

# 8<sup>th</sup> U.P. State Para Powerlifting Championship - 2024

**Venue:** Kailash Prakash Stadium, Civil Lines, Meerut, Uttar Pradesh 250003

**20<sup>th</sup> March, 2024**

## Registration Form

1.	Name		<b>Photo</b>	
2.	Gender			
3.	Date of Birth			
4.	Father's Name			
5.	Phone Number			
6.	Email			
7.	Address			
8.	District			
9.	<b>Achievement :</b>	<b>Position</b>	<b>Year</b>	<b>Classification Category</b>
	• State Level			
	• National Level			
	• International Level			
	• Other (Game)			
10.	PCI License		IPC License No.	
11.	Wheelchair	Yes / No		
12.	Coach			
13.	Escort			
14.	Category			
15.	Weight			

### 16. Document Required –

- Aadhar Card
- Birth Certificate/SSLC Mark Card
- Registration Fee Slip
- Physical Disability Certificate

**Note:-** All documents Attached Xerox Copy and Self Attested.

## 17. Important Guidelines for Players:

- 8<sup>th</sup> State Para Powerlifting Championship 2024 shall be conducted following the current PCI Rules / Guidelines. The decision of the Referee/Judges shall be final and binding for all the Para Athletes.
- Strictly follow the Standard Operating Procedure (SOP) & Guidelines issued by the Ministry of Youth Affairs & Sports, Government of India for Organizing Sports Competition in the Country in a COVID -19 Situation. The wearing of Mask by each Para Athletes/Team Official and also maintaining the sufficient Physical Distance will be compulsory failing which a strict disciplinary action shall be taken.
- During the period of the championship an athlete can raise a protest. The protest should be raised within the stipulated time (with 30 minutes) and it should be submitted in writing along with a fee of Rs 500/-

## 18. Registration Fee: The prescribed Fee for entry/registration is Rs.500/-

## 19.Account Details:

Bank Name	: Canara Bank
Name of Account	: U.P. PARA SPORTS ASSOCIATION
Bank Account No.	: 2872201000293
Branch Name	: Govindpuram, Ghaziabad – 201013
IFSC Code	: CNRB0002872

**Note:- It will be necessary to send Filled this Form with all the necessary documents and fee receipt on E-mail [-pcup.pci@gmail.com](mailto:pcup.pci@gmail.com) till 19<sup>th</sup> March, 2024.**

I \_\_\_\_\_ declare that the information provided by me are true and correct and if any information is found otherwise, I will be solely responsible without recourse to Para Sports Association of Uttar Pradesh. I shall abide by all the rules and regulations issued by International Paralympic Committee, Paralympic Committee of India or Para Sports Association of my State, for which I shall be solely liable for its compliance.

Date: .....

Place: .....

Signature of the Athlete