

PROFORMA (ENTRY FORM)

A. Name of the Cultural/Sports Event: Inter-Ministry Badminton Tournament 2025-26

B. Name of the Ministry/Dept. : _____

C. Full Name of the participants with office identity card No.:

(One Player can participate in maximum 03 events only except Team Championship event)

S.No.	Name	I/C No.	Event
1.			Men Team Championship (Composition of Team: 07 Player + 01 Manager) (01 entry only)
2.			Women Team Championship (Composition of Team: 04 Player + 01 Manager) (01 entry only)
3.			Men Singles (04 entries only)
4.			Men Doubles (02 entries only)
5.			Women Singles (06 entries only)

6.			Women Doubles (04 entries only)
7.			XD Doubles (02 entries only)
8.			Men Veteran Single (40 Yrs. & above) (04 entries only)
9.			Men Veteran Doubles (40 Yrs. & above) (03 entries only)
10.			Women Veteran Singles (40 Yrs. & above) (06 entries only)
11.			Women Veteran Doubles(40 Yrs. & above) (04 entries only)
12.			XD Veteran Doubles (40 yrs. & above) (03 entries only)
13.			Men Veteran Singles (50 Yrs. & above) (04 entries only)

14.			Women Veteran Singles (50 Yrs. & above) (06 entries only)
15.			Men Veteran Doubles (50 Yrs. & above) (03 entries only)
16.			Women Veteran Doubles(50 Yrs. & above) (04 entries only)
17.			XD Veteran Doubles (50 Yrs. & above) (03 entries only)
18.			Men Para Singles (For Physical Handicap- 04 entries only)
19.			Women Para Singles (For Physical Handicap- 04 entries only)
20.			Men Singles (Qualifying) (04 entries only)

21			Men Doubles (Qualifying) (04 entries only)

D. Full Name of the Captain with contact No. : _____

E. Full Name of the Manager with contact No. : _____

Signature of Welfare Officer.....

Name.....

Phone No. :-.....

(Rubber Stamp)

VERIFICATION CERTIFICATE

This office intends to enter a team for the Inter-Ministry Tournament/Competition. Consequently, I submit the entry form duly completed. I hereby undertake on behalf of the Ministry/Department to abide by the rules and instruction of the Tournament/Competition.

2. I certify that the players mentioned in this form who will play in the Inter-Ministry Tournament/Competition are employees of the Ministry. 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. **I also certify that all the players participating in the Inter-Ministry Tournament are physically fit.** Although CCSCSB provides First Aid, any injury or mishap would not be responsibility of the Board.
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 of Welfare Officer _____

(Rubber Stamp)

Name: (_____)

T.No.(O) _____

Email, if any _____

Full correspondence address _____