

**PUBLIC OFFICERS' WELFARE COUNCIL  
POWC SILVER JUBILEE BADMINTON TOURNAMENTS**

Participation Form

Men

Ladies

(Tick as appropriate)

Ministry/Department: .....

Name of Team: .....

Address: .....

Colour of Jerseys: .....

Manager: ..... Tel: ..... Fax: .....

Email Address: .....

Coach: ..... Tel: ..... Fax: .....

Asst. Coach: ..... Tel: ..... Fax: .....

Bank Account Name of SWA: .....

Bank Account No.: ..... Bank Name: .....

SINGLE ENTRIES				
IN ORDER OF STRENGTH				
Rank	NAME	DESIGNATION	PRESENT POSTING	ID NUMBER
1				
2				
3				
4				
5				
6				
7				
8				
DOUBLES ENTRIES				
IN ORDER OF STRENGTH				
1				
2				
3				
4				
5				
6				
7				
8				

Note: (1) Each participating team, after having played all matches, will be entitled to a grant of Rs 1500 which will be credited to its Staff Welfare Association as long as it operates a valid bank account.

(2) We, the undersigned, acknowledge having taken cognizance of the rules and regulations of the tournament and undertake to comply with.

(3) We understand that the decision of the Board of the Public Officers' Welfare Council will be final and irrevocable.

(4) We certify that the players mentioned above are Public Officers and the information submitted is true.

Signature of Team Manager:..... Date:.....

Signature of Human Resource Manager:..... Name:.....

Signature of Supervising Officer:..... Name:.....