

Central Civil Services Cultural & Sports Board
(Department of Personnel & Training)

APPLICATION FORM FOR INTER MINISTRY TOURNAMENT

Year

1. Name of the Cultural/Sports Event
2. Name of the Ministry / Deptt. with complete address

3. Details of the participants;

(Mark '✓' as applicable)

S.No.	Name	DoB	I.C. No.	Single	Double	Team
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

4. Details of Manager & Capitan

Details	Manager	Captain
Name & Designation		
Office Address		
Contact No.		

(Note:- As far as general safety is concerned, all the participants will take care of themselves during the game / event. The Central Civil Services Cultural and Sports Board shall not be responsible for any injuries / accidents / mishappening during the game / events.)

Signature of Welfare Officer/ US (Admn.)

(Rubber Stamp)

VERIFICATION CERTIFICATE

This Ministry intends to enter a team for the Inter-Ministry Tournaments / Competition. Accordingly, the entry form duly filled up is sent herewith. I hereby undertake on behalf of the Ministry to abide by the rules and instruction of the Tournament / Competition.

2. I certify that the participants mentioned in this form are employees of this Ministry / Department. No member of the team is a casual / daily wage employee. All the players are eligible to participate in the tournament / competition as per eligibility criteria laid down by the Board. In case if it is found that any member of the team is not eligible and is included in the team, the team will be automatically disqualified from the tournament / competition without any notice to this ministry / Department.

3. I also undertake the responsibility to ensure that this Ministry's team after being entered in the Tournament / Competition will participate in the Tournament / Competition and at any stage would not refuse to participate or withdraw from the Tournament / Competition without prior approval of the Board.

Signature of Welfare Officer/ US (Admn.)
(Rubber Stamp)

Name
Tele. No (O) (Mobile)
e-mail if any.....
Full Correspondence address
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