





SPORTS AUTHORITY OF INDIA NATIONAL CYCLING ACADEMY

APLICATIONS ARE INVITED FROM ATHLETES /CYCLISTS/FRESHERS YOUNG BOYS/GIRLS FOR AN OPPORTUNITY TO TRAIN WITH THE BEST OF COACHES AND AT THE ASIA'S THE BEST FACILITY, AT THE INDIRA GANDHI INDOOR CYCLING VELODROME, NEW DELHI, BASED ON THE CONCEPT OF ENABLING MOTIVATED YOUNG BOYS AND GIRLS IN THE BEST CYCLING ENVIROMENT AND FOR PRODUCING INTERNATIONAL CYCLIST TO REPRESENT INDIA AT THE WORLD STAGE. SELECTED CANDIDATES WILL TRAIN AT THE WORLD CLASS INDIRA GANDHI INDOOR CYCLING VELODROME, NEW DELHI.



ELIGIBILITY CONDITIONS

- Should be a citizen of india
- AGE: Between 14 TO 16 yrs. As on 30th JUNE 2014.

PARAMETERS OF PHYSICAL FITNESS TESTS FOR RECRUITMENT FOR SAINCA

- STRENGTH: push ups,chin ups,wall vertical jump,standing jump
- BALANCE: hand stand, blind eye balancing on one leg
- SPEED AND ENDURANCE: 100 mtr. Run, mile run(1.6 Km.)
- FLEXIBILTY: standing tow touching and seated tow holding and head touching to knees
- AGILITY: cross rope jump, rope jumping, plank

NOTE: POINTS WILL BE ALLOTED TO THE CANDIDATES ON THE ABOVE BASIS AND FINAL LIST SENT TO SAINCA FOR FINAL SELECTION.

TERMS AND CONDITIONS AND EMBODIMENT FOR TRAINING

- The shortlisted and selected candidates has to undergo complete medical check up at the Safdurjung sports injury centre, NEW DELHI
- When declared medically fit ,the athlete will be on a probation period for one month at the academy, where the athlete will be put under specialised training.
- If the athlete shows the desired progress during this month, then he /she will be eligible to get enrolled in SAINCA or else be routed back to his /her respective home.
- The parents/guardian has to sign a bond agreeing to the terms and conditions pertaing to the conduct and fulfilling the requirements set by SAINCA.
- Facilities , equipment including cycles, gear ect., boarding , loadging, course study material will be provided to the cyclist by the academy.
- Arrangements for education and examinations will be provided within SAINCA

HOW TO APPLY: All desirous candidates can download the application form from cyclingfederationofindia.org. or sportsauthorityofindia.nic.in and along with two passport size photograph of the candidate and the parent/ guardian and a copy to be brought at the test centre.APPLICATION TO BE SENT by email to cyclingfederationofindia@gmail.com by 3rd JULY 2014. For any queries call CYCLING FEDERATION OF INDIA at 011 23753528. Selected candidates shall be imformed by email or by post.

TEST CEN	ITRES	DOMICILE OF STATE/U.T
SR. NO.	ZONE	DOMICILE OF STATE/U.T
01.	ZONE I	J&K , HIMACHAL PRADESH, PUNJAB, HARYANA, CHANDIGARH -6th JULY NIS PATIALA-
02.	ZONE II	DELHI, UTTAR PRADESH, UTTRANCHAL - 20 th JULY JLN STADIUM, NEW DELHI -
03.	ZONE III	RAJASTHAN, MADHYA PRADESH, CHATTISGARH -6 th JULY KARNI SINGH STDM, BIKANER
04.	ZONE IV	WEST BENGAL, BIHAR ,JHARKHAND -6 th JULY SIDHU KAHNU VELODROME, RANCHI
05.	ZONE V	ASSAM, MANIPUR, ARUNACHAL PRADESH, TRIPURA, -20th JULY KHUMAN LAMPAK SPORTS COMPLEX
		NAGALAND,SIKKIM,MIZORAM IMPHAL,MANIPUR
06.	ZONE VI	MAHARASHTRA, GUJRAT ,GOA -13 th JULY S S CHATRAPATI SPORTS COMPLEX, PUNE
07.	ZONE VII	KERELA, TAMIL NADU 13 th JULY LNCPE, TRIVANDRUM, KERALA
08.	ZONE VIII	KARNATAKA, TELENGANA,ANDHRA PRADESH 13th JULY BIJAPUR.
09.	ZONE IX	ANDAMAN AND NICOBAR . 20th JULY RAJIV GANDHI VELODROME , PORT BLAIR







APPLICATION FORM

Please attach two passport size photographs

1.	Name :			
2.	Father's name & occupation :			
3.	Date of Birth :	Age:		
4.	Telephone No.:			

Affix a recent passport size photograph

- 6. Educational Qualification:
- 7. Name of School/College/Deptt.:
- Age proof Document:

 (Only passport, state education board certificate, municipal committee birth certificate)
 (To be attached)
- 9. Address:

5. Email id.:

I declare that the information given above is correct and undertake to abide by the rules and regulations laid down / that may be laid down.

A copy of my Residential proof, identity Proof, Date of Birth certificate & Medical Fitness Certificate are attached herewith.

(Signature of applicant)

Signature of Father/Guardian

Approved	for	Physical	Fitness	Test
Date		*************		







CERTIFICATE OF MEDICAL FITNESS

I Certify that:

	Th	at while examining the applicant I have directed special attention to his/her
	dis	stant vision.
	₩ł	nile examine the applicant I have directed special attention to his his/her hearing
	ab	ility, the condition of the arms, legs, hands and joint of both exterminates of the
	ар	plicant; &
	Ιh	ave personally examined the applicant for general fitness.
	a.	And, therefore I certify that to the best of my judgment, he/she is medically
		fit/not fit for the sports/ physical activities.
-	b.	The applicant is not medically fit for the sports/ physical activities due to
		following reasons:

Strike out which is inapplicable

Signature

Name and designation of the Medical officer/ practitioner (Seal)

50.5