ATTF MAHARASHTRA

(Registered under the Maharashtra Societies Registration Act 1960)

(Regd. No. 597/2021 & F-23645)

Disabled Welfare Commissioner, Maharashtra Government NO. B-0131

Under the Affiliated Member of

SPORTS CONTROL BOARD OF INDIA FOR THE DISABLED, JAYPUR, RAJSTHAN

INTERNATIONAL WHEELCHAIR & AMPUTEE SPORTS FEDERATION – U.K. (IWAS)

Office : A/P Dehare, Near Central Bank, Tal. & Dist. Ahilyanagar – 414111.
Maharashtra State, India.
Email : attfmaharashtra@gmail.com

F O R M

Photo

Full Name of the Applicant / Athletes ----(Surname / Name/ Father Name)------

Father / Guardian Name ----------

Full Postal Address ----------
---------- Pin Code ----------

Date of Birth ---------- Blood Group ---------- Gender ----------

Education Qualification ----------

Religion ---------- Caste ----------

If below poverty line, no. in the list. ..... Slum Dwellers ----------

Service / Business ---------- Married / Unmarried ----------

Disability ----------% Permanent / Temporary ----------

Disability Type ----------

Sport Category ----------

Sports Licence Details : _____

UDID No. ----------

Aadhar No. ----------

Contact Number ---------- Email Address ----------

Participating in Class (Track) T ---------- (Field) F ----------

Events in which participating (1) ----------
(2) ----------
(3) ----------

Fee Details :- (Subscription / Membership Fee / Assistance / Entry Fee) ----------

(Bank Name :- Central Bank of india, A/c. No. 5240574189 IFSC Code – CBIN0282003)

Signature of the Applicant

(Note :- All the member / player are requested to carry 1 Passport size Photograph, Disability Certificate / UDID card / Aadhar Card. The Classification form must be duly signed on this form by the respective secretary of the Para Sports Associations.)

Seal and Signature of the State Unit Head