



# ELIGIBILITY FORM

## Haryana Schools Tournament-2014-15

Age Group \_\_\_\_\_ Boys/Girls

Venue \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Game/Event \_\_\_\_\_

1. Block/District/State:- \_\_\_\_\_

2. Name of participant \_\_\_\_\_  
(in block letters)

3. Father's Name \_\_\_\_\_

4. Mother's Name \_\_\_\_\_

5. Home Address \_\_\_\_\_

6. Contact Number \_\_\_\_\_

7. Date of Birth: (i) in Fig.   -   -      
(ii) in words \_\_\_\_\_

8. Age in completed years as on 31<sup>st</sup> December 2014:- \_\_\_\_\_ Year \_\_\_\_\_ Month \_\_\_\_\_ Days

9. Name of the Institution:- \_\_\_\_\_

10. Date of Admission in School:- \_\_\_\_\_

11. Present Class & Admission No. :- \_\_\_\_\_

12. Year of passing 5<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> :- \_\_\_\_\_

13. Percentage of attendance:- \_\_\_\_\_

14. Two Prominent marks on the body:-

i) \_\_\_\_\_ (ii) \_\_\_\_\_

15. Signature of the Student:- \_\_\_\_\_

16. Sports fund paid so far for the year 2013 - 2014 :-

a). Strength of students from VI -VIII fund/amount paid with proof Rs. \_\_\_\_\_

b). Strength of students from IX- X fund/amount paid with proof Rs. \_\_\_\_\_

c). Strength of students (i) XI - XII Arts:- fund/amount paid with proof Rs. \_\_\_\_\_

(ii) XI - XII Commerce:- fund/amount paid with proof Rs. \_\_\_\_\_

(iii) XI - XII Science:- fund/amount paid with proof Rs. \_\_\_\_\_

Total fund/Amount paid Rs. \_\_\_\_\_

Certificate:- 1. Certified that the above participant is a bonafide student of this institution for the academic year 2014-15.

2. Certified that I have personally verified the admission records maintained in the school and found correct.

Signature  
Team Incharge

Signature AEO/Zonal/  
Distt. Secretary  
With seal

Signature Head of School  
with seal

Paste here attested Photo  
with Principal Stamp  
and Signature

# ENTRY FORM

BLOCK/DISTRICT /STATE SCHOOL GAMES 2014-15

NAME OF THE SCHOOL .....BLOCK ..... DISTRICT .....

NAME OF THE GAME..... AGE GROUP..... BOYS/GIRLS DATES FROM.....TO..... Venue .....

Sr. No.	Name	Father's Name	Mother's Name	Name of the School	Date of Birth	Class	Admn No.	Date of Admn. In School	Date of Admn. In Class	Year of passing 5 <sup>th</sup> , 8 <sup>th</sup> or 10 <sup>th</sup>	Event	Signature
1												
2												
3												
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11												
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14												
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16												
17												
18												
19												

**Signature**  
Team Incharge  
With seal

**Signature**  
Zonal/ District Secretary

**Signature AEO**  
with seal

**Signature Head of School**  
with seal