



CRICKET HAI APNI LIFE™



इंडियन क्रिकेट एकेडमी



Recognized from NYK: Ministry of Youth Affairs & Sports Govt. of India

AFFILIATED WITH : INTERNATIONAL TWENTY20 CRICKET FEDERATION® ITCF USA™

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### Official Registration Form

Name of the Event: \_\_\_\_\_

Player/Official Name & Designation \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Permanent Address # \_\_\_\_\_

Distt./City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Email ID \_\_\_\_\_ Cell No (Whatsapp) \_\_\_\_\_ D.O.B \_\_\_\_\_

Passport/Aadhar No \_\_\_\_\_ Qualification \_\_\_\_\_ Marital Status : (Married) (Divorcee) (Unmarried)

Present Status (Professional): ☐ Service/ Govt. /Semi Govt./Private/Self Employed ☐ Unemployed ☐ Others

#### TECHNICAL/CRICKET INFORMATION: (Please Tick)

☐ Batsman RH/LH ☐ Fast Bowler RH/LH ☐ Spinner Left arm/Off Spinner/ Leg spinner/China man ☐ Other  
☐ Wicket Keeper ☐ All-Rounder ☐ Umpire ☐ Coach ☐ Referee ☐ Commentator ☐ Event Manager

Achievements In cricket (If Any)

1) \_\_\_\_\_

2) \_\_\_\_\_

I have read the rules and regulation & Other terms & conditions T&C\* of Indian Cricket Academy ICA™ & I register myself with ICA™ also I undertake to abide by its rules & regulations, guidelines and other terms & conditions T&C\* set by ICA™. I am Mailing/submitting my registration from in favor of Indian Cricket Academy ICA™. I will hold myself responsible for any injury/mishap/accident during the course of Practice/Play/Matches/Trails/Camps/journey in the field or out of the field. Further the player and his /her parents hereby undertakes that in case of any dispute regarding civil or criminal proceedings, then the same is subject matter of local jurisdiction of Patiala district court and authorities. The parents or player also undertakes that they or he shall not file any civil or criminal proceedings before any court or authority of his local residential jurisdiction.

Signature of the Participant/Player

Signature of the Head of Deptt.

Signature of the Guardian if Necessary

I hereby declare that the date and other relevant information of the above said player of our department/collage/school is correct to the best and knowledge and it is verified.

Name of the official & Designation \_\_\_\_\_ Department \_\_\_\_\_ Signature \_\_\_\_\_



Please Note: Fill the form Neat & clean & send us through speed post/Courier at as under address Head Office

Head Office: Kalyans, 125/126, Street No. 22, Tripuri, Patiala 147001, Punjab, INDIA Phone : +91-175-3294486 Tele-Fax : +91-175-5012575  
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