



UNION TERRITORY OF JAMMU & KASHMIR
J&K SPORTS COUNCIL
KHELO INDIA STATE CENTRE OF EXCELLENCE
(KISCE) ROWING



ADVERTISEMENT FOR INVITING REGISTRATION APPLICATIONS FOR THE ADMISSION INTO THE KHELO INDIA STATE CENTRE OF EXCELLENCE (KISCOE) ROWING, WATER SPORTS CENTRE, NEHRU PARK, SRINAGAR.

Applications are invited from all the interested and eligible applicants for registration into the Khelo India State Centre of Excellence, ROWING at J&K Sports Council Water Sports Centre, Nehru Park, Srinagar, J&K along with the following:

1. Duly filled application form in block letters along with the enclosures and one coloured passport size photograph (pasted in the space provided in the application form) can be downloaded from J&K Sports Council website: www.jksportscouncil.in
2. Application form can be submitted via e mail: kiscerowing.jksc@gmail.com or whats app at +91-8713882464 or in person at the Divisional Sports Office Kashmir Polo Ground Srinagar / Divisional Sports Office M A Stadium Jammu.
3. Registration is open from 26th Dec. The last date for submission of the application forms completed in all respects is 6th January 2023.
4. Eligibility criteria:
 - Candidates in the age group of 12 years to 18 years (on the date of trials)
 - Only domiciles of J&K.
5. Selection will be subject to age verification, medical fitness, basic knowhow skills of Rowing & Khelo India Battery of Tests.
6. Dates for the Open Selection Trials & Venues shall be announced separately.



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APPLICATION FORM FOR REGISTRATION (Fill in block letters)

1. Name: _____
2. Father's Name: _____
3. Mother's Name: _____
4. Occupation: _____
5. Contact Number: _____
6. Date of Birth: _____
7. Gender: _____
8. Height: _____ Cms Weight: _____ Kg Blood Group: _____
9. Address: _____
10. Identification Mark: _____
11. Name of Present School/ Address: _____
12. Class in which Studying: _____
13. Best Performance/Participation in Sports: _____
14. Aadhar Card number: _____



Passport Size
Photograph

Place: - _____

Date:- _____

Signature of Parent/ Guardian

Signature of Candidate

MEDICAL CERTIFICATE OF FITNESS

I have examined Shri/Kumari.....

Son/Daughter of Shri.....

Aged.....Years, ofVillage:.....

P.O.....P.S.....

Distt.....State.....PIN.....

And certify that, he / she is physically of Fit to undergo the selection trials of Khelo India State Center of Excellence and has no ailments which disqualifies the Candidate.

Signature of Candidate.....

(To be signed in presence of the Medical Officer)

Signature of Medical Officer:.....

Name of Medical Officer: Dr.....

Registration No:.....

Dated:

Seal

Place:

PARENT CONSENT FORM

Name of Candidate:.....

Date of Birth:.....

Parent/ Guardian:.....

Address:.....

.....

Pin Code:.....

Contact No:.....

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication):

.....

Please provide details of medication that must be administered:

.....

Emergency contact details: (If different from above)

Name: **Contact No:**.....

Relationship to Child:.....

CONSENT (please read carefully)

- a) I agree to my son/daughter taking part in the activities of the ROWING program.
- b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
- c) I understand the possibility of physical injury associated with the training/ sports and I permit KISCOE/J&K Sports Council staff to act on my behalf and accordance with their best judgement in any emergency requiring medical attention.

Signature of Parent/Guardian

Signature of Candidate

Date: