



HOCKEY UNIT OF TAMILNADU

SUB JUNIOR AND JUNIOR PLAYERS REGISTRATION FORM

Photograph
(JPG max 2MB)*

First Name	Middle Name	Last Name

Father's Name	Mother's Name	Age

Date of Birth	Gender	Place of Birth (State)

District Name	Blood Group	Height(CM)	Weight(KG)

Identification Marks	Shirt size	Shoe size
1)	Shorts/Skirt size	Player Category
2)		

Correspondence Address	Mobile No.
	Email
	Pin code

Coach Name	Coach Mobile No.	Training Location

SCHOOL/COLLEGE/EMPLOYER INFORMATION (DOCUMENTS TO BE ATTACHED)

Aadhar Card (COLOUR XEROX)	12th Mark Sheet (COLOUR XEROX)	10th Mark Sheet (COLOUR XEROX)	Birth Certificate (COLOUR XEROX)
Depatrment ID card	School ID or College ID	Age Estimation Medical Form	

Signature of the Player	Signature of the School / College Principal
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Signature of the Club Secretary	Signature of the Department Head
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DATE

SEAL