PROFORMA OF APPLICATION

Format for giving cash awards to Sportspersons and their coaches as per the Scheme of Special Awards to Medal Winners in International events of Ministry of Youth Affairs & Sports, Government of India (To be submitted in Triplicate)

PART-I

To be filled in by the Sportsperson

| S No. | Particulars | Details |
|-------|--|---------|
| 1 | Name of the Sportsperson | |
| 2 | Father's name of the sportsperson | |
| 3 | Address, Telephone No., Mobile No, and email id of the sportsperson | |
| 4 | International Tournament in which the sportsperson has won medal in Individual (in case of Team events, Please indicate the names of sportspersons in the team event) | |
| 5 | Duration of the event (From To) | |
| 6 | Place, where event was held | |
| 7 | Type of Medal Won (Gold/Silver/Bronze) | |
| 8 | Sports Discipline, in which participated | |
| 9 | Mandate Form (as in Appendix), duly filled in by the sportsperson for grant of cash award | |
| 10 | Name of the Coach/Assistant Coach/Personal Coach who has trained the Sportsperson for at least 180 days on a regular basis immediately proceeding the tournament (in case of more than 01 coach, give names of all such coaches) | |
| 11 | Address, Telephone No., Mobile No, and email id of the coach (es) | |

| Signature of the Sportsperson | |
|-------------------------------|---|
| Full Name (In Capital) | |
| Full Address | |
| | |
| Date | í |

PART-II

2. <u>Information to be furnished in respect of the Coach (To be submitted in Triplicate)</u>

| S No. | Particulars | Details |
|-------|--|-----------|
| 1 | Name of the Coach | 2 0 10/10 |
| 2 | Father's name of the Coach | 4 |
| 3 | Address, Telephone No., Mobile No, and email id of the Coach | |
| 4 | International Tournament in which the trainee/sportsperson has won medal (in case of team events, please indicate the size of the team) | |
| 5 | Duration of the event (From To) | |
| 6 | Place, where event is to be held | |
| 7 | Type of Medal won by the sportsperson | |
| 8 | Sports Discipline, in which sportsperson participated | |
| 9 | Mandate Form (as in Appendix), duly filled in by the coach for grant of cash award | |

| | Signature of the Coach |
|-------------------------------|------------------------|
| | Full Name (In Capital) |
| | Full Address |
| | |
| | Date |
| Verified by Sportsperson | |
| | |
| Signature of the Sportsperson | |
| Full Name (In Capital) | |
| Telephone no | |
| email id | |

PART-III

3. Recommendation of concerned National Sports Federation:

| S No. | Particulars | Details |
|-------|--|---------|
| 1 | Name of the Federation | |
| 2 | Postal Address and Telephone number of the Federation | |
| 3 | Name, Postal Address and Telephone number of the President of the Federation | |
| 4 | Name, Postal Address and Telephone number of the Secretary of the Federation | |

It is certified that the information furnished above has been verified and is correct. It is also certified that the international sports events are covered in the Scheme of Special Cash Awards for Medal Winners and their coaches.

Signature and Seal of the Secretary of the concerned National Sports Federation

Signature and Seal of the President of the concerned National Sports Federation

PART-IV

4. Verification by Sports Authority of India in respect of Sportsperson and Coach:

The details stated above, have been verified and found correct.

Signature and Seal of the Executive Director (Teams),
Sports Authority of India

MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

A. DETAIL OF ACCOUNT HOLDER:

| NAMI | E OF ACCOUNT HOLDER | |
|------|-----------------------|--|
| COMI | PLETE CONTACT ADDRESS | |
| TELE | PHONE NO./FAX/E.MAIL | |

B. BANK ACCOUNT DETAILS

| BANK NAME | |
|--|---|
| BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER & E.MAIL | |
| WHETHER THE BRANCH IS COMPUTERISED | |
| WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE? | |
| IS THE BRANCH ALSO NEFT ENABLED? | |
| TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT) | , |
| COMPLETE BANK ACCOUNT NUMBER (LATEST) | |
| MICR CODE OF BANK | |

DATE OF EFFECT:

I, hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user Institution responsible. I,have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

DATE:

(Signature of Customer)

Certified that the particulars furnish above are correct as per our records.

(Bank's stamp)

(Signature of Customer)

- 1. Please attach a photocopy of the cheque along with the verification obtained from bank.
- In case your Bank Branch is presently not "RTGS enabled", then upon its upgradation to RTGS Enabled branch, please submit the information again in the above proforma to the Department at the earliest.