

Central Civil Services Cultural & Sports Board
(Department of Personnel & Training)

APPLICATION FORM FOR INTER MINISTRY TOURNAMENT

1. Name of the Cultural/Sports Event: **Inter Ministry Swimming Tournament 2025-26**

2. Name of the Ministry/Dept with Complete Address:

3. Details of the participants:

(a) Team Event:

S.No	Name	Date of Birth	Mobile No.	Identity Card No. (also enclose a photocopy)	Event
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(b) Singles/ Doubles

S.No	Name	Date of Birth	Mobile No.	Identity Card No. (also enclose a photocopy)	Singles	Doubles
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

4. Details of Manager & Captain

(a) Name of the Captain with Tele No. :

(b) Name of the Manager with Tele No. :

(c) Address for correspondence :

Signature (Welfare Officer) (Rubber Stamp)

Name (Rubber Stamp)

Tele. No (O) (Rubber Stamp)

e-mail if any (Rubber Stamp)

VERIFICATION CERTIFICATE

This Ministry intends to enter a team for the Inter-Ministry Tournaments/Competition. Accordingly, the entry form duly filled up is sent herewith. I hereby undertake on behalf of the Ministry to abide by the rules and instruction of the Tournament/Competition.

2. I certify that the participants mentioned in this form are employees of this Ministry/Department. No member of the team is a casual / daily wage employee. All the players are eligible to participate in the tournament/competition as per eligibility criteria laid down by the Board. In case if it is found that any member of the team is not eligible and is included in the team, the team will be automatically disqualified from the tournament/competition without any notice to this ministry/ department.

3. I also undertake the responsibility to ensure that this Ministry's team after being entered in the Tournament/Competition will participate in the Tournament/Competition and at any stage would not refuse to participate or withdraw from the Tournament/Competition without prior approval of the Board.

Signature (Welfare Officer)

(Rubber Stamp)

Name

Tele. No (O)

e-mail if any

Full Correspondence address.....

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