



SPORTS AUTHORITY OF INDIA, TRAINING CENTRE ,
SPORTS COMPLEX, PEDDEM, MAPUSA –GOA- 403507.
TELEFAX- 0832-2988228 EMAIL:-saistcpeddemgoa@gmail.co.in

Advertisement for Open Selection Trials

Sports Authority of India STC, Peddem, Mapusa, Goa will be conducting Selection Trials for New Induction of female Athletes under Residential Scheme for the Year 2021-22 on 5th & 6th September 2021, details are as follows:

Disciplines: Athletics, Boxing, Judo, Kabaddi

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: 5th & 6th September 2021

Reporting Time: 9:00 A.M.

Venue: Sports Authority of India STC, Sports Complex, Peddem, Mapusa, Goa-403507

For more information please visit: <http://www.sportsauthorityofindia.nic.in/sai/>
or contact Sh. Omvir Singh (Centre In-charge): +91 94100 75136



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

(please tick the appropriate option)

RESIDENTIAL DAY BOARDER

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

DISCIPLINE:..... 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/GUARDIAN
 ATHLETE

SINGNATURE OF

PLACE: _____

DATE: _____

INSTRUCTIONS:

1. ALL THE CERTIFICATES (RESIDENCE, COMPETITIONS ETC.) SHOULD BE SELF ATTESTED.
2. DATE OF BIRTH PROOF MUST BE ONLY BIRTH CERTIFICATE FROM PANCHAYAT / MUNICIPALITY/ 10TH CLASS CERTIFICATE/ MARKSHEET.

3. **FITNESS CERTIFICATE ONLY FROM A QUALIFIED MEDICAL PRACTITIONER.**
4. **ALL ORIGINALS DOCUMENTS TO BE PRODUCED FOR VERIFICATION AT THE TIME OF SELECTION TRIALS.**