

**PUBLIC OFFICERS' WELFARE COUNCIL
POWC SILVER JUBILEE VOLLEYBALL TOURNAMENTS (MEN)**

Participation Form

Civil Service Disciplined Forces
(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:

LIST OF PLAYERS					
	FULL NAME	DESIGNATION	ACTUAL POSTING	MVBA Licenced No.	Division
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

- Note: (1) Each participating team, after having played all matches, will be entitled to a grant of Rs 2500 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:

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

Participation Form

Civil Service/Disciplined Forces Volleyball Tournaments (Ladies)

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:

LIST OF PLAYERS					
	FULL NAME	DESIGNATION	ACTUAL POSTING	MYBA Licenced No.	Division
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Signature of Team Manager:..... Date:.....

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

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