SPORTS AUTHORITY OF INDIA Dr. SYAMA PRASAD MOOKERJEE SWIMMING POOL COMPLEX MOTHER TERSEA CRESCENT ROAD NEW DELHI-110001

Admission Form for Residential National Center for Excellence (Swimming)

				Please arrix your
				recent passport
1)	Name of the Swimmer:			size photograph
2)	Date of Birth (Evidence to be enclosed):			
3)	Postal Address:			
4)	Contact No: Ema	ail ID:		
5)	Gender: Male/ Female			
6)	Height of the swimmer (in cm):			
7)	Weight of the swimmer(in kg):			
8)	Father's Name:			
9)	Father's Height (in cm)			
10)	Mother's Name:			
11)	Mother's Height (in cm):			
12)	Number of years in Advance Training:			
13)	Present Place of Training and Name of the coach:			
14)	Present School and Board:			
15)	Are you committed for Long Term Training Program in Delhi? Yes / No			

16) Personal best timing in Long course Pool (Only touch pad timing accepted) in best 4 events (max) (Evidence to be enclosed):

	2019 **Only best timing in that year		2018**only if taken part in same event	
EVENT (eg:50 Free, 200IM)	TIMING	MEET DETAILS (eg:Jr National'pune)	TIMING	MEET DETAILS (eg:Jr National'pune)
1				
2				
3				
4				

17)	Any long term health issue (Details if any):		

I hereby declare that all the information submitted by me in the application form is correct, true and valid. I will present any additional supporting documents as and when required.

Signature of the Swimmer

Signature of Parents