

REQUEST FORM FOR ASSISTANCE

Name o Comple	f contact person/details: te and tick as appropriate						
1.							
2.							
	Elite Sports Youth Development Talent Identification Administration						
3.	State whether project forms part of the current Development Plan. Yes No						
4.	State whether the project is an international event. Yes No						
	If yes,						
	a. State the type of international event. Competition Training camp Others:						
	b. State the level of the international event. Regional Continental Inter-Continental World						
	c. State whether the Federation had previously participated in the event.						
	If yes, state the performance recorded:						
5.	State objective of the project:						
6.	Date of programme: 6. Venue:						
7.	Number of athletes: Men Women Number of Coach/es Number of Official/s						
8.	Note: To attach composition of delegation with the following details: Names/Status of members the delegation, previous performance recorded by athletes in events that he or she will be participating etc, if applicable. Nature/Type of financial assistance required from the Ministry:						
S.No.	Item		Number	Cost n	er unit (Rs)	Total Cost (Rs)	
D.110.	Item		Trumber	Cost p	er unt (RS)	Total Cost (Rs)	
				GRA	ND TOTAL (Rs)		
	pecify contribution from spoename of the sponsor:	=					
9.	Nature/Type of non-finan	••••••					
Name of signatory:						••••••	
Signatu	re:	Date:			Seal:		