



Admission Form for Karate Coaching Camp

Name of the Candidate: _____

Date of Birth (Day/Month/Year): _____

Age (in Years): _____ Gender : Male Female Other

Residential Address: _____

Attach Recent
Passport Size
Photo

Name of Department: _____

Bhavana: _____

Students Id. _____ Present Class: _____

Name of Guardian : _____ Relationship : _____

Contact Number : _____ Email ID: _____

Health Declaration:

Do you have any medical condition that may affect participation? Yes No

If yes, please specify: _____

Consent Declaration:

I, _____ hereby declared that the information provided above is true to the best of my knowledge and I will actively participate in the Karate coaching camp organized by the Visva-Bharati Sports Board. I agree to follow all rules and regulations of the Visva-Bharati Sports coaching camp. I understand that the organizers will take utmost care, during the camp but I will not hold them responsible for any accidental injury or mishap.

Signature of the Candidate: _____ Date: _____

Signature of HoD / With Seal: _____ Date: _____

For Office Use Only:

Registration No. _____ Date of Admission: _____

Age Group: _____ Time Slot: _____

Payment Receipt No. _____

Verified by (Full Signature with Date): _____

Office Stamp:

[Assistant Director of Physical Education]
Visva-Bharati Sports Board
Visva-Bharati