

State:

NATIONAL SCHOOL GAMES 20.....-20.....

District.....

Under the aegis of School Games Federation of India

Latest Photo
attested by the
H.M /
Principal with
Date and Seal

Certificate of Eligibility

Discipline:Under.....Boys / Girls

1	Name of the Participant (In Block Letters)	
2	Father's Name (In Block Letters)	
3	Mother's Name (In Block Letters)	
4	Name of the School (In Block Letters)	
5	Institution Full Address (In Block Letters)	
6	Institution Contact Number (with code if any)	
7	Last Year Registration No.SGFI	
8	Date of Birth [i] In Fig [ii] In Words	
9	Aadhar No & PEN No	
10	Passport No. (If available)	
11	Discipline	
12	Age completed in years as on 31 st December	Years Months Days
13	Permanent address with Phone / Mobile No (In Block Letters)	
14	Admission No. & Year PEN No	
15	Date of Joining the School	
16	Standard & Section Studying this year	
17	Standard Studying last year	
18	Bank Details of participant (If no then mention Mother/Father A/C No.)	Name : Name of Bank : A/C No. : IFSC Code :
19	Personal Identification Marks :	1. 2.
20	Signature of the Participant	

CERTIFICATE: 1. Certified that the above participant is a bonafide student of this institution for the years.
2. Certified that I have personally verified the admission record maintained in the school and found correct.
3. Certificate that it is understood in the event of information furnished above found to be partly or wholly untrue, the above student is liable to be unqualified for a period of two years in case the student is a member of the participant is liable to be disqualified for a period two years in case the student is a member of the team the participant is liable to be disqualified as a whole.
NOTE : If we found any information is wrong we have a right to remove his / her name from team at any stage.

Signature of the Parent Signature of the Class Teacher / P.E.T / P.D Signature with Seal of the Head of Institution / Principal Signature with Seal of the district Organizing Secretary School Games Federation

Signature with Seal of the Inter District Tournament Organizing Secretary Signature of the Coach / Manager Post / Desn.

Signature of the Competent Authority of State / UT / Unit / with Seal

For Office Use Only	Name of Invigilator	Sign. Of Invigilator
---------------------	---------------------------	----------------------------

BONAFIDE CERTIFICATE

This is to certify that Mr. / KumS/O, D/O ofwho is / was bonafide student of this institution during the years from.....to.....studied from.....toclass and as per institution records his /her particulars are as follow.

1. Admission No :
2. Date of Birth :

Date:

Signature of the H.M / Principal
With Seal

MARKS SHEET

Name of the School _____

Mandal _____ District _____

Name of the Student:

Class & Section:

Roll No:

Admn No:

S.No	Subject	Marks	Grade	Remarks
1	English			
2				
3				
4				
5				
6				
7				
8				
	Total			

Date:

Signature of the H.M / Principal
With Seal