



ANDHRA PRADESH SHOOTING BALL ASSOCIATION

(Regd.)



Affiliated to : Shooting Ball Federation of India
Recognized by: Sports Authority of Andhra Pradesh

Address : 4-250/1, Masjid Street, Hussainpuram (Vi), Orvakal (M), Kurnool - 518010. Cell : 9959051059

Email : apshootingball2020@gmail.com | Website : apshootingballassociation.in

Name of the Tournament _____

Venue _____

Category _____ Date _____

Photograph
attested by head
of the Institution

PLAYER ELIGIBILITY FORM

S.No. Identity Card No. Registration Form No.

District Game **SHOOTING BALL**

1) Full Name of the Participant (CAPITAL LETTERS)

2) Father's / Guardian Name

3) Date of Birth (in words)

4) Name of the School & Class (if Studying)

5) Aadhar Card Number

6) Name of the District & State belongs to

7) Full Residential Address

..... Cell :

Signature of the Parent / Guardian

(Signature Of The Participant)

It is certified that the particulars of the participant as given above are true and the participant belongs to the District mentioned above.

Signature of the Secretary

..... Dist. Shooting Ball Association

FOR OFFICE USE ONLY

Participation Certificate No. If Merit Certificate No