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.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
2.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
3.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
4.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
5.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
6.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
7.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
8.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
9.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
10.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
11.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
12.	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
13	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
14	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
15	Full Name_____ Birth Date: / / , AadharCard No. _____ Residential _____ _____ URN. _____District _____Pin Code _____ Contact no._____		
16	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