PESAPALLO FEDERATION OF INDIA { भारतीय दंडागेंद महासंघ }

Age Group: **Senior / Junior / Sub-Junior** *** **Entry Form** ***

Our State _____ forward herewith the entry form for _____ Group Boys / Girls / Mix team for _____ from _____ to be held at Venue- _____.

The Following Player will be Represent in Senior / Junior / Sub Junior EVENT Team.

Sr. No	Player's Details	Player's Signature	Certificate Number
1. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
2. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
3. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
4. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
5. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
6. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
7. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
8. B	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
9. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
10. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
11. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
12. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
13. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
14. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
15. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
16. G	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		

Note : Above all information are truly fielded in front of secretary of State association, They are fully responsible for found in any incorrect information.

State Secretary Name / Secretary Stamp / Signature Association Seal Stamp