



THE SPORTS AUTHORITY OF GOA

Dr. Shyama Prasad Mukherjee Stadium, Goa University, Taleigao – Goa

APPLICATION FOR FORM – II

Shri/Smt/Kum. _____

Address in Full: _____

Phone No. _____

Dated: _____

To,
The Executive Director,
The Sports Authority of Goa,
1st floor, East wing,
Dr. Shyama Prasad Mukherjee Indoor Stadium,
Taleigao – Goa

Sub:- Issue of Form – II

Sir,

Kindly issue me Form – II as the same is required to be submitted to the Directorate of Sports and Youth Affairs for registration in the Employment Exchange.

I have participated in the _____
Championship / National held at _____ from
_____ to _____ wherein the _____
position was secured.

I was studying in _____ School /
College during this participation. My Father's / Mother's / Guardian's name is
_____.

Thanking you.

Yours faithfully,

Encl: - Attested Xerox copy of the Sports Participation certificate.