Karnataka State CBSE Cluster VIII Volleyball Tournament 2018-19 <u>ELIGIBILITY FORM</u>

NAME OF SCHOOL:	
INAIVIL OF SCHOOL.	

		5 . (5:.1		Sign. of
Sr. No.	Name of the Participants	Date of Birth	Standard	Participant
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Name of the Team Manager / Coach				
Sr.No.	Name	Contact Number		
01				
02				

CERTIFICATE

This is to certify that the above-mentioned players are bonafide students of our school and eligible as per the rules circulated by the CBSE for participation in CBSE Cluster VIII Volleyball Tournament 2018-19. The date of birth recorded against each name is correct as per the school records.

Signature of the Principal	Name:
	Seal: