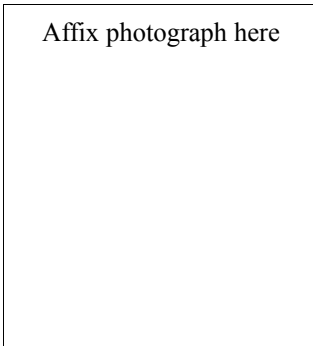




APPLICATION FORM TO PARTICIPATE IN CLASSIFICATION, COACH AND REFEREE COURSES IN WHEELCHAIR BASKETBALL and WHEELCHAIR BB WORKSHOP
4TH SEPTEMBER TO 13TH SEPTEMBER
J N INDOOR STADIUM, CHENNAI ,
ORGANISED BY
WHEELCHAIR BASKETBALL FEDERATION OF INDIA, WBFI
IN PARTNERSHIP WITH
THE INTERNATIONAL COMMITTEE OF THE RED CROSS, ICRC.

1. Name of the applicant in CAPITAL LETTERS
.....
2. Father / Spouse Name :
3. Sex: M / F 4. Date of Birth: / /
4. Full Postal Address of the applicant:
.....
.....
.....
5. Phone (along with area code):
6. Email id :
7. Languages Known:
8. Academic Qualifications:.....
9. Sports related Qualifications:
10. Experience with regard to sports in general and basketball in particular.....
.....
.....
11. Please give your reasons for making this application. Include any experience or personal attributes you have which you feel would be relevant to this application.
.....
.....
.....
12. Course applied for : Coaches/Referees/Classifiers / players WS (Strike off whichever not applicable).



Declaration:

1. I certify that the information given in this form is true.
2. I solemnly affirm that with the experience I gained in this course, I would wholeheartedly extend my efforts for promoting wheelchair basketball sport in my state particularly and also in any other place in our country if necessary.

Signature of the applicant:

Date: