

# 10<sup>th</sup> TCAS AutoX-2019

Team Chandigarh Adventure Sports

**Rally Office:** D-74, Phase-5, industrial Area, Mohali

**Ph** 9216605706,9888522222.

**E-Mail:** gsaulakh@cccsindia.com. Nikhil.jaspal73@gmail.com

## Entry Form

### 1. Driver

Surname \_\_\_\_\_ Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_ Mobile \_\_\_\_\_

Driving License, No \_\_\_\_\_ Expiry Date \_\_\_\_\_ Issuing Authority \_\_\_\_\_

Blood Group \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

Paste Stamp Size

Photograph

Here

### 2. Details of Vehicle - Car

(Strike out whichever is not applicable)

Make:	Registration No	Yr. of Manufacturing:
Owner's Name:		
Whether authorization from registered owner attached if vehicle not owned by self: YES /NO /N.A.		

### 3. Contact number of family member in case of emergency

\_\_\_\_\_ (Landline) \_\_\_\_\_ (Mobile)

Please also attach 3 stamp size/passport size photographs with this from

To be attested by the Oath Commissioner on this form itself)

#### Authorization from Registered Owner (in case vehicle owned by third person is used for Autocross ):

I, \_\_\_\_\_, s/o,d/o,w/o \_\_\_\_\_ resident of \_\_\_\_\_  
hereby authorize Sh./Smt. \_\_\_\_\_ (Driver) to use vehicle  
bearing Registration number \_\_\_\_\_, which is owned by me to participate in the **10<sup>th</sup> TCAS AutoX-2019**

\_\_\_\_\_  
Signed) Registered Owner

# Indemnity Bond

I have read the regulations framed for the **10th TCAS AutoX-2019** and agree to be bound by them. In consideration of acceptance of my/our entry for the **10th TCAS AutoX-2019**. I agree to save **10th TCAS AutoX-2019** / FMSCI harmless and keep it, as well as it's officials, agents, representatives, employees, members, sponsors and all persons claiming under it, indemnified against all actions, whether civil or criminal, as well as claims, costs and damages arising out of the conduct of the Autocross, including cases of death or injury to third parties or damage to public or private property, movable or immovable.

I also understand that **10th TCAS AutoX-2019** / FMSCI, its officials, agents, representatives, employees, members, sponsors and all persons claiming under it, cannot be held responsible for my death or injury caused to me or the third party for any loss, damage, injury or death occasioned to all or any of us.

I declare that I possess the standard of competence necessary for an event of this type, to which this entry relates and also that the vehicle entered is suitable and road worthy for the Autocross.

I agree and undertake to abide by the regulations framed for this event including the conditions precedent set out therein and all other rules and regulations which may be framed.

I also certify that the particulars of my vehicle given overleaf are correct and that I have read the regulations issued by the **10th TCAS AutoX-2019** / FMSCI for the event and agree to be bound by them.

I hereby bind myself to the decision/discretion of the Chief Marshal and will honor the same even if it affects me adversely.

I also declare that in case due to any reason I am are not found eligible to participate at any stage of the event, but are allowed to carry on due to the inadvertence of the organizers then it shall be entirely at my/our risk, and liability, and I shall not hold **10th TCAS AutoX-2019** / FMSCI or the organizers or sponsors liable/responsible for any act of omission or commission.

SIGNATURE OF DRIVER \_\_\_\_\_

Place & Date \_\_\_\_\_

**(To be attested by the Oath Commissioner on this form itself)**

## Personal Accident Assignment Form

I, \_\_\_\_\_ (Driver), s/o, d/o, w/o \_\_\_\_\_ do hereby assign my insurance  
policy of personal accident taken for participating in the **10th TCAS AutoX-2019**  
to Sh./Smt \_\_\_\_\_ who is my \_\_\_\_\_ (relationship), in the event of any eventuality during the course of the Autocross

Witness \_\_\_\_\_ (signed) Driver \_\_\_\_\_

## ENCLOSURES

Attach enclosures as per checklist.

Note: All photocopies should be attested to be true copies by the driver/rider.

Please bring: Original of photocopies as attached at time of submission of form.

## FOR OFFICE USE ONLY

DATE RECEIVED

DATE PAID

NUMERICAL ORDER

AMOUNT

RECEIPT NO.

STARTING ORDER

## Payment Details

Sr.No	Category/Class	No. of Entries	Amount
1			
2			
3			
4			
5			
6			
7			

**Mode of Payment:-**

**Total:-**

**UTR Code if applicable:-**

(SBI Branch-51273(CHANDIGARH 20 D)  
with IFSC code SBIN0051273.

Team Chandigarh Adventure Sports

Current Account no 65142402194).

**Name:-**

**Signature:-**