

From

Director,  
Secondary Education Haryana,  
Shiksha Sadan, Sec-5, Panchkula.

To

**All the Distt. Education Officers &  
All the Distt. Elementary Education Officers  
In the State.**

**Memo. No. 12/1-2014 CCA (2)  
Dated Panchkula 18.09.2014**

**Subject:- Regarding Eligibility Form for National School Games 2014-15.**

Please refer to the subject cited above.

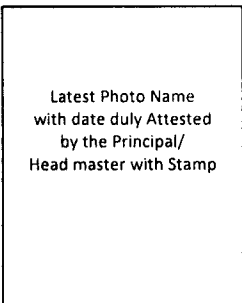
All the District Education Officers are hereby intimated that the Bio-Data-Cum Eligibility Form for participation in **National Games** is attached herewith. This form has 1-17 columns and it may be ensured that each column may be filled diligently under your observation.

  
Assistant Director CCA

**For Director Secondary Education Haryana,  
Panchkula**

## Format

State/UT/Unit.....



### NATIONAL SCHOOL GAMES 2014 -15 Under the aegis of School Games Federation of India

## Certificate of Eligibility

Age Group under .....Boys/Girls

01	Name of the Participant (In Block Letters)	
02	Father's Name (In Block Letters)	
03	Name of the Institution (In Block Letters)	
04	Institutional Full Address with Code No. (In Block Letters)	
05	Institution's Phone No.	
06	Registration No. SGFI (Last Year)	
07	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"/>
	(ii) In Words	
08	Discipline	
09	Passport No.	
10	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"/>
11	Home Address with Phone/Mob. No. (In Block Letters)	
12	Admission No. & Year	
13	Date of Joining the School	
14	Standard & Section Studying this year	
15	Standard Studying last year	
16	Personal Identification Marks:	1.
		2.
17	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. Certificate: that it is understood in the event of information furnished above to be partly or wholly untrue, the above students 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 of Competent Authority  
Of State/UT/Unit with Seal

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

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

For Office Use Only	Name of Checker.....	Sign. Of Checker.....
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