| State UT/Unit Vidya Bharti   | Latest Photo Name<br>With Date Duly<br>Attested by the<br>principal Head |
|--|--|
| N. Concl. School Com   | Mostor with stomp  |
|  | es 20 10 20  |
| Under the aegis of School Games Federation of India  |  |
| Certificate of Eligibility   |  |
| Age Group Under Boys/Girls   |  |
| 1. Name of the Participant (In Block Letters)  |  |
| 2. Father's Name (In Block Letters)  |  |
| 3. Name of the Institution (In Block Letters)  |  |
| 4. Institution Full Address with Code No.  |  |
| (In Block Letters)   |  |
| 5. Institution Phone No.   |  |
| 6. Registration No SGFI (Last Year)  |  |
| 7. Date of Birth (i) In Fig.   |  |
| (ii) In Words  |  |
| 8. Discipline  |  |
| 9. Pass Port No.   |  |
| 10. Age in Completed years as on 31st  |  |
| Decemmber  | Year Month Days  |
| 11. Home Address with Phon / Mob. No.  |  |
| 12. Admission No. & Year   |  |
| 13. Date of Joining the School   |  |
| 14. Standard & Section Studying this year  |  |
| 15. Standard Studying Last year  |  |
| 16. Personal Identification Marks  | 1.   |
|  |  |
|  | 2.   |
| 17. Signature of the Participant   |  |
|  |  |
| <ul> <li>Certificate 1. Certificate that the above paricipant is bonfide student of this institution for the academic year.</li> <li>2. Certificate that I have personaly verified the admission records maintained</li> </ul> |  |
| in the school and Found correct.   |  |
| 3. Certificate that it is Understood in the enent of information cum shed above  |  |
| found to be party or wholly untrue yhe avove students laible to be disquali  |  |
| fied for a period of two years in case the students is member of the team  |  |
| then the participant is to be lible to disqualified as whole.  |  |
|  |  |
|  |  |
|  |  |
| Signature of Competent Athority     Signature with seal     Signature with seal of the       of State/UT/Upit with seal     Manager/Coach     Head of Institute/Principal/   |  |
| of State/UT/Unit with sealManager/CoachHead of Institute/ Principal/PostHead Master  |  |
| r ost neau waster  |  |
| For Office Use only Name of Checker Sign. of Checker   |  |
|  |  |