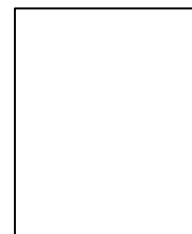


Region.....



Latest Photo duly
attested by the Principal/
Vice Principal with stamp

CISCE NATIONAL SPORTS & GAMES 2019

Eligibility Form

Age Group under.....Boys/Girls

01	Name of the Participant (In Block Letters)							
02	Father's Name (In Block Letters)							
03	Mother's Name (In Block Letters)							
04	Name of the School (In Block Letters)							
05	Full Address of School (In Block Letters)							
06	School's Phone No. with Code No.							
07	Last Year Registration No. SGFI							
08	Date of Birth (i) In Fig.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						
	(ii) In Words							
09	Aadhaar No.							
10	Passport No. (if available)							
11	Discipline							
12	Age in Completed Years as on 31 st Dec 2018	<table style="display: inline-table; border: none;"> <tr> <td style="text-align: center;">Years</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Days</td> </tr> <tr> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> <td><input type="text"/><input type="text"/></td> </tr> </table>	Years	Month	Days	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Years	Month	Days						
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>						
13	Permanent Address & Phone /Mob.No. (In Block Letters)							
14	Admission No. & Year							
15	Date of Joining the School							
16	Standard & Section Studying this year							
17	Standard Studying last year							
18	Bank Detail of participant (If no then mention Mother/Father A/C No.)	Name :						
		Name of Bank :						
		A/C No. :						
		IFSC Code :						
19	Personal Identification Marks :	1.						
		2.						
20	Signature of the Participant							

Certificate: 1. Certified that the above participant is a bonafide student of this institution for the academic year.
2. Certified that I have personally verified the admission records maintained in the School and found correct.

Signature of Competent Authority
Regional Secretary

Signature
Coach/Manager

Signature with Seal of the
Head of Institution/Principal

Insurance Details
Name of Insurer _____
Insurance Policy No. _____
Policy Value _____
Policy valid up to _____

Contact No. of Participant _____
Contact No of Parent / Guardian _____
Dress Size
Trouser waist size (inches) _____
Shoulder size of Shirt (inches) _____