# COUNCIL FOR THE INDIAN SCHOOL CERTIFICATE EXAMINATIONS

Paste latest photograph of the participant in school uniform duly attested by the Principal / Headmaster with Stamp

**ZONAL & REGIONAL GAMES & SPORTS 2024**

# CERTIFICATE OF ELIGIBILITY

**Zone/Region: region Age Group: age\_group Boys / Girls**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 01 | Name of the Participant (In Block Letters) | **name** | | | | | | | | | | | | | | | |
| 02 | Father’s Name  (In Block Letters) | **father\_naame** | | | | | | | | | | | | | | | |
| 03 | Mother’s Name  (In Block Letters) | **mother\_naame** | | | | | | | | | | | | | | | |
| 04 | Name of the School (In Block Letters) | **school\_naame** | | | | | | | | | | | | | | | |
| 05 | School Code | **school\_code** | | | | | | | | | | | | | | | |
| 06 | School Contact No. | **school\_number** | | | | | | | | | | | | | | | |
| 07 | Date of Birth (i) In Fig.  (ii) In Words | **d\_0** | | **d\_1** | | **d\_2** | | **d\_3** | | **d\_4** | | **d\_5** | | **d\_6** | | **d\_7** | |
| **dob** | | | | | | | | | | | | | | | |
| 08 | Aadhaar No | **a\_0** | **a\_1** | | **a\_2** | **a\_3** | **a\_4** | | **a\_5** | **a\_6** | **a\_7** | | **a\_8** | **a\_9** | **a\_\_10** | | **a\_\_11** |
| 09 | Passport No (if available) | **aadhar\_no** | | | | | | | | | | | | | | | |
| 10 | Discipline | **sport** | | | | | | | | | | | | | | | |
| 11 | Age in completed years as on 31st December | Years | | | | | Month | | | | | | Days | | | | |
|  | | |  | |  | | |  | | |  | |  | | |
| 12 | Permanent Address (In Block Letters) | **address** | | | | | | | | | | | | | | | |
| 13 | Phone / Mobile Number | **phone\_no** | | | | | | | | | | | | | | | |
| 14 | Admission No. & Year | **admission\_no and admission\_year** | | | | | | | | | | | | | | | |
| 15 | Date of joining the School | **dojs** | | | | | | | | | | | | | | | |
| 16 | Medical Insurance Details | Name of Insurer: **naame\_of\_insurer**  Policy Number: **policy\_number**  Policy Value & Valid Till: **policy\_date\_valid** | | | | | | | | | | | | | | | |
| 17 | Standard studying this year | **current\_grade** | | | | | | | | | | | | | | | |
| 18 | Standard studying last year | **prev\_grade** | | | | | | | | | | | | | | | |
| 19 | Personal Identification Mark |  | | | | | | | | | | | | | | | |
| 20 | Signature of the Participant |  | | | | | | | | | | | | | | | |

**CERTIFICATE:**

1. Certified that the above participant is a bona fide student of this institution for the present Academic Year.
2. Certified that I have personally verified the admission records maintained in the school and found them correct.
3. Certified that it is understood that in the event of information furnished above being found to be partly or wholly untrue, the above student is liable to be disqualified for a period of two years. In case the student is a member of a team, then the participant is liable to be disqualified as a whole.

## Signature of the Parent

**Signature of the Coach / Manager**

## Signature with seal of Head of the Institution / Principal