



# ODISHA TENNIS ASSOCIATION

Kokila Residency, 1st Floor, Ananta Vihar, Pokhariput, Bhubaneswar- 751020, Khordha, Odisha  
Tel: 0674-2532005 Fak: 0674-2392854 Email: tennisodisha@gmail.com Website: www.odishatennis.com

Date of Receipt of Application:

Form No.:

## APPLICATION FOR JUNIOR COACHING PROGRAMME

### A Personal Details

1. Full Name (capital letters):

2. Gender:  3. Mobile:

4. Date Of Birth:

5. Email Address:

6. Present Address:

7. Parmanent Address:

8. Proof of Identify(Please enclose a copy):  AADHAR Card  PAN Card  School ID Card

### B Medical Information

1. Height:  cm 2. Weight:  kg as on date of application 3. Blood Group:

4. Medical History (if any):  Asthma  Rheumatism  Heart Disorder  Blood Pressure

5. History of Fractures (if any):

6. Food Allergies (if any):

7. Name of Physician:  8. Mobile:

### C Details of the School

1. Name of the School:

2. Class:  3. Section:  4. Timing:  5. Weekly Holidays:



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## D Details of Parents/Guardian

1. Father/ Guardian Name:
2. Father/ Guardian Occupation ( Complete details to be provided)
3. Phone / Mobile Number
4. Mother's Name:
5. Mother's Occupatin (complete details to be provided)
6. Phone / Mobile Number

## E Performance Details

1. Please tick  Beginner **OR** Playing for  Years
2. AITA Regd. No.
3. Valid Till

### 4. Past Playing Details

Sl.	From	To	Place	Coach (if any)
a)				
b)				
c)				
d)				

### 5. Highest Performance Achieved

Sl.	Year	Age Group	AITA Rank	Date of AITA Rank
a)				
b)				
c)				
d)				

## F Prefrence of Slots [Please write 1, 2, 3, .....preference against the below slots]

Week Days	<input type="checkbox"/>	0600 to 0730	<input type="checkbox"/>	0730 to 0930	<input type="checkbox"/>	0930 to 1030
	<input type="checkbox"/>	1400 to 1530	<input type="checkbox"/>	1530 to 1645	<input type="checkbox"/>	1645 to 1800
HoliDays	<input type="checkbox"/>	0600 to 0730	<input type="checkbox"/>	0730 to 0930	<input type="checkbox"/>	0930 to 1030
	<input type="checkbox"/>	1030 to 1200	<input type="checkbox"/>	1530 to 1645	<input type="checkbox"/>	1645 to 1800
	<input type="checkbox"/>	1400 to 1530				



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## G Declaration By Parents / Guardian

We/I would request to enroll my ward / child whose details are given above in the junior coaching program of OTA in Kalinga Stadium.

We/I would ensure that monthly coaching fees (as revised from time to time) are paid in advance on or before 10th of each month or 10th of the first month in a quarter. Our child and we (as parents/guardian) would abide the Rules / Regulations of the Junior coaching program of OTA, failing which our ward / child may be removed from the program.

We/I the parents / guardian of the applicant will not hold OTA responsible for any physical injury that may be inadvertently caused to our ward / child during coaching session.

**SIGNATURE OF APPLICANT**

**SIGNATURE OF MOTHER**

**SIGNATURE OF FATHER / GUARDIAN**

*Note: Incomplete or wrong information will automatically have these application rejected.*

## H Payment Details

- OTA Registration Fees:  (Annual)
- Coaching Fees:  (Monthly)  (Quarterly)
- Total Amount:  4. Paid by  Cash  Cheque  Net Banking
- Cheque No.:  Bank
- Net Banking Transaction No.:  Bank
- Money Receipt No.:  Date

### FOR OFFICE USE ONLY

**Recommended for**

**Admitted**

CEO, Junior Coaching Program, OTA

Honorary Secretary, OTA