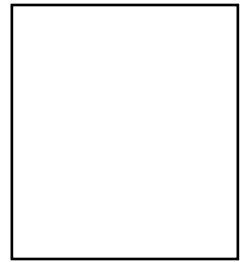




CISCE REGIONAL/ NATIONAL SPORTS & GAMES 2022-23

Registration Form

Age Group under _____ Boys/ Girls



1	Name of the Participant (In Block Letters)	
2	Father's Name (In Block Letters)	
3	Mother's Name (In Block Letters)	
4	Name of the School (In Block Letters) & School Code	
5	Full Address of the School (In Block Letters)	
6	School Phone Number with STD Code	
7	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"/> <input type="text"/> <input type="text"/>
	(ii) In Words	
8	Aadhar Number	
9	Passport Number (only in case of students of foreign schools who do not have Aadhar number)	
10	Name of the Game/ Event	
11	Age in Completed Years as on 31 st Dec 2021	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	Permanent Address (In Block Letters)	
13	Mobile Number of the Participant	
14	Admission No. & Year	
15	Date of Joining the School	
16	Class/Grade and Section studying this year	
17	Class/ Grade Studied Last Year	
18	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.
 3. Certified that it is understood in the event of information furnished above found to be partly or wholly untrue, the above student is liable to be disqualified for a period of two years in case the student is a member of the team, then the participant is liable to be disqualified as a whole.

Signature with Seal of the Regional Principal Coordinator

Signature Manager/ Coach

Signature with Seal of the Head of Institution/ Principal
SCHOOL CODE: _____

Insurance Details
 Name of the Institute: _____
 Insurance Policy No: _____
 Policy Value: _____
 Policy Valid Upto: _____

Contact No. of Parent/ Guardian: _____
Details of Provision of Sports Kit:
 Waist Size of Trousers (In Inches): _____
 Jersey Size: _____