

APPLICATION FORM

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Advt No. : _____

Name of the Post : _____

Full Name (*in Block Letters*): _____

Gender : Male ☐ Female ☐

Date of Birth : _____ DD/MM/YYYY (As per matriculation certificate)

Father's Name (in Block Letters):

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 information furnished in the application form is true, complete and correct to the best of my knowledge and belief. I am fully aware that in the event of any of the said information furnished by me being found false or incorrect at any stage, my candidature / appointment is liable to be summarily cancelled/terminated without any notice or compensation and I shall abide by the rules and regulation of Sports Authority of India.

(Signature of the Candidate)

Full Name.....

Place:

Date: