

WEST BENGAL SILAMBAM ASSOCIATION

Affiliated to: All India Silambam Federation (AISF)

Recognised by: School Games Federation of India (SGFI)

Member of: World Silambam Federation (WSF) & Asian Silambam Federation (ASF)

(WSF) Member to: International Council of Traditional Sports & Games (ICTSG)

Approved by: Fit India (Ministry of Youth Affairs & Sports), & MSME Govt. of India



DISTRICT APPLICATION FORM

NAME OF THE ASSOCIATION: _____

PRESIDENT: _____

Address: _____

Phone: _____ **E-mail:** _____

GENERAL SECRETARY: _____

Address: _____

Phone: _____ **E-mail:** _____

DISTRICT OFFICE _____

Registration No: _____ **PAN Card No:** _____

Address: _____

Phone: _____ **E-mail:** _____

FORMAL RECOGNITION BY LOCAL DISTRICT (MLA): _____

DATE OF APPLICATION: _____

SIGNATURE OF THE PRESIDENT/ GENERAL SECRETARY _____

ATTACH THE AADHAAR & PAN CARD COPY

OFFICIAL STAMP: _____



Regd. No: S0061106

TOTAL NUMBER OF DISTRICT AFFILIATED ACADEMY/ BRANCH:

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

SL. No.	NAME	ADDRESS	CONTACT NO.	E-MAIL
1				
2				
3				
4				
5				
6				

FOR OFFICIAL USE

MEMBERSHIP:

GRANTED	NOT GRANTED
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Date:.....



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Affiliation/Membership _____ District Silambam Association.

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 West Bengal Silambam Association Or Their Respective Officers, Members, 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 WBSA. 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

Photo of
Applicant
Secretary

Photo of
Applicant
Treasurer

FOR OFFICE USE ONLY:-

AFFILIATION/ MEMBERSHIP NO: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

AUTHORIZED SIGNATURE: _____

- Please Attach Aadhaar Card Copy of Applicant
- Registration Certificate and Pan Card Copy of the Association