



# Tug of War Federation of India

( National Sports Federation of Tug of War )

## TWFI ATHLETE UID ENROLMENT FORM

Trainer/Coach/Manager/Official/ Technical Official

Use capital letters with Black pen only

Senior

Junior U-19

Sub-Junior U-17

Sub-Junior U-15

Sub-Junior U-13

1	State :	State Code	TWFI ALLOTTED UID NO (For Office Use Only)											
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	District :	Provide Your Aadhaar Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3	Full Name:	<input type="text"/>
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4	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	5	Date of Birth:	DD   MM   YYYY		
				Age: <input type="text"/>		

6	Address : NAME	
	House No./ Bldg./ Apt:	Street/ Road/ Lane:
	Landmark:	Area/ Locality/ Sector:
	Village/ Town/ City:	Post Office:
	District:	Sub-District: State:
	E-Mail:	Mobile No.: PIN Code:

7	The Name of Father / Mother are mandatory	
	<input type="checkbox"/> Name of Father :	<input type="text"/>
	<input type="checkbox"/> Name of Mother :	<input type="text"/>
Mobile No		E mail ID

8	Dated _____	Signature of Applicant	Pass Ports Size Photo
	Note : Enrollment Fees: TWFI will charge a one-time enrollment fee of Rs 500		

9	Verification by District Association	
	I hereby confirm the identity and address of _____ as being true, correct and accurate.	
	Date : _____	Signature with seal of District Secretary

### Verification by State Tug of War Association

This is to certify that the athlete/official details mentioned in this page are true and the subjected person fulfills the eligibility criteria to participate in the tournament/Championships and He/She is a registered athlete / official of our State Tug of War Association

Mobile No. \_\_\_\_\_

Dated \_\_\_\_\_

Signature with seal of State Secretary

To be filled by TWFI

Date & time of Enrolment: \_\_\_\_\_

Signature with seal of Secretary Genl., TWFI