

Format

State/UT/Unit .....

**NATIONAL SCHOOL GAMES 20.... To 20.....**  
Under the aegis of School Games Federation of India



Latest Photo name  
With date duly  
Attested by the principal  
Head Master with Stamp

**Certificate of Eligibility**

Age Group under .....Boys /Girls

01	Name of the Participant (In Block Letters)	
02	Father's Name (In Block Letters)	
03	Mother's Name (In Block Letters)	
04	Name of the School (In Block Letters)	
05	Full Address of School (In Block Letters)	
06	School's Phone No. with Code No.	
07	Last Year Registration No. SGFI	
08	Date of Birth (i) In Fig.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(ii) In Words	
09	Aadhaar No.	
10	Passport No. (if available)	
11	Discipline	
12	Age in Completed years as on 31 <sup>st</sup> December	Year: <input type="text"/> <input type="text"/> <input type="text"/> Month: <input type="text"/> <input type="text"/> Days: <input type="text"/> <input type="text"/>
13	Permanent Address & Phone / Mob. No. (In Block Letters)	
14	Admission No. & Year	
15	Date of Joining the School	
16	Standard & Section Studying this year	
17	Standard Studying last year	
18	Bank Detail of participant (If no then mention Mother/Father A/C No.)	Name
		Name of Bank
		A/C No
		IFSC Code
19	Personal Identification Marks :	1. 2.
20	Signature of the Participant	

Certificate: 1. certified that the above participant is a bonfire student of this institution for the academic year.  
2. Certified that I have personally verified the admission records maintained in the School and found correct  
3. Certificate that it is understood in the event of information furnished above found to be partly or wholly untrue, the above students is liable to be disqualified for a period of two years in case the students is a member of the team, then the participant is liable to be disqualified as a whole

Signature of Competent Authority of State/UT/Unit with Seal      Signature with Seal of the Manager / Coach      Signature with Seal of the Head of Institution/Principal Head Master  
Post / Desn.....

For Office Use Only	Name of Invigilator .....	Sign. of Invigilator .....
---------------------	---------------------------	----------------------------

## Previous Class Result Certificate

*Certified that.....*

*S/o /D/o Sh.....has passed*

*.....Class from this institution under*

*Roll No.....in grade.....*

*year.....His/Her Date of Birth.....*

*as per school record is.....*

*He / She bears good moral character.*

**Signature of Incharge**

**Signature of Head of  
Institute with seal**



प्रपत्र संख्या-5  
FORM No. - 5



हिमाचल प्रदेश सरकार  
GOVERNMENT OF HIMACHAL PRADESH  
स्वास्थ्य एवं परिवार कल्याण विभाग  
DEPARTMENT OF HEALTH & FAMILY WELFARE

No.

जन्म प्रमाण-पत्र

**BIRTH CERTIFICATE**

(जन्म मृत्यु रजिस्ट्रीकरण अधिनियम, 1969 की धारा 12/17 तथा हिमाचल प्रदेश जन्म-मृत्यु रजिस्ट्रीकरण नियम, 2003 के नियम 8 के अन्तर्गत जारी किया गया)

(Issued under Section 12/17 of the Registration of Births and Deaths Act, 1969 and Rule 8 of the Himachal Pradesh Registration of Births and Deaths Rules 2003)

यह प्रमाणित किया जाता है कि निम्नलिखित सूचना जन्म के मूल लेख से ली गई है जो कि (स्थानीय

क्षेत्र..... This is to certify that the following information has been taken from the original record of births which is the register for (local area/local body).....

तहसील (Tehsil)..... जिला (District)..... के रजिस्टर में उल्लिखित है।

Registered in the register..... of State/Union Territory.....

नाम /Name..... लिंग /Sex.....

जन्म-तिथि /Date of Birth..... जन्म-स्थान /Place of Birth.....

पिता का नाम /Name of Father.....

माता का नाम /Name of Mother.....

माता-पिता का स्थाई पता /Permanent address of the Parents

.....

.....

.....

पंजीकरण संख्या /Registration No.....

पंजीकरण दिनांक /Date of Registration.....

दिनांक /Date of Issue.....

प्राधिकारी के हस्ताक्षर /  
Signature of the Issuing Authority  
प्राधिकारी का पता / Address of the Issuing Authority

मोहर / Seal.

## NO OBJECTION CERTIFICATE OF PARENT

I have no objection in sending my ward.....of class.....for practice of his / her.....event/Game for coaching camp and further participation at Block / District / State and National School Games. In the event of selection of my ward I will have no objection to send him/her as per mention above level tournaments and venue with the escort teacher.

Yours faithfully,

Date:  
Place:

Signature of Parent  
Name of Parent  
Mobil No.

## RISK CERTIFICATE OF PARENT

I.....of class.....son / daughter of Sh.....  
In.....agree to take part in event / sports coaching camp and Block / District / State and National Level Games organize by HESSA / SGFI declared that I am doing it at my own risk and responsibility. I further declared that HPESA shall not in any way be liable to me or my dependents for any loss, damage, disability or injury being sustained by me from my participation in the above mentioned.

Yours faithfully,

Date  
Place:

Signature of Participation  
Name of Participant

Father of.....of class.....have no objection in my Son / Daughter participating in.....event / game organize by HESSA / SGFI w.e.f.....

To.....

Yours faithfully,  
Date:  
Place:

Signature of Parent  
Name of Parent  
Mobile No.