

POWC SILVER JUBILEE FOOTBALL TOURNAMENTS

Annex B

Participation Form

Ministry/Department:
Address:
Jerseys: Colour 1 Colour 2
Team Manager: Tel: Mobile:
Sports Coach: Tel: Mobile:
Email Address: Fax:
Bank Account Name of SWA
Bank Account Number Bank Name:

	<i>Name of Players</i>	<i>National Identity No.</i>	<i>Designation</i>	<i>Actual Posting</i>
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- N.B:** (1) *Each participating team, after having played all their matches, will be entitled to a grant of Rs 3000 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.....