HOCKEY UNIT OF TAMILNADU

Permanent Transfer Request Application Form

SECTION 1- TO BE COMPLETED BY PLAYER / NEW MEMBER UNIT

A) PERSONAL DETAILS

Name ofPlayer: _____

(Surname)

_____

(Nome)

DOB: _____

Player Registration Number: HUT / HI / _ _ _ / _ _ _ _ / _ _ _ _

Current member unit: _____

New member unit: _____

Date of the request: _____

B) TRANSFER **DETAILS**

Please provide details and justification supporting your request for transferring member units:

_____

_____

_____

_____

SECTION 2

2.1 TRANSFER TERMS AND CONDITIONS

Please note that your application for transferring will be assessed on (but not limited to) the following terms and conditions

a) The player's length of service to his I her home Member Unit
b) The Member Unit's contribution to the player's professional development (both within and outside hockey)
c) The player's reasons for wanting to transfer to a different Member Unit, such as a new job, marriage etc
d) The player's prospects of career advancement, both within and outside of hockey, if he were to be refused a transfer
e) Whether the player has any disciplinary action outstanding against him I her.

2.2 TRANSFER WINDOW

The transfer window exists from 1.November to 31 January each year.

Players and their new State Unit I Institution I Association member may only apply for transfers during this period.

Please note : During the transfer window, players are still able to play hockey for their home I current registered Member Unit until I if the request for transfer is granted by Hockey Unit of Tamilnadu . The transfer of a player can not take place in the middle of an event or tournament, and the player must play for their current State Unit I Institution I Association member until the end of that tournament.

SECTION 3

A) REQUESTING PLAYER AUTHORISATION

I, the undersigned wish to submit this request for transfer from my current member unit to my new member unit as set out in this application form. I confirm all details submitted by me are true and correct.

Date : _____

Signature of the player Application
(Please sign with blue or black ink)

{Please also sign and complete Section 4, page 4 of this form)

B) REQUESTING MEMBER UNIT AUTHORISATION

I hereby declare that Member unit _____supports and verifies the application form of player _____requested transfer under the terms and conditions of the Hockey Unit of Tamilnadu policy on transfer of players.

Name State Unit/institution Representative:_____

Seal of State Unit / Institution

Signature
(President / General Secretary)

Date: _____

SECTION 4 CHECKLIST

The following support documents are being submitted along with this application. (Please mark boxes where appropriate)

REQUIRED DOCUMENTS/ APPROVALS

☐ Copy of duly completed all areas of the Permanent Transfer Application Form areas

☐ Copy of relevant information such as employment letter, marriage certification supporting my application

☐ Other supporting documents, please specify:----------

COMPLETED FORMS SHOULD BE SENT TO HOCKEY UNIT OF TAMILNADU AT THE ADDRESS BELOW

HOCKEY UNIT OF TAMILNADU
Room No. 1
Mayor RadhaKrishnan Hockey Stadium
Gandhi Irwin Road
Egmore –Chennai - 600008
E: hut.hockey@gmail.com
W: www.hockeyunitoftamilnadu.com

HOCKEY UNIT OF TAMILNADU USE ONLY

File verified: Yes/No _____Player Registration Number: _____

File recorded: Yes/No _____ ID card Issued: Yes/No _____

Date: _____Hockey Unit of Taminadu Officials_____