#### Annexure 1

#### FORM – A

# **Application Form for Medal Winners**

1. /	Application/ Registra	tion No.: <u>(For OF</u>	FICE USE)				
2.	Date of Application S	ubmission:					
<i>3.</i> /	Applicant Name:						
4.	PNR No						
<i>5. 1</i>	Father's Name:	Ma	other's Name: _				
<i>6. 1</i>	Date of Birth:	(DL	D/MM/YYYY)				
7.	Name of the Institutio	on /Department/	'College				
8. (	Course name		Curre	nt Class			
9. 1	Please tick the catego	ory you have repr	resented				
	Category A - Internati World University Gan	, ,	•		, Commonwealth	Games,	
	Category B - Khelo Ind	dia University Ga	mes/Internatio	onal			
	Category C - All India	•	-	als			
	Category D - West Zo	-					
10. i	Mention your Sports A	Achievement in t	he previous ac	ademic year 2	2024-25		
Name of	Name of the	Organizing	Venue and	Category	Achievement	Remarks	
the Event	Tournament	Agency	Date			(FOR OFFICE USE)	
						USE)	
true & o aware o	tion: reby declare that all to correct to the best of f the fact that if any in the of scholarship or a	f my knowledge information is fo	and nothing hound to be fals	as been conc e & incorrect	ealed therein. I a then I will be lia	am very well	
Place: _	Place: (Applicant Signature and Date)						
Recomr	mendation From the	College Principal	I/Department	Head/ Directo	or		
•	y declare that Miss or the said scholarsh		dent of my ins	titute/ colleg	e . I hereby reco	mmend her	
(Sign	nature of In-charge)		(Sta	mp & Signatu	re of Principal)		

# Annexure 2

# FORM – B

# **Application Form for Maharshi Karve Khel Ratna Award**

1.	Application/ Registra	ition No.: <u>(For O</u>	FFICE USE)					
2.	Date of Application S	ubmission:						
<i>3.</i>	Applicant Name:							
4.	PNR No							
	Father's Name:					<u>—</u>		
6.	Date of Birth:	(D	D/MM/YYYY)					
7.	Name of the Institution	on /Department,	/College					
8.	Course name		Curre	nt Class				
9.	Please tick the catego	ory you have rep	resented					
	Category A - International Level (Olympics, World Championships, Commonwealth Games, World University Games, Asian Games/ Championships)							
	Category B - Khelo Inc	dia University Go	ames/Internatio	onal				
	Category C - All India	Inter-University	Games/Nation	nals				
	Category D - West Zo	one/ Ahswamed	h/ State					
10.	Mention your Sports	Achievement in	the previous 3 c	academic yea	rs 2022 - 23,  202	3-24, 2024-25		
Name of	Name of the	Organizing	Venue and	Category	Achievement	Remarks		
the Event	Tournament	Agency	Date			(FOR OFFICE USE)		
						USE)		
true & aware c	reby declare that all correct to the best o of the fact that if any aw of scholarship or	f my knowledge information is f	e and nothing hound to be falsceived by me w	as been cond e & incorrect ill be liable t	ealed therein. I a then I will be lia o be ceased.	am very well		
Place: _			(App	licant Signatu	ire and Date)			
Recomi	mendation From the	College Principa	al/Department	Head/ Direct	or			
	y declare that Miss. or the said scholarsh		ident of my ins	titute/ colleg	e . I hereby reco	mmend her		
(Sig	nature of In-charge)		(Sta	mp & Signatı	re of Principal)			

#### Annexure 3

#### FORM – C

# **Application Form for Sports Mentorship Fee**

2.		•	<u> FFICE USE)</u>				
	Date of Application Submission:						
3.	Applicant Name: _						
4.	PNR No						
5.	Father's Name:	M	lother's Name: _				
6.	Date of Birth:(DD/MM/YYYY)						
<i>7</i> .	Name of the Institu	ıtion /Department	:/College				
8.	Course name		Curre	nt Class			
9.	Mention your Spor and above)	ts Achievement in	the previous 2 o	academic years. (	District ranking		
lame of he Event	Name of the Tournament	Organizing Agency	Venue and Date	Achievement	Remarks (FOR OFFICE USE)		
	l	-	1		1		
true & aware withd	ration: ereby declare that a correct to the best of the fact that if ar raw of scholarship o	of my knowledge ny information is f	e and nothing h found to be fals ceived by me w	as been conceale e & incorrect the	ed therein. I ar in I will be liab ceased.		
I do he true & aware withd	ereby declare that a correct to the best of the fact that if ar raw of scholarship o	of my knowledge ny information is f or any benefits re	e and nothing h found to be fals ceived by me w (App	as been conceale e & incorrect the fill be liable to be licant Signature a	ed therein. I ar in I will be liab ceased.		
I do he true & aware withd Place:	ereby declare that a correct to the best of the fact that if ar raw of scholarship o	of my knowledge ny information is f or any benefits re	e and nothing h found to be fals ceived by me w (App	as been conceale e & incorrect the fill be liable to be licant Signature a	ed therein. I ar in I will be liab ceased.		

(Stamp & Signature of Principal)

(Signature of In-charge)