

SPORTS AUTHORITY OF INDIA
North East Regional Center, Imphal

Application Form

POST: YOUNG PROFESSIONAL – ATHLETE RELATION MANAGER

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1. Full Name (As per matriculation certificate & in capital letters) _____
2. Gender: _____ Date of Birth (As per matriculation certificate): _____
3. Father's Name (As per matriculation certificate): _____
4. Nationality: _____
5. Post Applied for: _____
6. Permanent Address: _____
7. Address for correspondence: _____
8. Mobile Number: _____ Email ID: _____
9. Proof of Identity: _____

10. Academic Qualifications:

Sr No	Qualification	College/ Institution	University	Year of Passing	% Marks Scored
1	Graduation				
2	Post-Graduation				

11. Work Experience

Post / Designation	Name & Address of organization	Duration of Tenure		Total Period
		From	To	

12. Work Experience in Sports Sector

Post / Designation	Name & Address of 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 regulations of Sports Authority of India.

(Signature)