

ALL INDIA SILAMBAM FEDERATION

Membership Application Form:

Cell#	Tele fax_			
	Γele fax			
Website				
Te	le fax			
Website				
L STATE SPORT AUTHORI	TTY:			
Association	SPORTS MINISTRY of State			
ECRETARY GENERA	L			
P:				















TITLE of the last 3 competitions of State **PARTICIPATION** indicate the number of

TOTAL NUMBER OF STATE AFFILIATED DISTRICT ASSOCIATION:

	Level and short description of the event.		Participating clubs and number of competitor	
	1)			
	2)			
	3)			
S.NO.	NAME	ADDRESS	CONTACT NO.	E-MAIL
1				
2				
3				
4				
5				
6				
7				
FOR	OFFICIAL USE:			
	MEMBERSHIP:			
		GRANTED	NOT GRANTE	D
	Remarks:			













I Hereby Certify That The Above Information Is True And Accurate, Further, I Do Hereby, For Myself, My Heirs, Executors And Administrators, Waive Release And Forever Discharge Any And All Rights And Claims For Damages Which I May Have Or Which May Hereafter Accrue To Me Against All India Silambam Federation Or Their Respective Officers, Agents, Representatives, Successors and / Or Assigns, For Any And All Damages Which May Be Sustained And Suffered By Me In Connection With My Association With Or Entry In The Sports Activities Associated With AISF. In Addition, By My Signature, I Certify I Understand That Submission of a Completed Application and The Appropriate.

	SIGNATURE	FULL NAME	
DATE_		PLACE	
	Photo of Applicant President	Logo of Applicant Secretary	Logo of Applicant
FOR O	FFICE USE ONLY:- AFFILIATION/ME	MBERSHIP NO	
AUTHO	ORIZED SIGNATURE	DATE	

- Please Attach Adhaar Card Copy of Applicant
- Registration Certificate and Pan Card Copy of the Association, If Regd.

All India Silambam Federation

Recognized by: Ministry of Youth Affairs & Sports, Govt of India (MYAS)

School Games Federation of India (SGFI)

Affiliated to: Asian Silambam Federation & World Silambam Federation

WSF-Member to International Council of Traditional Sports & Games ICTSG Office: No.14/117, Inamchetti Kulam, Rajapalayam -626 117, Tamilnadu, India.

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