

Registration Form

❖ Personal details of the Proposer(Player) :-

- Name :-
- Father/Husband's name :-
- Jan-adhaar Number :-
(upload document)
- Aadhaar Number: -
(upload document)
- Date of Birth (dd/mm/yyyy)
- Height (in cms)
- Weight (in kgs)
- Age :-
- Gender :-
- Mobile number :-
- Email ID :-
- Disability, if Any :-
 - Yes, then type of disability.....
(upload document of proof)
 - No

❖ Identity Proof: (tick any one)

- Passport number
- Aadhar card
- PAN card
- Driving License
- Voter ID card
- Others (any document notified by the central/ state government)

❖ Proof of address: (tick any one)

- Passport
- Driving license
- Voter ID card
- Electricity or Telephone Bill
- Others

❖ Bank detail:- (upload copy of the passbook)

- Name of the Bank :-



Signature Not Verified

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Designation : Additional Director
Date: 2024.12.30 12:46:04 IST
Reason: Approved

- Bank account number :-
- IFSC code of bank branch :-
- Name of bank branch :-

❖ **Nominee details:-**

- Name of the nominee:-
- Relation with the nominee :-
- Age of the nominee :-
- Mobile number of the nominee :-
- Bank details of the nominee : (**upload copy of the passbook**)
 - Name of the bank :-
 - Bank account number :-
 - IFSC Code of Bank Branch:-
 - bank branch name:-

NOMINATION

I/We,.....DO HEREBY NOMINATE Mr./ Mrs. / Ms..... (Name& Relationship to the Insured) to receive the monies payable by SI&PF Department (General Insurance Fund), in the event of my death.

Dated this.....day of.....2024.....at.....

WITNESS:

1. Name& Address:

Signature (Witness-1)

2. Name& Address:

Signature (Witness-2)

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❖ **Details of Games/Medals received by the proposer :-**

● **Game Type -**

Name of the Game Played :-

● **Category of the Medals Received : - Select from below**

- Gold
- Silver
- Bronze

● **Name of International Competition in which you have participated :-**

1.
2.
3.
4.
5.
6.

● **Name of the sports association competent to issue certificate of international competition: -**

1.
2.
3.

● **The year of competition in which participated:-**

.....
.....

● **Details of the Medals received**

1.
2.
3.
4.

❖ **Are you currently active in sports:-**

- If yes, then fill the details :-

Sr. No	The type of game you are currently playing
1	
2	

- If not, details of the business you are presently carrying on:-

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❖ **Has you lodged any Personal Accident claims in the last five years?**

- Yes
- No

If Yes, please provide details:-.....

❖ **Has you been declined insurance in the past?**

- Yes
- No

If Yes, please provide details:.....

❖ **Does your occupation require you to engage in manual labor?**

.....

.

.....

.

❖ **Do you engage in:**

- I. Racing on wheels or Horseback
- II. Big game hunting
- III. Mountaineering
- IV. Winter sports, skiing or ice hockey
- V. Ballooning or polo or Sports of similar nature
- VI. Any other adventurous sports

❖ **Describe your Profession; Occupation, Trade or Business:-** (Please describe in detail with nature of duties-)

.....

.....

..

❖ **Are you primarily engaged in any Administrative function?**

- Yes
- No

If Yes, please provide details:-.....

❖ **Have you suffered or do you suffer from:**

- Yes

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○ No

(Full particulars must be given in case the answer is 'Yes' to any of the following queries)

- a) Any physical defect or infirmity.....
- b) Gout or Arthritis or Diabetes, Paralysis.....
- c) Fits or any kind or any other chronic disease. Any other disability.....

❖ **INSURANCE PERIOD:** **From:** **To**_____

Place :-

Date:-

Signature

Declaration by the player

1. I understand that the information provided by me will form the basis of insurance policy, is subject to the Board approval of the..... Department.
2. I hereby declare, on my behalf that the particulars given by me are true and complete in all respects to the best of my knowledge.
3. I further declare that I will notify in writing any change occurring in my occupation or any change in my general health after the proposal has been submitted but before communication of the risk acceptance by the SI&PF (GIS) Department.
4. I authorize theDepartment to share information pertaining to my proposal including the medical records for the sole purpose of proposal underwriting and/or claims settlement with SI&PF (GIS) Department.
5. I declare and consent to the SI&PF (GIS) Department, seeking medical information from any hospital who at anytime has attended on my life from any past or present, concerning anything which affects the physical and mental health of my life to be assured

Place:-

Date :-

Signature of Proposer

Recommendation of Rajasthan State Sports Council

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1. This is to certify that Mr. / Mrs. / Ms. (name of player) is eligible for the certificate and medal (gold/silver/bronze) from name of sports

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association competent to issue certificates of international competition)in (name of the international competition).....the year,

2. It is certified that Mr. / Mrs. / Ms. (name of player)..... is currently active in sports activities and Mr. / Mrs. / Ms. (name of player)..... has participated in (name of International Competition) in the year.....
3. It is certified that Mr. / Mrs. / Miss (name of the player)..... is currently not active in any kind of sports and Mr. / Mrs. / Miss (name of the player)..... is leading his/her private life.

palace :-

Date :-

(Signature certified)
Rajasthan State Sports Council
Rajasthan, Jaipur

UTMOST GOOD FAITH

The POLICY is based on the utmost good faith requiring the proposer (including third party beneficiaries after the POLICY is entered into) to act towards each other with the utmost good faith in respect of any matter relating to the POLICY. A failure to comply is a breach of the Insurance Contracts Act 1984.

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