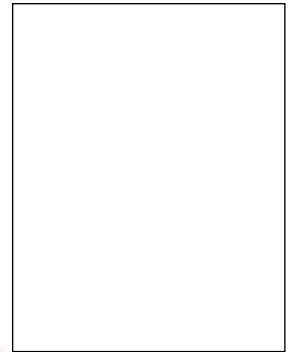




UNDER THE LEADERSHIP OF
POUVOIR FOOTBALL CLUB
 0275995582 / 0245893376 / 0543766972



REGISTRATION FORM



A. PERSONAL PARTICULARS

Name.....

Fathers's/Guardian's Name.....

Permanent Address.....

Postal Address.....

Pin Code..... Date of Birth

Educational Background.....

B. FOOTBALL PARTICULARS

Playing Position..... Height (in ft).....Weight (in kg).....

Playing background.....

C. CONTACT DETAILS

Players Contact No.....

Father's/Guardian's Contact No.....

Player's Email Address.....

Residential Contact No.....

Facebook ID (if any).....

D. MEDICAL DETAILS

History of medical illness.....

Any known congenital deformity.....

Blood Group.....

Allergic to.....

DECLARATION

I, hereby certify that the above information is authentic and true to the best of my knowledge. In case any information is not found true, my ward will be disqualified.

OFFICIAL USE ONLY

APPLICATION

Received by:

Name:

Date:

Reg. No.

Sign:

Remarks (If any)

.....

.....

.....
 (Candidate's Signature)

.....
 (Parent's / Guardian's Signature)

