

CBSE CLUSTER II VOLLEYBALL CHAMPIONSHIP 2014-2015
ENTRY / ELIGIBILITY FORM

NAME OF THE SCHOOL _____

SL. NO.	NAME OF THE PARTICIPANTS	DATE OF BIRTH	PRESENT STANDARD	G.R. NO.	SIGN. OF PARTICIPANT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

NAME OF THE TEAM MANAGER /COACH		
SL. NO.	NAME	CONTACT NO.
1		
2		

CERTIFICATE

This is to certify that the above-mentioned players are bonafide students of our school and eligible as per the rules circulated by the CBSE for participation in CBSE Cluster-II Volleyball Tournament 2014-2015. The date of birth recorded against each name is correct as per the school records.

Signature of the Principal

Name : _____

Seal: _____