

KOZHIKODE DISTRICT SPORTS COUNCIL

DISTRICT LEVEL CIVIL SERVICE TOURNAMENT - 2025 - 26

1 NAME OF APPLICANT(IN BLOCK LETTERS) :

2 AGE AND DATE OF BIRTH and AGE :

3 SEX : MALE ☐ FEMALE ☐

4 DESIGNATION AND OFFICIAL ADDRESS &
MOBAIL. NO. :

5 RESIDENTIAL ADDRESS, MOBAILE / PHONE NO :

photo

6 DATE OF ENTRY IN SERVICE :

7 PRESENT PAY AND SCALE OF PAY :

8 EVENT IN WHICH PARTICIPATE :

(FILL IN BACK PAGE)

9 DETAILS OF PREVIOUS ACHIEVEMENT IN SPORTS AND
GAMES :

10 DISTANCE (MTS) FROM THE PLACE OF DUTY TO THE
VENUE OF THE COMPETITIONS :

I declare that the informations given above are correct.

Signature of the Applicant

Certified that the particulars stated above by Sri /Smt -----

are correct. He/She is eligible to participate Civil Service Tournament.

Signature and Designation
of the Head of the Department

Place :

Date : Office Seal

NB:-- False informations will lead to disqualification of the applicant to participate in the tournament and no appeal will rest against this decesion. Those who are completed six months in service is only eligible for the participation