

## **BASKETBALL FEDERATION OF INDIA**

Player's Eligibility Proforma for Age Group Championships

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State / Unit											1_	-				١
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Father's Name		$\Box$														
Occupation		T												T		
Contact No.						E-mail	ğ		7/11-							
Mother's Name														T		
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Date of Birth	Year			Month		Day		Class						T	T	
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Principal's Name		Tel. No.					
Date	Signature of Player		Signature of Head of Ins	titution with seal			
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This is to Certify that above inform	nation of our bonafide student is	correct as per ou	r school record.				
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(a)		***************************************	**************************************				
Previously Played Nationals:- if an				(4)			
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## UNDERTAKING

We hereby agree to abide by the decision of the overage Committee / Jury constituted by Basketball Federation of India to decide the cases of players who appear to be over-age.

Secretary State Association with Seal

**Parents Signature** 

Player's Signature