



CISCE NATIONAL SCHOOL SPORTS & GAMES 2018

COACH/TEAM MANAGER/ESCORT REGISTRATION FORM



EVENT

REGION

TABLE TENNIS

Affix 1 recent passport size photograph attested by the principal (paste the photograph)

ESCORT FORM - PERSONNEL DETAILS

SCHOOL DETAILS	Category	Junior Boys: <input type="checkbox"/> Junior Girls: <input type="checkbox"/> Senior Boys: <input type="checkbox"/> Senior Girls: <input type="checkbox"/>		
	Name :			
	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
	Designation	Team Manager: <input type="checkbox"/>	Coach: <input type="checkbox"/>	Escort Teacher: <input type="checkbox"/>
	E – mail Id:			
	Contact No.:			
	Residential Address:			
	School Name:		School Code	
	Contact Person:		Cell No:	
	School Mail Id.			

It is certified that the Team Manager/Coach/ Escort Teacher is a representative of the above mentioned school.

Signature of the
Team Manager/Coach/Escort Teacher

Signature of the Principal

SIGNATURE WITH SEAL OF THE
REGIONAL PRINCIPAL COORDINATOR
COUNCIL SCHOOL SPORTS AND GAMES 2018

Date : _____

Soft copy to be mailed to sportska@cisce.org and a cc marked to karthik@centreforsports.in

last date to receive hard copy: on or before 28.09.2018



COUNCIL SCHOOL SPORTS & GAMES 2018

National Level Tournament

Under the aegis of School Games Federation of India



ELIGIBILITY FORM

**APPLICABLE ONLY TO CISCE AFFILIATED SCHOOLS
who have been qualified to take part in the National Level**

PLEASE FILL THE FORM IN BLOCK LETTERS

1.	Name of the Event	TABLE TENNIS
2.	Name of the Region	
3.	Category	Under 17 <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/> Under 19 <input type="checkbox"/> Boys <input type="checkbox"/> Girls <input type="checkbox"/>
4.	Name of the Participant	Name: _____ <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Photo of the participant with seal & sign. of the Head of the Institution</p> </div>
5.	Admission No. & Year	
6.	Date of Joining school	
7.	Class in which he/she is studying in the academic year 2018-19	
8.	STUDENT AADHAR NO:	
9.	Date of Birth	DD MM: YY:
	1) In Figures	
	2) in words	
10.	Age in completed years as on 31 st December , 2018	
11.	Personal identification marks	
12.	Name of the Father / Guardian	Name: Phone No.: E Mail Id .:
13.	Name of the Mother	Name: Phone No.: E Mail Id .:
14.	Residential Address	

15.	Name of the Institution	
16.	CISCE School Code	
17.	Full Name and address of the Institution	
18.	Institution Phone No. E-mail ID.	Phone No.: E Mail Id .:
19.	SGFI Registration No. of the student if any if any	
Signature of the Participant		

Certify:

1. Certified that as per our school records the above participant is a student of this institution for the academic year 2018-19.
2. Certify that I have personally verified the admission records maintained in the school and the same has been mentioned above. All the columns in this form are filled in LEGIBLY and no column is left blank. recent passport size photograph is duly attested by me with seal in the space provided for. I also understand that incomplete forms will be rejected.
3. Certify that I understand that in the event of information furnished above found to be partly or wholly untrue, the above student is liable to be disqualified. In case the student is a member of the team, then the school team is liable to be disqualified as a whole.
4. Certify that the jury decision is final in case of dispute if any.

IMPORTANT INSTRUCTIONS

In the event of any impersonation / Misleading information of Date of Birth, Admission No. etc., stern action will be taken against the participant /school.

<p>_____ SIGNATURE WITH SEAL OF THE HEAD OF INSTITUTION Date: _____</p>	<p>_____ SIGNATURE WITH SEAL OF THE REGIONAL PRINCIPAL COORDINATOR COUNCIL SCHOOL SPORTS AND GAMES 2018 Date : _____</p>
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Enc: (compulsory)

- Photocopy of Birth certificate of the participant
- Photocopy of Aadhar Card of the participant
- ORIGINAL School's I D card of the participant with photo
- Photocopy of the Marks card of the previous class
- Photocopy of Insurance

Hard Copy of the eligibility form along with the relevant documents to be sent to:

**LITTLE FLOWER PUBLIC SCHOOL
#2, 2ND 'D' MAIN ROAD
HOSAKERHALLI
BANASHANKARI III Stage
BENGALUR- 560085**

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