

KOZHIKODE DISTRICT SPORTS COUNCIL

KHELO INDIA BOXING COACHING CENTRE

APPLICATION FORM



NAME :

FATHERS NAME:

ADRESS :

DOB :

SCHOOL NAME :

ACHIEVEMENTS :

ADAR CARD No.

Copy should be attached

DECLARATION

IS/o./D/o. Mr./Mrs.....
hereby declare that the information furnished above is true and correct in every respect
and in case any information is found incorrect the Application can be rejected and will
follow the rules and regulations of the coaching centre.

DATE:

NAME & SIGNATURE

.....OFFICE USE.....

CERTIFICATE

This is to certify that Master/Kumari has been selected
to the Khelo India Boxing Centre, Kozhikode.

Secretary