Mediclaim Insurance Form

Corporate Name - Directorate Of Sports & Youth Welfare

Fo	rm No.	Date:
1. N	ame of Player	Two Passport Size Photos
2. N	ame of Sports	
3. D	OB of Player	
4. G	ender	
	arents Name Iother	
Fa	ather	
6. N	lobile No Email Id	
	ppy Attested)	
	omicile No State	
9. A	ddress	
•••	District	
10.	Nominee's name (Player)	
11.	Sports Achivement of Player (certificates attested)	
12.	Earning Parent Name	
13.	Gender of Earning Parent	
14.	Relation to Earning Parent	

15.	DOB of Earning Parent	
16.	Aadhar No. (UID) of Earning Parent	
17.	Mobile No. of Earning Parent	
18.	Nominee's name of Earning Parent	
	Player Signature	Parent signature
•	 Verified and forwarded. 	
	Signature	
	Secretary	
	State Association	

S. No	Sport's Name	Player's Name	DOB of Player	Gender	Parents Name (Mother or Father)	Aadhar No.of Players	Mobile No.	Nominee Name of Players

Address	District & State	Domicile of Players	Earning Parent's Name	Gender of Earning Parent's	DOB of Earning Parents	Aadhar No. of Earnig Parents	Address of Earning Parents	Nominee Name of Earning Parents
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