

**Athletes Application Form for enrollment to Practice
Morena Link Road, Gwalior Madhya Pradesh - 474015**

Name of the Sport/Game

Name in English/ Hindi:

Father's / Husband's name English/ Hindi

Mother's name English/ Hindi

Gender: Male / Female

D.o.B. / / Age in completed years:

Address.....

.....Pin Code.....

Contact number/s: (Mob.)

Parents' Contact No.

UDID No. or DC No.(Issued by Competent Authority).....

Type of disability.....

Percentage / class of disability:

Do you use wheelchair? YES / NO

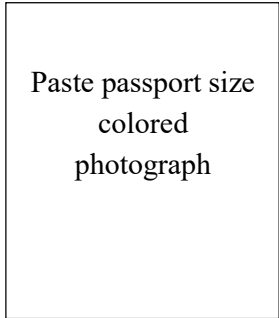
Whether you can take care of yourself alone without any escort: YES / NO

If 'No' Name of the Escort.....

Do you have International Classification? If yes, mention Class

Aadhaar Number.....

PAN Number:.....



Highest sports achievement

S. No.	Name of ParaSport	Achievements/Place			Year	Specify Performance (Time/Distance/ Points/Weight etc.)
		State	National	International		

Declaration

- a) I am taking these training sessions on my own will & wish and without any force or influence.
- b) I will be training in the institute at my own risk & responsibility and in case of any accident / mishap I will not hold any Staff member of the Institute responsible for the consequences.
- c) I have sought permission of my parent / guardian for training in the above said sport/game.
- d) While in the institute, I will fully cooperate with the Staff /Coach/Asst. coach and abide by the instructions given by them.
- e) I will strictly follow the guidance, Rules and Regulations, whatever has been framed for the said sports activity/ training.
- f) I will not involve myself in any misbehavior / indiscipline/ act amounting to indiscipline while I am training/while in the institute.
- g) I will not seek any monetary assistance by ABVTCDS during the course of my training in the institute.
- h) Atal Bihari Vajpayee Training Center (ABVTCDS) have the rights to cancel the candidature at any stage and any time without prior notice.
- i) I declare that the statements made in this Application Form are correct and true and also complete to the best of my knowledge and belief. I am aware that if at any stage it is found that the statements made are not true or are incomplete/misleading, my candidature is liable to be cancelled.

Parents/Guardian Name (if Minor)..... Athlete’s Name.....

Signature/Thumb Impression: Signature/Thumb Impression:

Date: Date:.....

Documents to be attached (only self-attested photocopies – originals to be shown when asked):

1. Birth Certificate (issued by Corporation/Govt. agency)
2. Aadhaar Card
3. PAN Card, if any
4. Proof of Address (not required if Aadhaar or Passport copies submitted)
5. Disability Certificate, along with supporting medical documents and prescriptions, if any
6. IPC License copy, if any
7. Copy of Sport Merit/Participation Certificate
8. Copy of Escort's Aadhaar Card, if any
9. 2 Copy of passport size photographs

Office Use Only

Recommended by the Concerned Coach

Approval by Competent Authority

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MEDICAL FITNESS CERTIFICATE FOR SWIMMING

To whom so ever it may concern

Stick Your Photo
Here
(तमारी फोटो अर्डी
चोंटाडो)

Membership Number:-.....

This is to certify that I have examined Mr./Miss.

He/She is suffering / not suffering from following diseases...

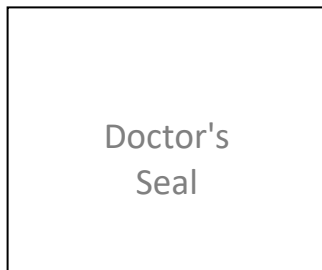
1. Any Allergy : Yes / No
2. Asthma or other chest problem : Yes / No
3. Heart Attack : Yes / No
4. Heart Failure : Yes / No
5. Diabetes : Yes / No
6. Hypertension : Yes / No
7. Seizures (Fits) : Yes / No
8. Prone to muscular cramps : Yes / No
9. Physically Disabled : Yes / No
10. Mental Disability : Yes / No
11. Any other major disease? :
(Please specify)

Summarizing,

Is he/she medically fit to swim? : Yes / No

I, Dr., hereby declare Mr./Mrs./Ms.
to be medically fit to swim, and that he/she does not possess a history of any serious medical disorders.

Date:-



Signature of Medical Officer :

Registration No. :

Note:- For Under 50 years, Medical certificate granted by a qualified medical practitioner holding at least M.B.B.S. Degree/ M.D. Degree OR For 50 years and above, Medical certificate granted by a qualified medical practitioner holding M.D. Degree and registered with Medical Council of India, shall only be valid.