

APPLICATION FORM

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size colored
photograph

Full Name in Block Letters: _____

Gender: : Male

☐

Female

☐

Date of Birth : _____ Date _____ Month _____ Year
(As per the matriculation certificate)

Father's Name: _____

Nationality : _____

Post Applied For : _____

Permanent Address : _____

Address for Communication : _____

Mobile Number : _____

Email ID : _____

Proof of Identity (With ID no.): _____

Academic Qualifications:

Qualification	Name And Address of College /Institution	University	Year of Passing

Details of Services rendered earlier/ Experience in related field: (After the essential qualification)

Post/Designation	Name and Address of the Organization	Duration of Tenure		Total Period
		From	To	

Declaration: I solemnly declare that the above statements made by me are correct to the best of my knowledge and belief. I shall abide by the rules and regulation of Sports Authority of India.

(Signature of the Candidate)

Full Name.....

Place:

Date: