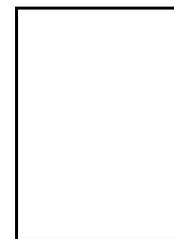


Format

State/UT/Unit.....

NATIONAL SCHOOL GAMES 20.... To 20....  
Under the aegis of School Games Federation of India



Latest Photo name  
With date duly  
Attested by the principal  
Head Master with Stamp

Certificate of Eligibility

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"/>
	(ii) In Words	
09	Aadhaar No.	
10	Passport No. (if available)	
11	Discipline	
12	Age in Completed years as on 31 <sup>st</sup> December	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Month <input type="text"/> <input type="text"/> Days <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 bonfire 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. Certificate that it is understood in the event of information furnished above found to be partly or wholly untrue, the above students is liable to be disqualified for a period of two years in case the students is a member of the team, then the participant is liable to be disqualified as a whole.

Signature of Competent Authority  
of State/UT/Unit with Seal

Signature with Seal  
Manager / Coach  
Post / Desn.....

Signature with Seal of the  
Head of Institution/Principal  
Head Master

For Office Use Only	Name of Invigilator .....	Sign. of Invigilator.....
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