DELHI TENNIS BALL CRICKET ASSOCIATION

Affiliated with Tennis Ball Cricket Federation of India

Recognized by Ministry of Youth Affairs & amp; Sports, Govt. Of India

Office Address :- 133, PRATAP VIHAR, VISHWAKARMA NAGAR, JHILMIL COLONY DELHI 110095

PROFORMA DTBCA

NAME OF CHAMPIONSHIP: HELD AT:	NAME OF TH	E DISTRICT/UNIT	
HELD AT: FROM 1. NAME:	NAME OF CH		
1- NAME:			
S/0:	HELD AT:	FROM	
ADDRESS:			
D.O.B.: Player Signature: 2-NAME:			
2-NAME:			
S/0:	D.O.B.:	Player Signature:	
S/0:			
ADDRESS:	2-NAME:		
D.0.8.: Player Signature: 3-NAME:			
3-NAME:	ADDRESS:		
S/O:	D.O.B.:	Player Signature:	
S/O:			
ADDRESS:	3-NAME:		
D.O.B.: Player Signature: 4-NAME:	S/O:		
4-NAME: \$/0: ADDRESS: D.O.B.: Player Signature: \$/0: ADDRESS: D.O.B.: Player Signature: O.B.: Player Signature: 6-NAME: \$/0: ADDRESS: D.O.B.: Player Signature: O.B.: Player Signature: 7-NAME: \$/0: ADDRESS: D.O.B.: Player Signature: S/0: ADDRESS: D.O.B.: Player Signature:	ADDRESS:		
S/O:	D.O.B.:	Player Signature:	
S/O:			
S/O:	4-NAME:		
ADDRESS:			
D.O.B.: Player Signature: S/O:			
5-NAME:	D.O.B.:	Player Signature:	
S/O:			
ADDRESS:	5-NAME:		
D.O.B.:Player Signature: 6-NAME:	S/O:		
6-NAME:	ADDRESS:		
S/O:	D.O.B.:	Player Signature:	
ADDRESS:Player Signature: 7-NAME:	6-NAME:		
ADDRESS:Player Signature: 7-NAME:	s/0:		
D.O.B.:Player Signature: 7-NAME:	ADDRESS:		
S/O:ADDRESS:	D.O.B.:	Player Signature:	
S/O:ADDRESS:	7-NAME:		
ADDRESS:			
D.O.B.: Player Signature:			
	D.O.B.:	Player Signature:	

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(2)

8-NAME:		-
s/o:		_
ADDRESS:		
	Player Signature:	-
9-NAME:		-
S/O:		-
ADDRESS:		
D.O.B.:	Player Signature:	-
	0.01	
10-NAME:		-
S/O:		_
ADDRESS:		
D.O.B.:	Player Signature:	-
11-NAME:		-
S/O:		-
ADDRESS:		
D.O.B.:	Player Signature:	-
12-NAME:		-
s/o:		-
ADDRESS:		
D.O.B.:	Player Signature:	-
13-NAME:		-
s/o:		-
ADDRESS:		
D.O.B.:	Player Signature:	-
14-NAME:		-
s/o:		-
ADDRESS:		
D.O.B.:	Player Signature:	

Coach Name:

Manager Name:_

NOTE:- Certified that All the Player and official belong of our District President/Secretary are requested please attest all the photograph with seal

	Name DISTRICT/ Secretary/President
	Address:
Signature Seal	Phone:
Secretary/President District	Place:Date: