

To,

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The Secretary General.

Tug-of-War Federation of India (Regd.)
Room No.301 , Delhi Chamber Bldg.,
Delhi Gate, New Delhi - 110002

Subject .: Application for Affiliation of State Association of Tug-of-War game with TWFI

Sir,

I hereby apply for temporary affiliation as candidate member of the T.W.F.I for State Association and I do hereby agree (if admitted) to abide by the rules and regulation and bye-laws of T.W.F.I .framed and amended from time to time . The other particulars are as under.

- 1 Name of Applicant. (Name of Organisation).....
2. Full Address of the registered office :.....
3. Constitutional Status of Association. (Documentary evidence enclosed)
 - i) Registration No. and date (Regd. under S.R. Act1860.)
 - ii) Enclosed Attested copy of Memorandum of Association
 - iii) Enclosed attested copy of Bye-laws....
4. Legal Status
5. Income Tax (Regd u s12A(a) of I.T.act.1 61) Regd. No Date
(Attested copy of documentary evidence enclosed)
6. Permanent Income Tax (AN) No.....
(Attested copy of documentary evidence enclosed)
7. Telephone number with STD Code (if any) Office Resi.....
Fax No. mobile E-mail No.
8. How many district level/Other Units are affiliated
(Attested copy of documentary evidence of district units ,registration certificates and list of affiliated district associations with full postal address is enclosed)
9. Name full address of office bearers (list enclosed).....
10. Wheather any of its office-bearers are holding office
in any other recognized Sports Organisation ! (if so give details).....
11. When and where was the last Annual general
body meeting of the Association held.....
(Attested copy of A M minutes enclosed)
12. When and where was the last elections of the association held. Date.....
venue.....(Attested copy of elections B.M minutes enclosed)and
when its present term of election is expiring.....

13. When and where was the last District level competition held.....
(District wise Reports & Photographes etc.)

14. State Championships/Inter district for Senior , Junior and Sub-Junior (Men & Women) conducted during last three years.....
(a Separately categories wise reports & photographs etc. enclosed)

15. Details of (Last Three years) Participation in National Championships

Senior National

| <u>Years</u> | <u>Name of Event</u> | <u>Venue</u> | <u>categories(Men & Women)</u> | <u>Position</u> |
|--------------|----------------------|--------------|------------------------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Junior National

| <u>Years</u> | <u>Name of Event</u> | <u>Venue</u> | <u>categories(Men & Women)</u> | <u>Position</u> |
|--------------|----------------------|--------------|------------------------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Sub-Junior National

| <u>Years</u> | <u>Name of Event</u> | <u>Venue</u> | <u>categories(Men & Women)</u> | <u>Position</u> |
|--------------|----------------------|--------------|------------------------------------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

16. Audited Balance Sheet and Income and expenditure ,
Receipt & Payment statements attested copy enclosed for last three years.....

7. System of Accounting followed in the Association.....

18. Name ,Address and Registration No. of Chartered Accountant
of Association.....

19. Name of Bank, Branch Bank Account No
in which the State Association is running its account.....

20. Details of financial assistance received ,if any, from State/UTs
Govt. or its agencies in the past five years.(Please enclosed details enlosed).....

21. Is there any other state level association working for
promotion of this game ; if yes, give details.....

22. Whether you are recognised by the State Sports Council or State Govt. and State Olympic Association (Pl. give details).....
(Photo Copy of recognition /affiliation letter enclosed .)
23. Wheter you have ever been affiliated with the TWFI, if yes, please furnish
a) Resaon of dis-affiliation
b) Amount outstanding towards TWFI (if yes), mode of payment to clear it.....
-

I declare that I State Tug-of-War Association is engaged in promotion of Tug-of-War game in the State with regular competitions . The information given by me in the application is true to the best of my now edge and belief and nothing material has been suppressed. I undertake to communicate forthwith any alterations in the Aims Ob ects of the Association or in the Rules Regulations to govern the Association. I also undertake that any dispute arisen between the State Association and Tug of War Federation of India will be settled under the law of the land and the jurisdiction to institute the case in this regard shall only be Delhi New Delhi .

For considering the temporary affiliation of the Association, the required documents will be furnished within three months , failing which the application for affiliation may be rejected without assigning any reason.

Note.: All the desired information in this profoma is to be furnished essentially.

Yours faithfully,

.....
1.(Full Signature & Name of President) with official seal,date

.....
2.(Full Signature & Name of Secretary) with official seal,date
Date..... Place.....

Note. The follwoing documents are also enclosed:-

- i Attested Copy of Registration Certificate, Memorandum of Association bye-laws of State Association under S.R.Act,1860.
- ii Copies of Registration Certificate of District Associations under S.R.Act 1860.(It has a minimum 0 of the Regd. District level association affiliated to State Association).
- iii. Attested Copies of the Income Tax (Regd u s12A(a) of I.T.act.1 61)Registration Certificate.
- iv. Copy of document any evidence of game activites of State Association and district associations.
- v. Attested Copy of the audited accounts of the Association the one two three years.
- vi. list of Office Bearers with Name full postal address. Tele No. Fa No. etc.
- vii. list of Secretaries of Clubs, affiliated with District associations with full postal address.Tele No. Fa No. etc
- viii. Copy of Resolution passed by the State Association in A M for nomination as State representative to attend the meetings of TWFI

Minute Book

Specimen Performa of Resolution passed by State Association in AGM for nomination as State Representative to attend the meetings of TWFI.

This is certified that the Annual General Body Meeting of theState Tug-of-War Association was held on.....at (Venue).....at.....(Time).

The following members of the Assn. were present in the meeting.

Name and signature of members:

1.....2.....3.....4.....

.....6.....8.....

10.....11.....

The following Agenda was discussed

1.....

2.....

3.....

4.Nomination of State Represesntative in the A M of National Federation.

Resolution No.....

The house passed the Resolution and authrised(i)Mr.....(ii)Mr.....to represent our State Association and atted the A M of Tug of War Federation of India on behalf of our State Association for the period of four years with immediate effect. owever, one out of the said two persons shall attend the meeting.

Chairman resident
with official seal

(Attested photocopy of minute book enclosed)

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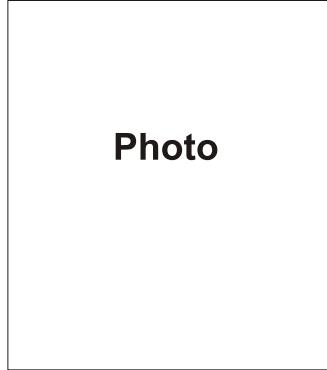
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Photo

TWFI State Representative

Details of Representative

- (i) Full name of representative
 - (ii) Father's name of representative
 - (iii) Date of Birth
 - (iv) Education
 - (v) Professional Occupation
- (a) If in service
- Name Full address of the office with Designation
.....
- (b) If in Business :
- Name of the Company firm with address :
.....
- (c) Nature of its Business
.....
- (vi) Permanent home state Address :
-
- (vii) Present Residential Address :
- in
- Email Address for Correspondence
-

Signature of Representative