

# APPLICATION FORM

## STATE UMPIRE'S EXAMINATION

1) NAME OF THE APPLICANT ( CAPITAL ) : \_\_\_\_\_

2) NAME OF FATHER/HUSBAND : \_\_\_\_\_

3) DATE OF BIRTH : \_\_\_\_\_

4) ACADEMIC QUALIFICATION : \_\_\_\_\_

5) PROFESSIONAL QUALIFICATION : \_\_\_\_\_

6) ACHIEVEMENTS IN CARROM : \_\_\_\_\_  
(Add Sheet if Required)

7) EXPERIENCE AS AN UMPIRE : \_\_\_\_\_  
(Add Sheet if Required)

\_\_\_\_\_

8) Email ID & Contact No. : \_\_\_\_\_

PHOTO

SIGNATURE OF THE CANDIDATE

NAME : \_\_\_\_\_

RECOMMENDED BY

SEAL

SIGN OF PRESIDENT / SECRETARY

\_\_\_\_\_

NAME OF THE PRESIDENT / SECRETARY

\_\_\_\_\_

NAME & ADDRESS OF THE DISTRICT

\_\_\_\_\_

ASSOCIATION

\_\_\_\_\_

\_\_\_\_\_

DATE : \_\_\_\_\_