## GOVERNMENT OF INDIA UNION TERRITARY OF DAMAN & DIU DEPARTMENT OF SPORTS, DAMAN

## REGISTERATION FORM FOR SPORTS/GAMES/COACHING/PARTICIPATION IN

Sir, Blood Group: \_\_\_\_\_ may please be Registered / Considered for the My Name Regular Coaching/Training/Participation in the Evening Session Time 5:30 p.m. to 6:30 p.m. and Participation in **YOGA** to Represent Daman & Diu. My brief Bio-Data is as under:-1. Name :\_\_\_\_ \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (In Block Letters) 2. Father's Name: \_\_\_\_\_\_ Occupation: \_\_\_\_\_ 3. Local Address: \_\_\_\_\_ 4. Mobile No: \_\_\_\_\_\_ Tele. Res./Office: \_\_\_\_\_ 5. Name of the Office: \_\_\_\_\_\_ Section: \_\_\_\_\_ **DECLARATION BY PARTICIPANT** I \_\_\_\_\_\_Son of \_\_\_\_\_ hereby give consent that I may be admitted for daily Coaching/Training/Participation Injuries sustained during Coaching/Training/Participation shall be at my own risk. I Suffer from \_\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_\_, Signature of Trainee Full Name in Block Letters Place:-Note: - Please Submit Physical Fitness Certificate duly signed by Registered Doctor.

(Admitted/Not-Admitted)

Seal & Signature: