ELIGIBILITY FORM (Haryana School Games 2024-25)

(The form would not be accepted if any column left unfilled)

Summary Sheet Sr. No.

Ag	e Group		ys/Giris		(
Venue	From	to		_Game/Eve	ent	
1. Name of Block / District						
2. Name of participant (in BLOCK LETTERS) 3. Father's Name					Paste Latest Co Passport Si Photograp	ze
1. Mother's Name					Attested b	
5. Home Address	<u> </u>				School Hea	C
6. Contact No	-				· L	
7. Date of Birth: (i) in Fig.						
(ii) in wo	rds					
8. Age in completed years	as on 31st December 2	2024 :-	Year		Month	Dav
9. Bank Account No.						
10. Name of the School :						
11. Admission No						
13. Present Class	14. SRN of student	7.		Aadhar No.	7	
15. Year of passing 5 th						
17. Two Prominent marks o	on the body :- (i)					
	(ii)					
18. Signature of the Studen	t :-					
19. Sports fund paid so far	for the year 2024-25 :-	1				
a) Strength of students from 1 st to 5 th			fund/amount	Rs.@5*	= Total Rs.	
b) Strength of students from 6 th to 8 th			fund/amount	Rs.@10*	= Total Rs	
c) Strength of students from 9 th to 10 th			fund/amount	Rs.@30*	= Total Rs	
d) Strength of students (i) 11th to 12th Art			fund/amount	Rs.@60*	= Total Rs.	
(ii) 11 th to 12 th Com						
(i						

Declaration:-1. Certified that the above participant is a regular student of this institution for the academic year 2024-25

- 2. Certified that I have personally verified the admission records maintained in the school and found correct.
- 3. I will be personally responsible if any attached documents or filled up particulars found duplicate or incorrect. In this situation department can take necessary action against me