

MIZORAM STATE SPORTS COUNCIL – TATA TRUSTS GRASSROOTS FOOTBALL ACADEMY



TRAINEE PROFILE

TATA TRUSTS

CENTRE : _____

DISTRICT : _____

*Attached
Passport size
photo*

PERSONAL INFORMATION

| | | |
|--------------------------|---|----------------------|
| Name | : | |
| Gender | : | |
| Father's/Mother's Name | : | |
| Guardian Name | : | |
| Permanent Address | : | |
| Current Address | : | |
| Contact No(s) | : | (i) _____ (ii) _____ |
| Email | : | |
| Date of Birth (dd/mm/yy) | : | |
| Blood Group | : | |
| Height (in feet / cm) | : | |
| Weight (in kilogram) | : | |

EDUCATIONAL BACKGROUND

| | | |
|----------------|---|--|
| Class | : | |
| Name of School | : | |

SPORTS EXPERIENCE

| |
|--|
| |
|--|

MEDICAL HISTORY, If any

- | | | | |
|---------------------------------------|----------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Respiratory problem | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Anemia | <input type="checkbox"/> Bone fracture | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Eye problem | <input type="checkbox"/> Ulcer/IBS | <input type="checkbox"/> Menstrual problem | |

Date : _____

Place: _____

Signature of Trainee

Full name of Trainer (_____)
with Signature