



# 14<sup>TH</sup> NATIONAL PARA ATHLETICS CHAMPIONSHIP FOR CEREBRAL PALSY 2018



PATLIPUTRA SPORTS COMPLEX, PATNA, BIHAR  
22<sup>nd</sup> & 23<sup>rd</sup> MARCH 2018

## REGISTRATION FORM

STICK HERE RECENT  
PHOTOGRAPH

1.	ATHLETE NAME (IN BLOCK LETTERS)	
2.	FATHERS' NAME	
3.	GENDER	
4.	DATE OF BIRTH	
5.	IMPAIRMENT TYPE	
6.	STATE/ CLUB/NGO,SCHOOL NAME	
7.	FULL ADDRESS	
8.	CONTACT NO.	
9.	CLASSIFICATION/CATEGORY	TF 20, TF 31, TF32,T F33, TF34, TF35, TF36, TF37, TF38
10	TRACK EVENTS	100M 200M 400M 800M 1500M Relay ( 4x100)
11	FIELD EVENTS	Long Jump Shot put Discuss throw Javelin throw Club Throw
12	EVENTS	1.....2.....3.....
13	ADHAR NO.	
14	PASSPORT NO.	

I hereby certify that all statements made in this REGISTRATION FORM are true, complete and correct to the best of my knowledge.

### ENCLOSURES

1. Attach Photocopy of Date of Birth Certificate.
2. Attach Photocopy of Disability Certificate.
3. Attach Photocopy of ADHAR CARD
4. Passport size photograph.


### Signature of Candidate

Registration fee: 500 per athlete

**Note:** NEFT/Cheque/DD/Transferred should be favored  
of INDIAN SPORTS FEDERATION OF CEREBRAL PALSY, Bank:  
HDFC, A/c No. : 04771450000297. IFSC Code  
HDFC0000477

SEND YOUR FILLED REGISTRATION FORM TO [cerebralpalsyindia@rediffmail.com](mailto:cerebralpalsyindia@rediffmail.com), [isfcpiindia@gmail.com](mailto:isfcpiindia@gmail.com)

For more information contact 9431015499, 9939992857,