

Mediclaim Insurance Form

Corporate Name - Directorate Of Sports & Youth Welfare

Form No.	Date :
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- 1. Name of Player
- 2. Name of Sports
- 3. DOB of Player
- 4. Gender
- 5. Parents Name
Mother
- Father
- 6. Mobile No. Email Id
- 7. Aadhar No. (UID)
- (Copy Attested)
- 8. Domicile No..... State
- (Copy Attested)
- 9. Address
- 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
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Player Signature

Parent signature

- **Verified and forwarded.**

Signature

Secretary

_____ **State Association**

