



KITD Division

F.No 01-25001(03)/12/2022-HO - KITD

Date: 17th May 2022

<u>Subject:</u> Gradation and Incentivization of Hockey Academies under Khelo India
<u>Scheme</u>

Applications are invited from Hockey academies (Private /Govt /PSU /Khelo India accredited academies) with regard to the implementation of incentivization model under "Gradation and Incentivization of Academies under Khelo India Scheme".

Interested academies may send their proposal in the duly attached format via email to kitd.kheloindia@gmail.com and hockeyindia.org by 6th June 2022.

Sachin K

(Deputy Director - KITD)

Copy to,

 Secretary – Hockey India, with a request to upload the same on Hockey India website.

Academy Application Form

| | | Date |
|----|--------------------------------|------|
| 1. | NAME OF ACADEMY | |
| | ADDRESS | |
| | | |
| 3. | PHONE NO | |
| 4. | FAX NO | |
| 5. | E-MAIL ID & WEBSITE | |
| 6. | CREATOR/ FOUNDER OF ACADEMY | |
| a. | E-MAIL ID | |
| b. | MOBILE NO. | |
| 7. | DIRECTOR OF ACADEMY | |
| a. | E-MAIL ID | |
| b. | MOBILE NO. | |
| 8. | ACADEMY SPONSORED OR FUNDED BY | |

| 8. | IN CASE OF INSTITUTIONAL TEAM/ GOVT. ORGANIZATION |
|----|---|
| a) | NAME OF INCHARGE (1) |
| b) | DESIGNATION |
| c) | E-MAIL ID |
| d) | MOBILE NO. |
| e) | NAME OF INCHARGE (2) |
| f) | DESIGNATION |
| g) | E-MAIL ID |
| h) | MOBILE NO. |
| 9. | A BRIEF STATEMENT OF ACADEMY |
| | |
| | |
| | |
| | |

10. EVENTS / ACTIVITIES DETAILS:

Please include details of events /activities conducted for the last four years.

<u>2018</u>

| a) | <u>Junior Men</u> |
|----|-------------------------|
| | |
| | |
| b) | <u>Junior Women</u> |
| | |
| | |
| c) | <u>Sub-Junior Men</u> |
| | |
| | |
| d) | <u>Sub-Junior Women</u> |
| | |
| | |

<u>2019</u>

| a) | <u>Junior Men</u> |
|----|-------------------------|
| | |
| | |
| b) | <u>Junior Women</u> |
| | |
| | |
| c) | <u>Sub-Junior Men</u> |
| | |
| | |
| d) | <u>Sub-Junior Women</u> |
| | |
| | |

2020-21

| a) | Junior Men |
|----|------------------|
| | |
| | |
| b) | Junior Women |
| | |
| | |
| c) | Sub-Junior Men |
| | |
| | |
| d) | Sub-Junior Women |
| | |
| | |

| <u>2022</u> | a) | Junior Men |
|-------------|----|-------------------------|
| | | |
| | | |
| | b) | Junior Women |
| | | |
| | | |
| | c) | Sub-Junior Men |
| | | |
| | | |
| | d) | <u>Sub-Junior Women</u> |
| | | |
| | | |

Please attach a separate sheet if further details are available.

11. PLEASE ENCLOSE:

- a. Academy Registration Certificate
- **b.** Bye Laws and Memorandum of Academy
- **c.** Activity Records & Achievements
- d. No. of players and coaches registered (include list)
- e. List of Office Bearers

DECLARATION

PRESIDENT / SECRETARY GENERAL / CEO

HOCKEY INDIA

| | | DRMATION IS CORRECT. WE AGREE TO ABIDE BY ALL THE ECISIONS APPLICABLE NOW AND IN THE FUTURE ALSO OF | | | |
|--|--|---|--|--|--|
| SIGNATURE | | SEAL/ STAMP | | | |
| DATE | | | | | |
| NAME | | DESIGNATION | | | |
| PLEASE RETURN CO | MPLETED DOCUMENT TO H | HOCKEY INDIA AT THE BELOW ADDRESS | | | |
| (1 km Ahead c Mathura Road New Delhi - 1: India | nd Floor erative Industrial Estate of Mohan Estate Metro Stat I | cion) | | | |
| | ******** | *********** | | | |
| FOR OFFICE USE ONLY | | | | | |
| | cademy Registration ofs approved. | | | | |

DATE:

Pre-filled Self-Assessment Form

| S.No. | Description | Yes/No | Remarks |
|-------|---|--------|---------|
| | | | |
| 1. | Athlete Engagement and Achievements | | |
| a. | Minimum 3 Age-groups of athletes trained (Sub-Junior (U-13), Sub-Junior (U-15), Sub-Junior (U-17), Junior and Senior) | | |
| b. | Both Male and Female trainees | | |
| c. | Athletes trained participated in previous edition of Olympics | | |
| d. | Athletes trained competing at the international level (last three years only) | | |
| e. | Athletes trained competing at the national level (last three years only) | | |
| f. | Athletes trained selected for junior national team (last three years only) | | |
| g. | Athletes trained selected as Khelo India Athletes (last three years only) | | |
| h. | Sensitization/Awareness programs conducted for athletes | | |
| i. | Conduction of domestic competitions in facility | | |

| S.No. | Description | Yes/No | Remarks |
|-------|---|--------|---------|
| | Infrastructure Standards | | |
| 2. | imi asti ucture Stanuarus | | |
| a. | Synthetic Pitch as per FIH Specifications & categorization along with Goalposts | | |
| b. | FIH Certification for Field of Play | | |
| c. | Lighting of FOP as per FIH specifications (min 750 LUX) | | |
| d. | Well-maintained FOP premises | | |
| e. | Toilets, changing rooms attached to FOP | | |
| f. | Video Tower | | |
| g. | Team Benches around FOP | | |
| h. | Perimeter Fencing | | |
| i. | Irrigation system | | |
| j. | Ball Machine | | |

| k | ζ. | Rebound Nets | |
|---|----|---|--|
| l | | Functional rooms for office work | |
| r | n. | 5-a-side synthetic turf along with perimeter rebound boards & goalposts | |

| Sl. No | Description | Yes/No | Remarks |
|--------|--|--------|---------|
| 3 | Organizational and Coaching Standards | | |
| a. | Formal Organizational Structure for Academy | | |
| b | Engagement of Staff bound by Employment/Contract Agreements | | |
| С | Registration and Legal Compliance Documentation | | |
| d | Ledger, Financial Records and Audit Reports | | |
| e | Kit and Equipment Inventory Records | | |
| f | Athlete Performance Records | | |
| h | Child Protection and Safeguarding Policy | | |
| i | Full-time High-performance Director with minimum FIH Level '2' Coach Certification | | |
| j | Full-time Academy Administrator | | |
| k | Full Time Academy Head Coach Men & Women | | |
| l | Ratio of Coaches to players 01:15 or below | | |
| m | Hockey Facility Manager (Men & Women) | | |
| n | Full-time Assistant Coach Men & Women | | |
| 0 | Video Analyst | | |
| p | Published/Printed Curriculum and Training Plans | | |

| Sl. No | Description | Yes/No | Remarks |
|---------|-------------------------------------|--------|---------|
| 4 | Sports Science and Medical Services | | |
| a. | Manager - Sports Science | | |
| b. | Strength & Conditioning Coach | | |
| c. | Physiotherapist | | |
| d. | Dietician/Nutritionist | | |
| e. | Psychologist | | |
| f. | Physiologist | | |
| g. | Bio-mechanist | | |
| h. | Anthropometrist | | |
| i. | Masseur | | |
| j. | Sports Medicine Doctor | | |
| k. | Nursing Assistant | | |
| l. | Yoga Instructor | | |
| m. | Medical/First-Aid Room | | |
| n. | Strength & Conditioning Equipment | | |
| 0. | Sports Science Equipment | | |
| q. | Sports Specific Analysis Equipment | | |
| r. | Recovery/ Rehabilitation Equipment | | |
| Details | of Equipment: | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Sl. No | Description | Yes/No | Remarks |
|--------|--|--------|---------|
| 5 | Residential Facilities (if available) | | |
| a. | Occupancy - More than 30 Rooms Available | | |
| b. | Distance between FOP & residential facilities - Less than 1 km | | |
| C. | In-premises Lodging facilities | | |
| d. | AC Room Availability | | |
| e. | Dining Room | | |
| f. | Kitchen | | |
| g. | Leisure/Recreation Room | | |
| h. | Study Room | | |
| i. | Washing & Laundry Facilities | | |
| j. | Diet offered recommended by qualified Nutritionist | | |
| k. | Product traceability of foods provided | | |

| Sl. No | Description | Yes/No | Remarks |
|--------|---|--------|---------|
| 6 | Education Facilities | | |
| a. | Formal tie-up with educational institution or board for athletes | | |
| b. | Sensitization Programs on pursing academics | | |
| C. | All Athletes pursuing academics along with training | | |
| d. | Education tie-up up to College/University | | |
| e. | Scholarship Support for athletes | | |
| f. | Formal tie-up with NGO /Govt./Other Youth Organization to promote life-skills | | |

| Athlete Result document (details of recent 3 years to be furnished) | | | | | | | | |
|---|-----------------------|-----------------|------------------|------------------|------------------|------------------|---------------------------|---|
| S. No. | Name of the Player | Gender (M/F) | Date of Birth | Father's Name | Mobile Number | Email Address | Correspondence Address | Career Details (provide details of Highest level of participation/position obtained by the player) |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |

add more rows as applicable

Achievement of Trainees need to be supported by self-attested copies of the documents regarding participation of the individual at international / national/state level

Declaration

Declaration: I hereby declare that I am competent to make an application & hereby submit the same for gradation and incentivization scheme

I hereby declare that the above information provided along with the submissions are true. In the event of any fudging, falsification, or misrepresentation of the same, I claim sole responsibility. Hockey India can thereby take any measure or action under its jurisdiction against the entity in such an event including rejection/cancellation at any point of time without any liability whatsoever. I also accept that the results of the gradation process are final. Any clarification to be sought in regard to the rules and results are to be through SAI & Hockey India only.

| Fee payment date: Acknowledgement no. from bank | | | |
|---|--|--|--|
| Acknowledgement no. If one bank | | | |
| | | | |
| | | | |
| Head of Administration: | | | |
| neau of Authinistration. | | | |
| | | | |
| Signature: | | | |
| | | | |
| | | | |
| Date: | | | |
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| | | | |
| | | | |
| Seal/Stamp | | | |
| | | | |

Applicants may please note

- All information as detailed above is to be submitted via email or in hard copy in sealed envelopes to Hockey India.
- Applications without requisite fees would not be entertained.
- The decision of Hockey India and SAI would be final.