



**KOZHIKODE DIST. SPORTS COUNCIL VOLLEYBALL  
CHAMPIONSHIP 2021-22  
SENIOR MEN/WOMEN**

Name and Address of the Club	Name and Address of the Secretary	Name and Address of the President	Passport size Photo

1. Name of the Player :.....
- II. Father's Name :.....
- III. Date of Birth :.....
- IV. Address :.....  
.....  
.....  
.....
- V. Mobile No :.....
- VI. E-mail ID :.....

**DECLARATION**

It is hereby declared that I am willing to abide by the players Registration rule and I register myself as a player of..... to Kozhikode District Council 2021-2022.

**Signature of Player**

Place:  
Date:

Signature of Club  
Secretary

*Office Seal*