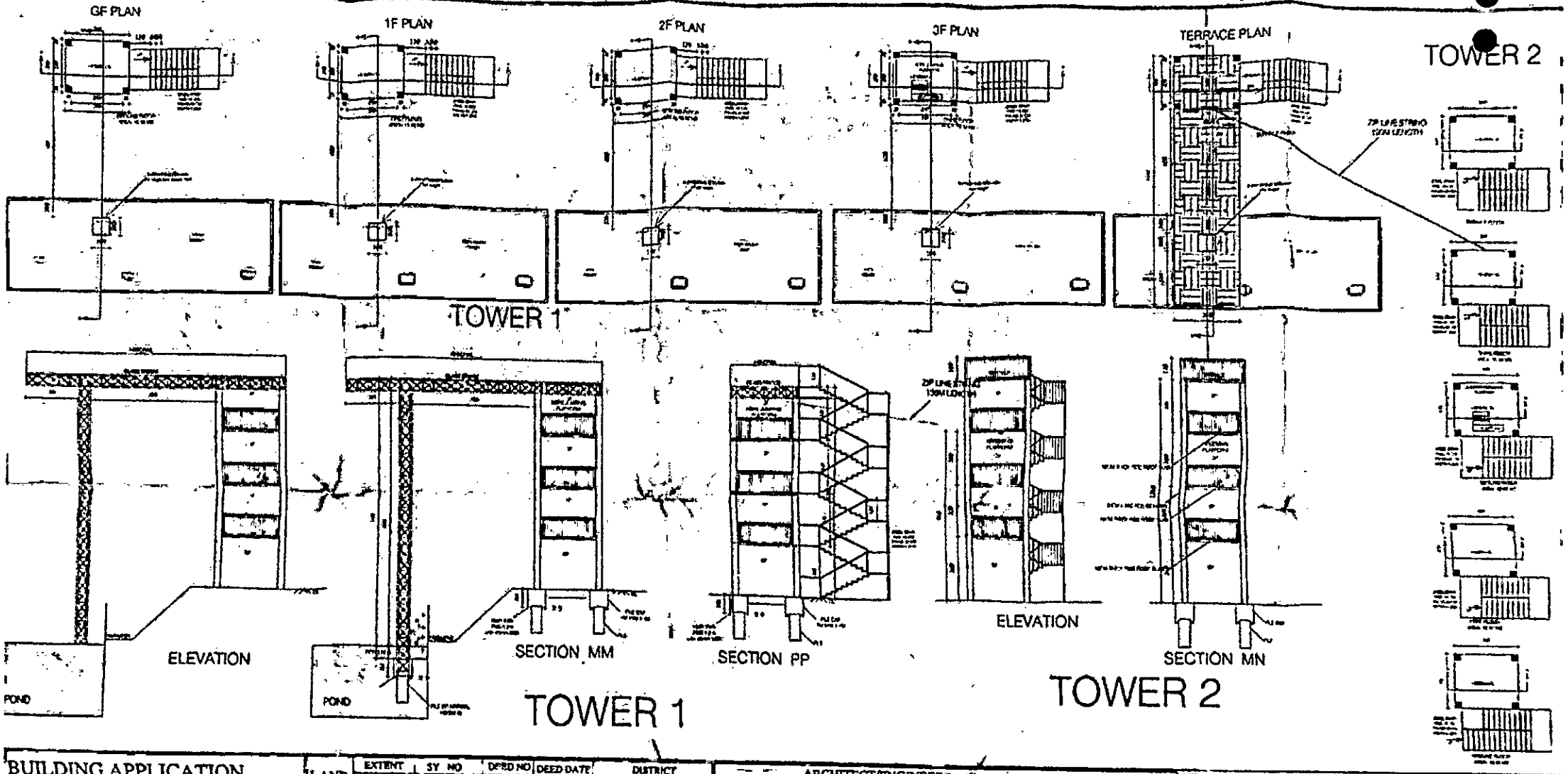
SUBJECT TO BANGALORE JURISDICTION

This is a Computer Generated Invoice

ANNEXURE – 17

ACTIVITY BASED DOCUMENTS

PROPOSED OF ASSEMBLY BUILDING (GROUP D) HIGH ROPE ACTIVITIES AND GLASS BRIDGE AT KALAMASSERI SCIENCE PARK



BUILDING APPLICATION

APPLICANT : VYBPCOS

ADDRESS : TC 30/2865
MARUTHAMKUZHI
KANJIRAMPARA P.O
TRIVANDRUM-695030

SIGNATURE

LAND	EXTENT	SY NO	D*SD NO	DEED DATE	DISTRICT
					ERNAKULAM
WARD	VILLAGE		TALUK		MUNICIPALITY
12	THRIKKARARA NORTH		KANAYANNOOR		KALAMASSERI

BUILDING	G.F	I.F	TOWER		TOTAL
BUILTUP AREA					
FLOOR AREA					
PARKING AREA					
SOFT AREA					

F.S.I	COVERAGE	R.W.CAPACITY

NEAREST BUILDING	KSEB POST NO	SCALE
		1 : 100

ARCHITECT/ENGINEER

CERTIFICATE THAT: APPENDIX-J1 CERTIFICATE

1. The plot boundaries measurements and other details in the site plan are correct and
2. The drawings are in conformity with the provision of the master plan/ detailed town planing scheme/interim development order as applicable under the kerala town and country planing act 2016
3. The drawings are in conformity with the provision are the kerala panchayath building rule, 2019 and other applicable statutes.

Place:
Date :

Signature

DEVELOPMENT AUTHORITY

CERTIFICATE THAT: APPENDIX-J2 CERTIFICATE

1. The documents in support of the ownership of the plot has/ have been verified and that the applicant's has/have every right of construction in this plot.
2. The plot boundaries measurements and other details shown in the site plan have been verified at site and found correct and
3. The drawings are in conformity with the provision of the master plan/ detailed town planing scheme/interim development order as applicable under the kerala town and country planing act 2016
4. The drawings are in conformity with the provision are the kerala panchayath building rule, 2019 and other applicable statutes.

Signature

Secretary

4082 PBH

CERTIFICATE OF COMPETENCE

Certified that JOBINRAJ V

Date of Birth 01 Jan 2002

Has been examined to standards approved by the Yachting Association of India and found competent and qualified for Power Boat Handling Certificate

Date of Issue 30 Aug 25 Valid upto 29 Aug 27

AFFILIATED TO

World Sailing

INDIA

Certificate Id: 25-08-006-NKH9Z

Membership Number : 25-08-0025-GFDXQ

LIFE SAVING
INDIA

This is to Certify that

Jobin Raj V

Has Successfully completed

Date :Aug. 13,2025 Valid Until:Aug. 13,2027

Akash A S
Trainer

Tom Joseph
Examiner

Rear Admiral P D Sharma
President, RLSS (I)

BRANCH OF

MEMBER OF

World Water Safety

Valid for employment

Validity 2 year

കനാൽ ഓഫീസറുടെ കാര്യാലയം
എറണാകുളം ബോട്ട് ജെട്ടിക്കുസമീപം
കൊച്ചി-682011.
canalofficerelm@gmail.com

സർവ്വീസ് നടത്തുമ്പോൾ പാലിക്കേണ്ട നിർദ്ദേശങ്ങൾ:

1. കയാക്കിംഗ്, പെഡൽ ബോട്ടിംഗ്, കുട്ടവഞ്ചി സവാരി, എന്നിവ ഉപയോഗിക്കുന്ന സവാരിക്കാർ ലൈഫ് ജാക്കറ്റ് നിർബന്ധമായും ധരിച്ചിരിക്കണം.
2. സവാരിക്കാർക്ക് ഇൻഷ്വറൻസ് പരിരക്ഷ ഏർപ്പെടുത്തണം.
3. പകൽ സമയത്ത് മാത്രം സർവ്വീസ് നടത്തുക.
4. ശക്തമായ മഴ, കാറ്റ്, ഒഴുക്ക് എന്നിവ ഉള്ളപ്പോൾ സർവ്വീസ് താൽക്കാലികമായി നിർത്തി വെയ്ക്കുക.
5. മദ്യപിച്ച് വരുന്നവരെ സവാരി നടത്തുവാൻ അനുവദിക്കരുത്.
6. കുട്ടികളെ തനിച്ച് യാത്ര ചെയ്യാൻ അനുവദിക്കരുത്.
7. വിദഗ്ദ്ധ പരിശീലനം നേടിയ ലൈഫ് ഗാർഡിന്റെ സാന്നിദ്ധ്യ ത്തിൽ മാത്രം സർവ്വീസ് നടത്തുക.
8. അനുവദിച്ചിട്ടുള്ളതിൽ കൂടുതൽ ആളുകളെ ജലയാനത്തിൽ കയ റ്റരുത്.
9. നദികളുടെ പരിസ്ഥിതിക്ക് ഹാനികരമായ പ്രവൃത്തികൾ സവാരി ക്കാരിൽ നിന്നും ഉണ്ടാകാതെ ശ്രദ്ധിക്കുക.
10. ജലയാനങ്ങളിൽ ഇരുന്ന് മാത്രമേ യാത്ര അനുവദിക്കാൻ പാടു ള്ളൂ.
11. രജിസ്ട്രേഷൻ നമ്പർ (KV Cut No.) ജലയാനത്തിൽ ഇരുപുറങ്ങ ളിലും വ്യക്തമായി കാണുന്ന രീതിയിൽ എഴുതിവെക്കണം.
12. സ്ഥാപനം KATPS (Kerala Adventure Tourism Promotion Society) യിൽ രജിസ്റ്റർ ചെയ്തിരിക്കണം.
13. ആറ് കയാക്കുകൾ വെള്ളത്തിൽ ഇറക്കുമ്പോൾ ഒരു ലൈഫ് ഗാർഡ് സവാരിക്കാരുടെ സുരക്ഷയ്ക്കായി റെസ്ക്യൂ ബോട്ടിൽ സവാരിക്കാരോടൊപ്പം സഞ്ചരിക്കേണ്ടതാണ്.
14. മദ്യപിക്കുന്നവരേയും മറ്റ് ലഹരിമരുന്ന് ഉപയോഗിക്കുന്നവരെയും ജീവനക്കാരായി നിയമിക്കരുത്.
15. കേരള സംസ്ഥാനം ഉത്തരവാദിത്വ ടൂറിസത്തിന് പ്രോത്സാഹനം നൽകുന്നതിനാൽ വിനോദകേന്ദ്രങ്ങൾ സന്ദർശകരുമായി മാന്യ മായും ആതിഥ്യമര്യാദയോടെയും പെരുമാറുക.

എറണാകുളം
കനാൽ ഓഫീസർ
എറണാകുളം.

Executive Engineer ... akulam 15H7A40

No. 10695

Area of operation Childrens Science park Kalamassery

FORM A

[Vide Rule 4(a)]

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1096.

Number of licence : 452 BK 2025/26

Owner's name : Mr. AJIM KHAN A

Owner's residence : Shan Nivas, Thrikka, Kalavoor P.O.

Description of vessel : This vessel has dinosaur K.V. Cut No. 41 (66 BK 25/26)

Place where vessel was built : Aroor

Year in which vessel was built : 2025

Extreme dimensions | Length, feet : 10.6'
| Breadth, feet :

Measurements for tonnage | Length, feet :
| Breadth, feet : 2.6'
| Depth, feet :

Contents, cubic feet : 27.56

Gross tonnage : 0.55

Deduction :

Registered tonnage : 0.55 or 1 Ton :

Date of expiry of licence in words and figures : 31-3-2026

Amount of licence fee paid ₹ 2025-26-500

Arrears realised ₹

Penalty realised ₹ 200

Painting charges ₹

Total amount realised ₹ 700/-

Record of suspension of licence

Period of suspension		Cause of suspension	Place	Date	Signature of the Canal Officer effecting
From	To				

Number of passengers licensed to carry : 1 person only

Maximum load to be carried : Tourism purpose

Navigating Officer and Crew to be carried :

Other special conditions, if any, required by the licensing officer should be specified here :

Place of Issue :

Date of Issue :

Signature of Canal Officer

CANAL OFFICER
ERNAKULAM

Note.—1. Ten cubic feet of cargo is equivalent to one passenger

2. This licence is to be returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer.

Executive Engineer

Kollam

KAYAL

No. 10694

Area of operation
Children's Science Park,
Kalamassery

FORM A

[*Vide* Rule 4(a)]

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1096.

Number of licence 453 BK 2025/26

Owner's name Mr. AJIMKHAN.A.

Owner's residence Khan Nivas, Thrikkunnapuzha, Mullurkara PO

Description of vessel Thiruvananthapuram
K.S.V. Cut No 2165 BK 2025/26

Place where vessel was built : Aroor

Year in which vessel was built 2025 :

Extreme dimensions	Length, feet	: 106'
	Breadth, feet	:
Measurements for tonnage	Length, feet	:
	Breadth, feet	: 26'
	Depth, feet	:

Contents, cubic feet 2)56 :

Gross tonnage 0-55 :

Deduction :

Registered tonnage 0-55 or 1 Ton :

Date of expiry of licence in words and figures : 31-3-2026

Amount of licence fee paid ₹ 2025-26-500

Arrears realised ₹

Penalty realised ₹ Rs. 200

Painting charges ₹

Total amount realised ₹ 700

Record of suspension of licence

Period of suspension: From	Period of suspension: To	Cause of suspension	Place	Date	Signature of the Canal Officer effecting suspension

Number of passengers licensed to carry 1 Person only

Maximum load to be carried Ten Maximum

Navigating Officer and Crew to be carried :

Other special conditions, if any, required by the licensing officer should be specified here :

Place of issue : Ernakulam

Date of issue : 21/5/25

Mr. Ashik 1
Mr. Roy 1

Signature of Canal Officer

CANAL OFFICER
ERNAKULAM

Note.— 1. Ten maunds of cargo is equivalent to one passenger

2. This licence is to be returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer.

Executive Engineer ... Ernakulam KAYAK BLUB

10693

133/230/25 (100+100)+100 GPE © Govt. of Kerala

Area of operation, Children's Science park Kalamassery

FORM A

[*Vide* Rule 4(a)]

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1096.

Number of licence 452 B.K 2025/28

Owner's name Mr. AJIMKHAN. A

Owner's residence Shan Nivas, Theratta, Kalloor PO

Description of vessel Thiruvananthapuram

Place where vessel was built B.V. Cert No 4164 BK 25/28

Year in which vessel was built 2025

Extreme dimensions | Length, feet : 10'6" | Breadth, feet :

Measurements for tonnage | Length, feet : | Breadth, feet : 2'6" | Depth, feet : 1'

Contents, cubic feet 27.56

Gross tonnage 0.55

Deduction

Registered tonnage 0.55 or 1 Ton

Date of expiry of licence in words and figures : 31-3-2026

Amount of licence fee paid ₹ 2025-26 500

Arrears realised : ₹

Penalty realised

Painting charges Rs 200

Total amount realised ₹ 700/-

Record of suspension of licence

Period of suspension From	Period of suspension To	Cause of suspension	Place	Date	Signature of the Canal Officer effecting suspension

Number of passengers licensed to carry 1 person only

Maximum load to be carried Ten ...

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer should be specified here :

Place of issue

Date of issue

Signature of Canal Officer

CANAL OFFICER
ERNAKULAM

Note.—1. Ten cubic feet of canoe equivalent to one passenger

2. This licence is to be returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer.

10692

ANNUAL LICENCE FOR VESSELS

Number of licence

Owner's address

Owner's residence

Description of vessel

Place where vessel usually kept

Year in which vessel built

Particulars of dimensions

Measurement for tonnage

Length (feet)
Breadth (feet)
Depth (feet)

Length (feet)
Breadth (feet)
Depth (feet)

Contents (cubic feet)

Gross tonnage

Deduction

Registered tonnage

Date of expiry of licence

Amount of licence fee paid

Area to sail in

Sailing limits

Trade in which engaged

Number of passengers licensed to carry

Maximum load to be carried

Navigating Officers (if any) to be certified

Other special conditions, if any, required by the licensing authority

Place of issue

Date of issue

Signature of the Licensing Authority

Record of alterations in particulars of vessel

Date	Nature of alteration	Signature of the Licensing Authority

Record of alterations in Crew

Date	Nature of alteration	Signature of the Licensing Authority

Ernakulam

ISAYAK ORANGE

10691

Area of operation Childrens Science park Kalamassery

FORM A

[Vide Rule 4(a)]

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1096

Number of licence 450 EK 2025/26

Owner's name Mg. AJIMKHAN A

Owner's residence Sheva Nivas, Tharattu, Kallara PO Thiruvananthapuram

Description of vessel I.B.V. Cat No 4162 EK 25/26

Place where vessel was built Aroor

Year in which vessel was built 2025 :

Extreme dimensions | Length, feet : 14' | Breadth, feet :

Measurements for tonnage | Length, feet 25' | Breadth, feet : | Depth, feet : M

Contents, cubic feet 35 :

Gross tonnage 67 :

Deduction :

Registered tonnage 0.7 cu 1 Tn

Date of expiry of licence in words and figures : 31-3-2026

Amount of licence fee paid ₹ 2025-26 500

Arrears realised ₹

Penalty realised

Painting charges Rs Rs 200

Total amount realised ₹ 700

Record of suspension of licence

Period of suspension From	Period of suspension To	Cause of suspension	Place	Date	Signature of the Canal Officer effecting same

Number of passengers licensed to carry 9 person only

Maximum load to be carried Tourism purpose

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officers should be specified here :

Place of issue

Date of issue 4/5/2025

Note.—1. ... cubic feet of ... is equivalent to one passenger

2. The ... returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer.

Signature of Canal Officer

CANAL OFFICER ERNAKULAM

Scanned with OKEN Scanner

10690

Number of boats: 49

Owner's name: Mr. AZHIKHAND A

Owner's address: Thiruvottiyur

Description of vessel:

Place where vessel was built:

Year in which vessel was built:

Entered dimensions: Length feet / Breadth feet

Measurements for tonnage: Length feet / Breadth feet / Depth feet

Contents, cubic feet: 35

Gross tonnage: 07

Deduction:

Registered tonnage: 07

Date of expiry of licence issued now:

Number of licence fee paid: ₹

Arrear realised: ₹

Penalty realised: ₹ 200

Penalty remitted: ₹

Total amount realised: ₹ 200

Number of passengers allowed to carry:

Maximum load line to be marked:

Navigating Officer and Crew to be licensed:

Other special conditions, if any, required by the Act to be specified here:

Place of issue:

Date of issue:

SANCTIONING AUTHORITY

Ernakulam KAYAK / Amenity Operation

No. 10689 GREEN / Children's Science Park

FORM A

(Vide Rule 4(a)) Leisure Boating

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1094.

Number of licence 498 DK 2025/26

Owner's name Sri. BIJU KHADIR. A

Owner's residence S/o Nuruq, Thoratta, Kallor PO

Description of vessel Thiruvonam Kayaker

Place where vessel was built K.V. Cut PO 4160 BK 25/26

Year in which vessel was built 2025

Extreme dimensions	Length, feet	14
	Breadth, feet	
Measurements for tonnage	Length, feet	9.5
	Breadth, feet	
	Depth, feet	1
Contents, cubic feet		35
Gross tonnage		0-7
Deduction		
Registered tonnage		0-7 on 1 Tn

Date of expiry of licence in words and figures: 31-3-2026

Amount of licence fee paid ₹ 2025-25-500

Arrears realised ₹

Penalty realised ₹

Painting charges ₹ 200

Total amount realised ₹ 700/-

Record of suspension of licence				
Period of suspension		Cause of suspension	Place	Date
From	To			

Number of passengers licensed to carry Two person only

Maximum load to be carried Tour purpose

Navigating Officer and Crew to be carried :

Other special conditions, if any, required by the licensing authority to be specified here :

Life Jacket - 2

Life Ring - 1

Place of issue

Date of issue

Signature of Canal Officer

CANAL OFFICER
ERNAKULAM

Note:- 1. Ten cubic feet is equivalent to one passenger

2. This licence is to be returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer

Executive Engineer, Ernakulam

Area of operation: Children's Govt. Park, Kalamassery

FORM A

[Vide Rule 4(ii)]

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1096

Number of licence 497 BK 2025/26

Owner's name Mr. AJMAL KHAN A

Owner's residence Sreenivas, Thoratta, Kalloor P.O

Description of vessel Thiruvananthapuram S.V. Cat No 4159 BK 25/26

Place where vessel was built Aroor

Year in which vessel was built 2025

Extreme dimensions	Length, feet	: 14
	Breadth, feet	:
Measurements for tonnage	Length, feet	: 25
	Breadth, feet	:
	Depth, feet	: 1

Contents, cubic feet : 35

Gross tonnage : 0·7

Deduction :

Registered tonnage : 0·7 or 1 Ton

Date of expiry of licence in words and figures : 31. 3. 2026

Amount of licence fee paid ₹ 2025-26 - 500

Arrears realised ₹

Penalty realised ₹

Painting charges ₹ 200

Total amount realised ₹. 700

Number of passengers licensed to carry 9 persons only

Maximum load to be carried Tourism Purpose

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer to be specified here :

Place of issue

Date of issue

Signature of the Canal Officer effecting suspension

Record of suspension of licence

Date	Place	Cause of suspension	Period of suspension: From	Period of suspension: To

Signature of the Canal Officer

CANAL OFFICER ERNAKULAM

Note—1. Ten cubic feet is equivalent to one passenger

2. This licence is to be returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer

Particulars PEDAL BOAT SWAN Amrit Sarovar Children's Science Park

S. No. 10687

FORM A

(Vide Rule 6(a))

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel mentioned hereunder to navigate the canal according to the Notification issued under the Act VI of 1890.

Number of licence 496 BK 2025/26

Owner's name Mr. NIMKHAN A

Owner's residence Sree Nivas, Thoralle, Killere PO

Description of vessel Thiruvananthapuram

Place where vessel was built B.Yard No 2158 BK 25/26 Aroor

Year in which vessel was built 2025

Extreme dimensions	Length, feet Breadth, feet	11' :
Measurements for tonnage	Length, feet Breadth, feet Depth, feet	: 5-5" : : 2
Contents, cubic feet		129-8 :
Gross tonnage		2.39 :
Deduction		0.38 :
Registered tonnage		2.26 2 Tu :

Date of expiry of licence in words and figures 31-3-2026

Amount of licence fee paid ₹ 2025-26 -500

Arrears realised ₹

Penalty realised ₹ Rs 200

Pairing charges ₹

Total amount realised ₹ 700

Number of passengers licensed to carry 4 Person only

Maximum load to be carried Two Persons

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer should be specified here :

Place of issue

Date of issue

CANAL OFFICE ERNAKULAM

Record of suspension of licence

Date	Place	Cause of suspension	Period of suspension: To	From

Notes—1. The cabin [illegible] is to be kept clean for the passengers.

2. This licence is to be returned on demand after expiry of its term.

3. This licence should be produced when called for by any Canal Officer.

Executive Engineer, Ernakulam

No. 10686

FORM A

[Vide Rule 4(a)]

Award — Award of operation Children's Science park Kalamassery

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1956.

Number of licence: 495 BK2025/26

Owner's name: Mr. AJMALKHAN. A

Owner's residence: Eram Nivas, Thoraltes, Kallerepo

Description of vessel: Thiruvananthapuram B.V. Cut No 2157 2K25/26

Place where vessel was built: Aras

Year in which vessel was built: 2025

Extreme dimensions	Length, feet	41'
	Breadth, feet	:
Measurements for tonnage	Length, feet	: 39'
	Breadth, feet	:
	Depth : feet	: 9

Contents, cubic feet: 1269

Gross tonnage: 2.59

Deduction: 0.38

Registered tonnage: 2 Regd. Ton

Date of expiry of licence in words and figures: 31-3-2026

Amount of licence fee paid ₹: 2025-26. 500

Arrears realised ₹:

Penalty realised: Rebate 200

Painting charges:

Total amount realised ₹: 300/-

Number of passengers licensed to carry: 4 Person only

Maximum load to be carried: Tourist purpose

Navigating Officer and Crew to be carried:

Other special conditions, if any, required by the licensing officer to be specified here:

Place of issue:

Date of issue:

Signature of the Canal Officer effecting the suspension

Record of suspension of licence

Date	Place	Cause of suspension	Period of suspension From	Period of suspension To

Note.—1. Ten days' notice of any suspension is to be given to the passenger.

2. This licence is to be returned on renewal or expiry of its term.

3. This licence should be produced when called for by any Canal Officer.

CANAL OFFICER ERNAKULAM

Ernakulam

No. 10685

FORM A

[Vide Rule 4(a)]

Aeadeganlee
Childrens Spe... pris
Kalanassery

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1090

Number of licence 494 BL 2025/26

Owner's name Mr. AJIMKHAN. A

Owner's residence Shan Nivas, Thoratte, Kallara PO Thiruvananthapuram

Description of vessel H.V. Cut No 4156 BK 25/26

Place where vessel was built Anand

Year in which vessel was built 2025

Extreme dimensions
- Length, feet : 11'
- Breadth, feet :

Measurements for tonnage
- Length, feet : 5.9
- Breadth, feet :
- Depth, feet : 3'

Contents, cubic feet 194.7 | 129.8

Gross tonnage 2.59

Deduction 0.38

Registered tonnage 2.20 or 2 Tn

Date of expiry of licence in words and figures : 31-3-2026

Amount of licence fee paid ₹ 2025-26-500

Arrears realised ₹

Penalty realised Rs 20.

Painting charges

Total amount realised ₹ 700/-

Record of suspension of licence

Period of suspension — From	Period of suspension — To	Cause of suspension	Place	Date	Signature of the Canal Officer effecting it

Number of passengers licensed to carry 4 person only

Maximum load to be carried Twenty five

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer should be specified here.

Place of issue :

Date of issue

Life Jacket 4
Life Buoy - 1

Signature of Canal Officer
CANAL OFFICER
ERNAKULAM

Note.—1. [illegible] cubic feet of [illegible] equivalent to one passenger
2. This licence is [illegible] returned on renewal or expiry of its term
3. This licence should be produced when called for by any Canal Officer

10684

FORM I

ANNUAL LICENCE FOR VESSEL ... THAN ...

This licence is granted ... the canal according to the ...

Number of licence: 493 EK 2025/26

Owner's name: Mr. AJMKHAN A

Owner's residence: Lao Ning. Thonikka, Kellora PO Thevaranantheeparam

Description of vessel: ISV Cert NO-1155 EKO25/26

Place where vessel was built: Aroor

Year in which vessel was built: 2025

Extreme ...: Length feet 8

Breadth ...

Measurements for tonnage: Length feet 55

Breadth feet

Depth ... 1.8

Contents cubic feet: 79.2

Gross tonnage: 158

Deduction: 023

Registered tonnage: 1.34 co 1 Tn

Date of expiry of licence in words and figures ... 3 2026

Amount of licence fee paid ₹ 2025 26 - 500

Arrears realised ₹

Penalty realised

Pontoon charge: Rs 200

Total amount realised ₹ 700/-

Number of passengers licensed to carry: 9 passengers only

Maximum load to be carried: Two persons

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer should be specified here.

Place of issue

Date of issue

Note—1. ...

2. ...

3. ...

Record of suspension of licence				
Signature of Canal Officer	Date	Place	Cause of suspension	Period of suspension From / To

CANAL OFFICER ERNAKULAM

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Executive Engineer ... Registration: PEDAL BOAT / WHITE / Children's Science Park

No. 10683

FORM A Kazhakuttom

(Vide Rule 4(i))

ANNUAL LICENCE FOR VESSELS OTHER THAN RAFTS

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification issued under the Act VI of 1094.

Number of licence 492 EKC/2025/26

Owner's name O/o AJIMKHAN A

Owner's residence Salu Nivas, ... PO Thiruvananthapuram

Description of vessel KVCANO 24154 EKC 25/26

Place where vessel was built

Year in which vessel was built 2025

Extreme dimensions: Length, feet: 8; Breadth, feet:

Measurements for tonnage: Length, feet: 5.5'; Breadth, feet:; Depth, feet: 1.8'

Contents, cubic feet: 79.2

Gross tonnage: 1.58

Deduction: 0.23

Registered tonnage: 1.34 / 1 Ton

Date of expiry of licence in words and figures: 31-3-2026

Amount of licence fee paid ₹ 2025-26: 500

Arrears realised ₹

Penalty realised

Painting charges ₹200

Total amount realised ₹ 700

Number of passengers licensed to carry 2 person only

Maximum load to be carried Tourism purpose

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officers should be specified here.

Place of Issue

Date of issue

Record of suspension of licence

Period of suspension From	Period of suspension To	Cause of suspension	Place	Date	Signature of the Canal Officer effecting

Signature of Canal Officer

CANAL OFFICER ERNAKULAM

Note—1. Ten ... feet ... equivalent to one passenger

2. This licence ... on renewal or expiry of its term.

3. This licence should be produced when called for by any Canal Officer.

Scanned with OKEN Scanner

Executive E... 

PEDAL BOOT / ...

10682 Yellow, Chirodre...

FORM A

[Vide Rul 4(1)]

ANNUAL LICENCE FOR VESSELS OTHER THAN ...

This licence is granted to permit the vessel described below to navigate the canal according to the Notification issued under ...

Number of licence 491 EK 2025-026

Owner's name Haj AJIMKHAN. A

Owner's residence Shan Nivas, Thoratta, Kallira PO

Description of vessel Thiruvananthapuram

Place where vessel was built K.V. Cut ...

Year in which vessel was built 2025

Extreme dimensions | Length, feet 9·11' | Breadth, feet

Measurements for tonnage | Length, feet : 5' | Breadth, feet : 5 | Depth, feet 2'

Contents, cubic feet 911

Gross tonnage 182

Deduction 027

Registered tonnage 1.5400 2Tm

Date of expiry of licence in words and figures : 31-3-2026

Amount of licence fee paid ₹ 2025-26-500

Arrears realised ₹

Penalty realised ₹

Painting charges Rs 200

Total amount realised ₹ 700/-

Record of suspension of licence			
Date	Place	Cause of suspension	Period of suspension (From / To)

Signature of Canal Officer effecting

Number of passengers licensed to carry 2 person only

Maximum load to be carried

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing ... should be specified here :

Place of ...

Date of 26/11/2025

Signature of Canal Officer

CANAL OFFICER ERNAKULAM

Note 1. ... is equivalent to one passenger

2. This licence ... be returned on renewal or expiry of its term

3. This licence should be produced when called for by any Canal Officer

PEDAL BOAT / [illegible]

No. 10681 WH17/B / [illegible]

FORM [illegible]

[Vide Rule [illegible]]

ANNUAL LICENCE FOR VESSELS OTHER THAN [illegible]

This licence is granted to permit the vessel noted below to navigate the canal according to the Notification [illegible]

Number of licence 490 E.K 2025/26

Owner's name Mr. AJMKABOO A

Owner's residence Shao Nivas, Thonatta, Killoor PO Thiruvananthapuram

Description of vessel B.V. Cat NO 415 EK 25/26

Place where vessel was built Aroor

Year in which vessel was built 2025

Extreme dimensions — Length, feet 9'11" ; Breadth, feet

Measurements for tonnage — Length, feet : ; Breadth, feet : 5' ; Depth, feet : 2'

Contents, cubic feet 9'11" :

Gross tonnage 1.82

Deduction 0.27

Registered tonnage 1.54 of 27 tn

Date of expiry of licence in words and figures 31-3-2026

Amount of licence fee paid ₹ 2025-26-500

Arrears realised ₹

Penalty realised ₹ Rs 200

Painting charges ₹

Total amount realised ₹ 700/-

Period of suspension From	Period of suspension To	Cause of suspension	Place	Date	Signature of the Canal Officer effecting [illegible]

Record of suspension of licence

Number of passengers licensed to carry 2 person only

Maximum load to be carried Tourism Purpose

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer should be specified here.

Place of [illegible]

Date of 21/5/2025

[illegible] 2
[illegible] 1

[illegible]

CANAL OFFICER
ERNAKULAM

Note—1. [illegible] is equivalent to one passenger.

2. This licence is to be returned on renewal or expiry of its term.

3. This licence should be produced when called for by any Canal Officer.

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PEDAL BOAT-GREEN

No 10680

FORM A

ANNUAL LICENCE FOR VESSELS ... CANAL ...

This licence is granted to permit the ve... canal according to the Notification ... under ...

Number of licence 489 DKdoors/...

Owner's name M/s. AJIMKHAN A

Owner's residence Shaz Nivas, Thonathu, Kiliroor P.O. Thiruvananthapuram

Description of vessel B.V. Cut No 41...

Place where vessel was built Aroos

Year in which vessel was built 2025

Extreme dimensions	Length, feet	9.11
	Breadth, feet	
Measurements for tonnage	Length, feet	
	Breadth, feet	5
	Depth, feet	2

Contents, cubic feet 9.1

Gross tonnage 1.82

Deduction 0.27

Registered tonnage 1.54 or 2 Ton

Date of expiry of licence in words and figure 31-3-2026

Amount of licence fee paid ₹ 2025-26 - 500

Arrears realised ₹

Penalty realised ₹

Painting charges Rs 200

Total amount realised ₹ 700

Signature of the Canal Officer | Date | Record of suspension of licence | Place | Cause of suspension | Period of suspension: From | To

Number of passengers licensed to carry 2 person only

Maximum load to be carried Tourism Purpose

Navigating Officer and Crew to be carried

Other special conditions, if any, required by the licensing officer should be specified here

Place of issue ...

Date of issue ...25

CANAL OFFICER
ERNAKULAM

Note — 1. ... cubic feet ... is equivalent to one ton ...
2. This licence to be returned on renewal or expiry of its term
3. This ... to be produced when called for by any Canal Officer.

Cochin Children's Science Park - Safety Guidelines for High Rope & Water Activities

These guidelines are in place for your safety and enjoyment. Please read them carefully and follow all instructions given by park staff.

I. General Safety Rules (Applicable to All Activities):

- **Obey Instructions:** Always follow the instructions of park staff and activity supervisors. They are trained to ensure your safety.
- **Medical Conditions:** Individuals with pre-existing medical conditions (e.g., heart conditions, epilepsy, back problems, pregnancy) should consult their doctor before participating in any activity. Inform Park staff of any relevant medical conditions before participating.
- **Appropriate Attire:** Wear appropriate clothing and footwear for the activity. Secure loose clothing and remove jewelry that could get caught.
- **No Running:** No running is allowed in activity areas.
- **Report Issues:** Immediately report any equipment malfunctions or safety concerns to park staff.
- **Alcohol & Drugs:** Participation is strictly prohibited under the influence of alcohol or drugs.
- **Park Discretion:** Park Management reserves the right to refuse participation to anyone who does not comply with these guidelines or who poses a safety risk.
- **First Aid:** First aid facilities are available on-site. Report any injuries to park staff immediately.
- **Emergency Procedures:** Familiarize yourself with emergency procedures and evacuation routes.

II. High Rope Activities (Sky Cycle & Zip-Line - 10+ Years):

- **Age & Weight Restrictions:** Participants must be at least 10 years old. Weight restrictions will be strictly enforced. Check signage at the activity for specific limits.
- **Harness & Helmet:** A properly fitted harness and helmet must be worn at all times. Park staff will assist with fitting and adjustments. Do not tamper with the harness or helmet.
- **Instruction & Demonstration:** Pay close attention to the safety briefing and demonstration provided by park staff. Ask questions if you are unsure about any aspect of the activity.
- **Supervision:** Children must be supervised by a responsible adult at all times.
- **One at a Time:** Only one person is allowed on each section of the Sky Cycle or Zip-Line at a time.
- **Following Distance:** Maintain a safe following distance from the person in front of you.
- **No Stunts:** No stunts, tricks, or horseplay are allowed.

- **Weather Conditions:** The activity may be suspended during inclement weather (e.g., high winds, lightning).

III. Water Activities:

- **Life Jackets:** Life jackets *must* be worn at all times during water activities, regardless of swimming ability. Park staff will provide appropriately sized life jackets.
- **Supervision:** Strict parental/guardian supervision is required for children participating in water activities, especially for those under 12 on Pedal Boats and under 6 on the Floating Bridge & Zorbing Balls.
- **Entry & Exit:** Use designated entry and exit points for each activity.
- **Capacity Limits:** Adhere to the capacity limits for each boat, bridge section, or zorbing ball.
- **No Diving:** Diving is strictly prohibited.

Zorbing Ball Specific Rules:

- Securely fastened the life-jacket inside the ball.
- Limited time per session to prevent overheating and exhaustion.
- Do not use if you have a fear of enclosed spaces.

Kayak Specific Rules (15+ Years):

- Stay close to the shoreline.
- Learn basic paddling techniques before starting.

Pedal Boat Specific Rules
(Up to 12 years need parental assistance):

- Adults must pedal the boat
- Remain seated at all times

Disclaimer: Participation in these activities involves inherent risks. By participating, you acknowledge and accept these risks and agree to follow all safety guidelines and instructions. The park is not responsible for injuries resulting from failure to follow these guidelines or from inherent risks of the activities.

കൊച്ചിൻ ചിൽഡ്രൻസ് സയൻസ് പാർക്ക് - ഹൈ റോപ്പ് ആക്ടിവിറ്റീസിനുള്ള സുരക്ഷാനിർദ്ദേശങ്ങൾ

നിങ്ങളുടെ സുരക്ഷക്കും ആനന്ദത്തിനും വേണ്ടിയാണ് ഈ മാർഗ്ഗനിർദ്ദേശങ്ങൾ നൽകിയിരിക്കുന്നത്. ദയവായി ഇവ ശ്രദ്ധയോടെ വായിക്കുകയും പാർക്കിലെ സ്റ്റാഫ് അംഗങ്ങൾ നൽകുന്ന എല്ലാ നിർദ്ദേശങ്ങളും പാലിക്കുകയും ചെയ്യുക.

I. പൊതു സുരക്ഷാ നിയമങ്ങൾ (എല്ലാ പ്രവർത്തനങ്ങൾക്കും ബാധകം):

- **നിർദ്ദേശങ്ങൾ പാലിക്കുക:** പാർക്ക് ജീവനക്കാരുടെയും ആക്ടിവിറ്റി സൂപ്പർവൈസർമാരുടെയും നിർദ്ദേശങ്ങൾ എപ്പോഴും പാലിക്കുക. നിങ്ങളുടെ സുരക്ഷ ഉറപ്പാക്കുവാൻ അവർക്ക് പരിശീലനം നൽകിയിട്ടുണ്ട്.

- **മെഡിക്കൽ അവസ്ഥകൾ:** ഹൃദയ സംബന്ധമായ അസുഖങ്ങൾ, അപസ്മാരം, നടുവേദന, ഗർഭം പോലുള്ള ആരോഗ്യഅവസ്ഥകളുള്ള വ്യക്തികൾ സാഹസിക വിനോദപ്രവർത്തനങ്ങളിൽ പങ്കെടുക്കരുത്.

- **ഉചിതമായ വസ്ത്രധാരണം:** പ്രവർത്തനത്തിന് അനുയോജ്യമായ വസ്ത്രങ്ങളും പാദരക്ഷകളും ധരിക്കുക. അയഞ്ഞ വസ്ത്രങ്ങൾ സുരക്ഷിതമാക്കുകയും കൊടുങ്ങുവാൻ സാധ്യതയുള്ള ആഭരണങ്ങൾ നീക്കം ചെയ്യുകയും ചെയ്യുക.

- **ഓട്ടം പാടില്ല:** ആക്ടിവിറ്റി ഏരിയകളിൽ ഓട്ടം അനുവദനീയമല്ല.

- പ്രശ്നങ്ങൾ റിപ്പോർട്ട് ചെയ്യുക: ഏതെങ്കിലും ഉപകരണ തകരാറുകൾ ശ്രദ്ധയിൽ പെട്ടാലോ അല്ലെങ്കിൽ സുരക്ഷാ ആശങ്കകൾ ഉണ്ടെങ്കിലോ പാർക്ക് ജീവനക്കാരെ ഉടൻ അറിയിക്കുക.

- **മദ്യവും മയക്കുമരുന്നും:** മദ്യത്തിന്റെയോ മയക്കുമരുന്നിന്റെയോ സ്വാധീനത്തിൽ പങ്കെടുക്കുന്നത് കർശനമായി നിരോധിച്ചിരിക്കുന്നു.

- **പാർക്ക് വിവേചനാധികാരം:** ഈ മാർഗ്ഗനിർദ്ദേശങ്ങൾ പാലിക്കാത്തവരോ സുരക്ഷാ അപകടമുണ്ടാക്കുന്നവരോ ആയ ആർക്കും പങ്കാളിത്തം നിരസിക്കാനുള്ള അവകാശം പാർക്ക് മാനേജ്മെന്റിൽ നിക്ഷിപ്തമാണ്.

- **പ്രഥമശുശ്രൂഷ:** പ്രഥമശുശ്രൂഷാ സൗകര്യങ്ങൾ സ്ഥലത്ത് ലഭ്യമാണ്. ഏതെങ്കിലും പരിക്കുകൾ ഉണ്ടായാൽ ഉടൻ തന്നെ പാർക്ക് ജീവനക്കാരെ അറിയിക്കുക.

· **അടിയന്തര നടപടിക്രമങ്ങൾ:** അടിയന്തര നടപടിക്രമങ്ങളും പലായന മാർഗങ്ങളും പരിചയപ്പെടുക.

II. ഹൈ റോപ്പ് ആക്ടിവിറ്റികൾ (സ്കൈ സൈക്കിൾ & സിപ്പ്-ലൈൻ - 10+ വയസ്സ്):

· **പ്രായവും ഭാര നിയന്ത്രണങ്ങളും:** പങ്കെടുക്കുന്നവർക്ക് കുറഞ്ഞത് 10 വയസ്സ് പ്രായമുണ്ടായിരിക്കണം. ഭാര നിയന്ത്രണങ്ങൾ കർശനമായി നടപ്പിലാക്കും.

· **ഹാർനെസും ഹെൽമെറ്റും:** ശരിയായി ഘടിപ്പിച്ച ഹാർനെസും, ഹെൽമെറ്റും എല്ലായ്പ്പോഴും ധരിക്കേണ്ടതാണ്. ഫിറ്റിംഗിനും ക്രമീകരണങ്ങൾക്കും പാർക്ക് ജീവനക്കാർ സഹായിക്കും. ഹാർനെസ് അല്ലെങ്കിൽ ഹെൽമെറ്റിൽ കൃത്രിമം കാണിക്കരുത്.

· **നിർദ്ദേശവും പ്രകടനവും:** പാർക്ക് ജീവനക്കാർ നൽകുന്ന സുരക്ഷാ ബ്രീഫിംഗ് ശ്രദ്ധാപൂർവ്വം ശ്രദ്ധിക്കുക. പ്രവർത്തനത്തിന്റെ ഏതെങ്കിലും വശത്തെക്കുറിച്ച് നിങ്ങൾക്ക് ഉറപ്പില്ലെങ്കിൽ ചോദ്യങ്ങൾ ചോദിക്കുക.

· **മേൽനോട്ടം:** എല്ലായ്പ്പോഴും ഉത്തരവാദിത്തമുള്ള ഒരു മുതിർന്നയാൾ കുട്ടികളെ മേൽനോട്ടം വഹിക്കണം.

· **ഒരു സമയം ഒരാൾക്ക്:** ഒരു സമയം സ്കൈ സൈക്കിളുലും സിപ് ലൈനിലും ഒരാൾക്ക് മാത്രമേ അനുവാദമുള്ളൂ.

· **അകലം പാലിക്കുക** നിങ്ങളുടെ മുന്നിലുള്ള വ്യക്തിയിൽ നിന്ന് സുരക്ഷിതമായ അകലം പാലിക്കുക.

· **സ്റ്റണ്ടുകൾ പാടില്ല:** യാതൊരുവിധത്തിലുമുള്ള സ്റ്റണ്ടുകൾ അനുവദനീയമല്ല.

· **കാലാവസ്ഥാ സാഹചര്യങ്ങൾ:** പ്രതികൂല കാലാവസ്ഥയിൽ (ഉദാ. ശക്തമായ കാറ്റ്, ഇടിമിന്നൽ) പ്രവർത്തനം താൽക്കാലികമായി നിർത്തിവച്ചേക്കാം.

III. ജല പ്രവർത്തനങ്ങൾ:

· **ലൈഫ് ജാക്കറ്റുകൾ:** ജല പ്രവർത്തനങ്ങൾക്കിടയിൽ എല്ലായ്പ്പോഴും ലൈഫ് ജാക്കറ്റുകൾ ധരിക്കേണ്ടതാണ്. പാർക്ക് ജീവനക്കാർ ഉചിതമായ വലുപ്പത്തിലുള്ള ലൈഫ് ജാക്കറ്റുകൾ നൽകും.

· **മേൽനോട്ടം:** ജല പ്രവർത്തനങ്ങളിൽ പങ്കെടുക്കുന്ന കുട്ടികൾക്ക്, പ്രത്യേകിച്ച് പെഡൽ ബോട്ടുകളിൽ 12 വയസ്സിന് താഴെയുള്ളവർക്കും ഫ്ലോട്ടിംഗ് ബ്രിഡ്ജ് & സോർബിംഗ് ബോളുകളിൽ 6 വയസ്സിന് താഴെയുള്ളവർക്കും, കർശനമായ രക്ഷാകർതൃ/രക്ഷാകർതൃ മേൽനോട്ടം ആവശ്യമാണ്.

· **പ്രവേശനവും പുറത്തുകടക്കലും:** ഓരോ പ്രവർത്തനത്തിനും നിയുക്ത പ്രവേശന, എക്സിറ്റ് പോയിന്റുകൾ ഉപയോഗിക്കുക.

· **ശേഷി പരിധികൾ:** ഓരോ ബോട്ടിനും, ബ്രിഡ്ജിലം, സോർബിംഗ് ബോളിനും ശേഷി പരിധികൾ പാലിക്കുക.

· **ഡൈവിംഗ് പാടില്ല:** ഡൈവിംഗ് കർശനമായി നിരോധിച്ചിരിക്കുന്നു.

സോർബിംഗ് ബോൾ പ്രത്യേക നിയമങ്ങൾ:

o ലൈഫ് ജാക്കറ്റ് പന്തിനുള്ളിൽ സുരക്ഷിതമായി ഉറപ്പിക്കുക.

o അമിത ചൂടും ക്ഷീണവും തടയാൻ ഓരോ സെഷനും പരിമിതമായ സമയം.

o അടച്ചിട്ട ഇടങ്ങളെ ഭയപ്പെടുന്നുണ്ടെങ്കിൽ ഉപയോഗിക്കരുത്.

കയാക്ക് പ്രത്യേക നിയമങ്ങൾ (15+ വയസ്സ്):

o തീരത്തോട് അടുത്ത് നിൽക്കുക.

o ആരംഭിക്കുന്നതിന് മുമ്പ് അടിസ്ഥാന പാഡലിംഗ് ടെക്നിക്കുകൾ പഠിക്കുക.

പെഡൽ ബോട്ട് പ്രത്യേക നിയമങ്ങൾ
(12 വയസ്സ് വരെ രക്ഷാകർതൃ സഹായം ആവശ്യമാണ്):

o മുതിർന്നവർ പെഡൽ ചവിട്ടണം

o എല്ലായ്പ്പോഴും ഇരിക്കുക

ശ്രദ്ധിക്കുക: ഈ പ്രവർത്തനങ്ങളിൽ പങ്കെടുക്കുന്നതിൽ അന്തർലീനമായ അപകടസാധ്യതകൾ ഉൾപ്പെടുന്നു. പങ്കെടുക്കുന്നതിലൂടെ, നിങ്ങൾ ഈ

അപകടസാധ്യതകൾ അംഗീകരിക്കുകയും എല്ലാ സുരക്ഷാ മാർഗ്ഗനിർദ്ദേശങ്ങളും പാലിക്കുവാൻ സമ്മതിക്കുകയും ചെയ്യുന്നു. ഈ മാർഗ്ഗനിർദ്ദേശങ്ങൾ പാലിക്കാത്തതുമൂലമോ പ്രവർത്തനങ്ങളുടെ അന്തർലീനമായ അപകടസാധ്യതകൾ മൂലമോ ഉണ്ടാകുന്ന പരിക്കുകൾക്ക് പാർക്ക് ഉത്തരവാദിയല്ല.