

	CHANDIGARH ADMINISTRATION SPORTS DEPARTMENT	 e-JANSAMPARK
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ADMISSION FORMS FOR SPORTS CENTRE, CHANDIGARH

1. Name of the Center: _____ Form No: _____
2. Name of the Applicant: _____
3. Father's Name: _____
4. Date of Birth: _____
5. Applicant's Profession: _____ Student or Non Student: _____
(Not applicable in case of minor)
6. Address:-
 - (a) Permanent: _____
 - (b) Correspondence: _____
 - (c) Telephone No. If any: _____ (office) _____ (Residence)
7. Session Timing: Morning: _____ Evening _____
Time: _____
8. Membership Duration: _____

DECLARATION BY THE APPLICANT

It is certified that I/we have gone through rules and regulation (overleaf) of the center.

For office use only
Recommendation by Coach

Applicant Signature

Coach Signature

Signature of the Father/Guardian: _____

Allowed or Not Allowed: _____

Supervisor/Manager/Coach In charge of Stadium
COUNTERSIGNED

DISTT.SPORTS OFFICER