



**RANA GURMIT SINGH SODHI**

**PRESIDENT**

H.No. : 1741, Sect.4, PANCHAKULA (HARYANA)  
Mob. : 098180 05888, 09117225 74960

**SHREEKANT THORAT**

**TREASURER**

42, Rambag, INDORE (M.P.)  
Mob. : 098273 47015

**L. R. MAURYA**

**SECRETARY GENERAL**

325-H, Gali No. 5 Bapa Nagar, Karol Bagh  
NEW DELHI, Mob. : 098181 60460

Affiliated to : INTERNATIONAL SOFTBALL FEDERATION & SOFTBALL CONFEDERATION ASIA • Recognised. by : INDIAN OLYMPIC ASSOCIATION & GOVT. OF INDIA

**DR. PRAVIN ANAOKAR C.E.O.**

Mobile : 94250 55103

Ref No.

Date .....

## PLAYER ELIGIBILITY FORM

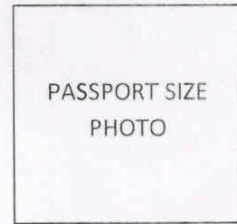
CHAMPIONSHIP NAME - .....

STATE - ..... REGISTRATION NO. - .....

NAME - .....

FATHER NAME - .....

MOTHER NAME - .....



FULL ADDRESS - .....

NAME OF INSTITUE / SCHOOL - .....

ADDRESS OF INSTITUE / SCHOOL - .....

DATE OF BIRTH - .....

PLACE OF BIRTH - .....

MOBILE NO - .....

AADHAR NO. - .....

PASSPORT NO. - .....

This is to certify that the information given above is correct to the best of my knowledge & I abide to maintain discipline & National integrity at all times. I have read all above mentioned points carefully & abide by these rules.

Signature of Participant .....

This is to certify that .....is physically fit to strain & not suffering from any disease which prevents to Play Softball game

**SOFTBALL ASSOCIATION OF INDIA WILL NOT BE RESPONSIBLE IF FOUND CONTRARY.**

**NOTE: - AADHAR CARD & BIRTH CERTIFICATE IS MANDATORY FOR Mini / SUB JUNIOR & JUNIOR NATIONAL CHAMPIONSHIP.**

**HONORARY SECRETARY  
STATE SOFTBALL ASSOCIATION  
(SEAL & SIGNATURE)**

**SIGN OF PARENTS**