



INDIAN RURAL OLYMPIC ASSOCIATION

(Registered Under Indian Society Registration Act, 1860)

Website: www.ruralolympic.org E-mail: ruralolympic@gmail.com

4TH INDO NEPAL SUMMER RURAL OLYMPIC GAMES-2019

REGISTRATION FORM/पंजीकरण फार्म

State:.....	Game:	*Reg. No.
Age Group: Under.....	Category: Boys/Girls/Mix	Track-Suit Size: 38/40/42/44

*रजिस्ट्रेशन नंबर ऑफिस द्वारा भरा जाएगा Registration No. will be filled by office
To be filled in Capital letter/बड़े अक्षरों में भरे

- Name of the Player:
खिलाडी का नाम
- Father's Name:
पिताजी का नाम
- Mother's Name:
माता का नाम
- Date of Birth:
जन्मतिथि
- Age as on 31/12/2019: Yrs.....Months:Days
31.12.2019 को आयु
- Address:
पत्राचार का पता
- E-mail: Phone No.:
ई-मेल एड्रेस मोबाइल नं.
- Name of School/College/Institute (if any):
स्कूल/कॉलेज/शैक्षिक संस्थान का नाम (यदि पढ़ते हैं)
- Adhar Card No.:
आधार कार्ड संख्या

Pin Code:
पिन कोड

PASTE HERE
PASSPORT SIZE
PHOTOGRAPH
OF THE PLAYER
खिलाडी का
पासपोर्ट साइज़ फोटो
यहाँ चिपकाए

Declaration: I hereby declare that the information given in this registration form are true and correct. My registration will be cancelled if anything found incorrect. As per rule fees is also not refundable

घोषणा:- मैं घोषणा करता हूँ की मेरे द्वारा इस फार्म में दी गई समस्त जानकारी एकदम सही और सत्य है। अगर किसी प्रकार की कोई गलती/त्रुटी पाई जाती है तो मेरा पंजीकरण रद्द कर दिया जाये नियमानुसार मुझे फीस वापिस नहीं मिलेगी।

Document Attached (please Tick)

- Copy of Adhar Card
- Copy of Date of birth Proof
- NOC by parents
- Passport size photograph
- State/National certificate.

Signature of the Player/खिलाडी के हस्ताक्षर

Date:



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PARENTS N.O.C.

I, Son of

Resident of

hereby declares that:

1. My son/daughter want to participate in in 4th INDO-NEPAL SUMMER RURAL OLYMPIC GAMES-2019, to be held at Pokhra, Nepala from 14th to 15th April, 2019.
2. My son/daughter is Physically fit and had not undergone any surgery. He is not suffering from any critical illness.
3. That Association or its official will not be responsible for any type of accident/ mis-happening during this tournament and travel from 13th-16th April, 2019.
4. In case of any accident Association or its official will provide first aid only. Any other treatment will be my responsibility. I will not claim for any amount for the treatment from association or its officials.
4. All the details filled in the form are correct to the best of my knowledge. His/her Registration my be cancelled if any information found incorrect. Fees will be non-refundable in that case.
5. My son/daughter has participated in state/national level championship.
6. I understand that Indian Rural Olympic is a sports association registered under society registration act 1860 and it is not affiliated with MYAS and IOA.

I request the State Secretary/Authorized member to allow my son/daughter to participate in the championship.

Signature of Parents

Name:

Phone No.

Date:

Relation with player: Father/Mother