

### MEDICAL CERTIFICATE OF FITNESS

I have examined Shri/Kumari.....

Son/Daughter of Shri.....

Aged.....Years, ofVillage:.....

P.O.....P.S.....

Distt.....State.....PIN.....

And certify that, he / she is physically of Fit to undergo the selection trials of Khelo India State Center of Excellence and has no ailments which disqualifies the Candidate.

Signature of Candidate.....

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:.....

Name of Medical Officer: Dr.....

Registration No:.....

Dated:

Seal

Place:



APPLICATION FORM FOR REGISTRATION (Fill in block letters)

1. Name: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_
3. Mother's Name: \_\_\_\_\_
4. Occupation: \_\_\_\_\_
5. Contact Number: \_\_\_\_\_
6. Date of Birth: \_\_\_\_\_
7. Gender: \_\_\_\_\_
8. Height: \_\_\_\_\_ Cms Weight: \_\_\_\_\_ Kg Blood Group: \_\_\_\_\_
9. Address: \_\_\_\_\_
10. Identification Mark: \_\_\_\_\_
11. Name of Present School/ Address: \_\_\_\_\_
12. Class in which Studying: \_\_\_\_\_
13. Best Performance/Participation in Sports: \_\_\_\_\_
14. Aadhar Card number: \_\_\_\_\_

Passport Size  
Photograph

2/4

Place: - \_\_\_\_\_

Date:- \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Signature of Candidate

## **PARENT CONSENT FORM**

**Name of Candidate:**.....

**Date of Birth:**.....

**Parent/ Guardian:**.....

**Address:**.....

.....

**Pin Code:**.....

**Contact No:**.....

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication):  
.....

Please provide details of medication that must be administered:  
.....

**Emergency contact details:** (If different from above)

**Name:** ..... **Contact No:**.....

**Relationship to Child:**.....

### **CONSENT** (please read carefully)

- a) I agree to my son/daughter taking part in the activities of the ROWING program.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand the possibility of physical injury associated with the training/ sports and I permit KISCOE/J&K Sports Council staff to act on my behalf and accordance with their best judgement in any emergency requiring medical attention.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Candidate

Date: