



SPORTS AUTHORITY OF INDIA, TRAINING CENTRE,  
SPORTS COMPLEX, PONDA –GOA- 403401 .  
TELEFAX- 0832-2311412 EMAIL:-saiponda@rediffmail.com

## **Advertisement for Open Selection Trials**

Sports Authority of India STC, Ponda, Goa will be conducting Selection Trials for New Induction of male Athletes under Residential Scheme for the Year 2021-22 on 3<sup>rd</sup> & 4<sup>th</sup> September 2021, details are as follows:

**Disciplines:** Football & Judo

**Age Group:** 10 -14 years (Age relaxation may be given for Medal Winner in State level & Participation in National level tournament of same discipline)

**Mandatory Requirements:** 1. Birth Certificate 2. Aadhar Card 3. Negative RTPCR report  
4. Achievement Certificates 5. Two Passport size photographs  
6. School Bona-fide/ Self-declaration certificate  
7. Two Sets of photocopies of all documents (self-attested)  
8. Sports kit for Physical Test.

**Date:** 3<sup>rd</sup> & 4<sup>th</sup> September 2021

**Reporting Time:** 9:00 A.M.

**Venue:** Sports Authority of India STC, Sports Complex, Ponda, Goa-403401

For more information please visit: <http://www.sportsauthorityofindia.nic.in/sai/>  
or contact Sh. Sikander (Centre In-charge): +91 94257 57412



**SPORTS AUTHORITY OF INDIA,  
STC,PONDA,GOA  
SELECTION FOR THE YEAR 2021-22**

(please tick the appropriate option)

RESIDENTIAL  DAY BOARDER

NAME:(IN CAPITAL LETTERS).....

GAME:..... EVENT/PLAYING POSITION.....

DATE OF BIRTH:.....(ATTACHED ATTESTED CERTIFICATE COPY)

GENDER: MALE  FEMALE  FATHERS NAME.....

MOTHERS NAME: ..... AADHAR NO.....

PERMANENT RESIDENTIAL ADDRESS: PRESENT RESIDENTIAL ADDRESS:

.....  
.....  
.....  
.....

Pincode.....

Pincode.....

Contact NO: Contact

NO:.....

EMAIL ID:  
(ATTACH CERTIFIED DOCUMENTARY PROOF OF ABOVE-DL/RATION CARD/PASSPORT)

BELONG TO: RURAL  URBAN

HEIGHT :..... (IN CM) WEIGHT:..... (IN KG) BLOOD GROUP

BELONG TO: OBC  SC  ST  GEN

**EDUCATIONAL QUALIFICATIONS:**

S.NO	CLASS	SCHOOL/COLLEGE	BOARD	YEAR OF PASSING	SCHOOL/COLLEGE ADDRESS

WHETHER UNDERGONE TRAINING IN ANY OF THE SAI SCHEME: YES  NO

IF YES DETAILS OF SCHEME & YEAR.....

ARE YOU RECEIVING ANY SCHOLARSHIP FROM/STATE: YES  NO

IF YES, FURNISH DETAILS OF SCHOLARSHIP & YEAR.....

**MEDICAL FITNESS: I HEREBY CERTIFY THAT  
MS/MR.....  
IS PHYSICALLY FIT TO UNDERGO THE SELECTION TRAILS OF SAI PROMOTIONAL SCHEME AND  
HAS NO AILMENT WHICH DISQUALIFY THE CANDIDATE**

**NAME, SIGNATURE & SEAL OF QUALIFIED MEDICAL PRACTITIONER**

**DETAILS OF PERFORMANCE/ACHIEVEMENTS (PREVIOUS TWO YEARS)**

SL. NO	COMPETITION NAME	DATE & VENUE	AGE GRP	EVENT/WGT CATEGORY	POSITION	TIME/DISTANCE

**(ATTACH ATTESTED CERTIFIED COPY OF EACH COMPETITION)**

**THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND WILL BE LIABLE FOR  
DISQUALIFICATION FROM THE SCHEME, IF FOUND WRONG AT ANY TIME.**

**SIGNATURE OF PARENT**

**SIGNATURE OF TRAINEE**

**PLACE: \_\_\_\_\_**

**DATE: \_\_\_\_\_**

**INSTRUCTIONS:**

- 1. ALL ATTESTATIONS ON THE CERTIFICATES (RESIDENCE, COMPETITIONS ETC.) MUST BE FROM A  
GAZETTED  
OFFICER ONLY.**

- 2. DATE OF BIRTH PROOF MUST BE ONLY BIRTH CERTIFICATE FROM PANCHAYAT / MUNICIPALITY/  
10<sup>TH</sup> CLASS  
MARKS SHEET.**
- 3. FITNESS CERTIFICATE ONLY FROM A RECOGNIZED AND QUALIFIED MEDICAL PRACTITIONER.**
- 4. ALL ORIGINALS DOCUMENTS TO BE PRODUCED FOR VERIFICATION AT THE TIME OF SELECTION.**