

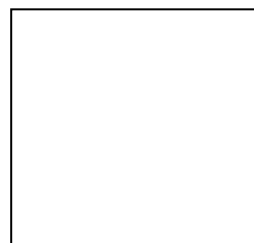
MAHARASHTRA CARROM ASSOCIATION

REG. NO . F-9070

C/o ARUN KEDAR, 38/975, ADARSH NAGAR, DR. A. B. ROAD, PRABHADEVI, MUMBAI – 400 030

EMAIL ID : carrom.mca1954@gmail.com Mob. No. 99870 45429 / 80804 33544

PLAYER REGISTRATION FORM



Name: (Capital Letter)

Surname: (Capital Letter).....

Father's / Husband's Name: (Capital Letter)

Date of Birth:(attached valid copy of proof)

Residential / Permanent address:

.....

..... (attached valid copy of proof)

Mobile No. : Email.....

Office Address:

..... (attached valid copy of proof)

Contact No :

Valid Documents : Aadhar Card with Date of Birth / Passport / Election Card.

Any other information you would like to share : Yes / No (Attached separate sheet)

The Registration Fee Rs. 100/- for the period from **1st April, 2020 to 31st March, 2021** is being paid herewith.

Undertaking: I have read the Constitution / Scheme, Rules / Regulations & Guidelines of Maharashtra Carrom Association available on website i.e. www.maharashtracarromassociation.com & I will abide them.

Place:.....

Player's Signature:

Date:

Name :

Verification:

I do hereby certify that the details given above as true & correct to my belief and records.

Place: Seal & Signature of President / Secretary:

Date: Name of the District President / Secretary: