



KOZHIKODE DISTRICT SPORTS COUNCIL

VOLLEYBALL CHAMPIONSHIP –ENTRY FORM

PHOTO

NAME IN BLOCK LETTERS:

SCHOOL NAME:

STANDARD IN WHICH STUDYING:

DATE OF BIRTH : WORDS:

FIGURES

(Age proof certificate should be attached)

FATHERS/ MOTHERS NAME :

HOME ADDRESS :

2 PROMINENT BODY MARK: a)

b)

ADHAR CARD No.

Copy should be attached

SIGNATURE OF THE STUDENT:

I certified that the above particulars are correct and disclosed by admission and other registers of this School.

Place:

Date:

Principal/Head Master/Head Mistress

Office Seal

Countersigned:

(DEO in case of Private Schools)

Place:

Date:

Name and Designation

Office Seal