

(to be send by 16<sup>th</sup> October, 2024)

ANNEXURE 4

## CBSE NATIONAL LEVEL ARCHERY CHAMPIONSHIP-2024

(U-14/17/19 YEARS GIRLS)  
(From 22<sup>th</sup> to 26<sup>th</sup> October, 2024)

### PROFORMA FOR ELIGIBILITY CUM PARTICIPATION CERTIFICATE

Name of the School:	
Address of the School:	
Name of the Coach/Manager:	
Contact No. of Coach/Manager:	
Email ID of the School:	

S.No.	Particulars of the Player	Class	Date of Birth	Age Group	Photograph
	Name: _____ Sex: Male <input type="checkbox"/> / Female <input type="checkbox"/> CBSE Registration No. (Only for Class 9,10,11&12) Admission No. of the Player: _____			U-14. U-17. U-19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(Photograph to be attested by the Principal, and with School Seal)
S.No.	Particulars of the Player	Class	Date of Birth	Age Group	Photograph
	Name: _____ Male <input type="checkbox"/> / Female <input type="checkbox"/> CBSE Registration No. (Only for Class 9,10,11&12) Admission No. of the Player: _____			U-14 U-17. U-19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(Photograph to be attested by the Principal, and with School Seal)
S.No.	Particulars of the Player	Class	Date of Birth	Age Group	Photograph
	Name: _____ Male <input type="checkbox"/> / Female <input type="checkbox"/> CBSE Registration No. (Only for Class 9,10,11&12) Admission No. of the Player: _____			U-14 U-17 U-19 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	(Photograph to be attested by the Principal, and with School Seal)
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	<hr/> <p>Male <input type="checkbox"/> / Female <input type="checkbox"/> CBSE RegistrationNo. (OnlyforClass9,10,11&amp;12)</p> <hr/>				<p>(Photograph to be attested bythe Principal, and with SchoolSeal)</p>
	<p>Admission No.of the Player:</p>				

S. No.	Particulars of the Player	Class	Date of Birth	Age Group	Photograph
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S. No.	Particulars of the Player	Class	Date of Birth	Age Group	Photograph

	<p>Name: _____</p> <hr/> <p>Male <input type="checkbox"/> / Female <input type="checkbox"/></p> <p>CBSEvRegistration No. (OnlyforClass9,10,11&amp;12)</p> <hr/> <p>Admission No.of the Player:</p>			<p>U-14. U-17. U- 19</p> <table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>(Photograph to be attested bythe Principal, and with SchoolSeal)</p>
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