



JHARKHAND STATE CRICKET ASSOCIATION

PLAYER REGISTRATION _____

MEN :- **UNDER 14, 16 , 19 , 23 & SENIOR**
WOMEN :- **UNDER 19, 23, SENIOR**

A) POINTS TO NOTE

- Only one registration form needs to be completed by each player for the season _____, even if participating in more than one tournament.
- Form to be filled in CAPITAL letters.
- Use only black ink ball point pen.
- Furnishing of incorrect information / suppression of information would lead to rejection of the application.
- The player should produce ORIGINAL Birth Certificate / Birth Registration Certificate for verification, at the time of submission of the registration form.
- It is mandatory Birth Registration within two years of Birth.
- Latest School Certificate on original letter head (Phone number of school is must)
- School mark sheet previous three years
- Aadhar Card

B) CUT OFF DATE AND ELIGIBILITY FOR AGE GROUPS

- **UNDER 16** :- Should be born on or after _____
- **UNDER 19** :- Should be born on or after _____
- **UNDER 23** :- Should be born on or after _____
- **WOMEN UNDER 19** :- Should be born on or after _____
- **WOMEN UNDER 23** :- Should be born on or after _____

* Mandatory Fields

*** Gender**
Select ☐ Male ☐ Female

*** Age Category**
U-14 ☐ U-16 ☐ U-19 ☐
U-23 ☐ Senior ☐

- **Name of the Club / School / Camp**

Write the full name of the Association you are registering for

[illegible]

- **Full Name of the Player**

First Name

[illegible]

Middle Name

[illegible]

Last Name

[illegible]

- **Display Name**

As it appears in the scorecard

[illegible]

- **Date of Birth (dd / mm / yyyy)**

[illegible]

- **Place of Birth**

Name of Hospital

[illegible]

Village

[illegible]

City or District

[illegible]

State

[illegible]

- **Birth certificate**

Date of Issue (dd/mm/yyyy)

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- *** Birth Registration Certificate**

Enter your birth registration Certificate number

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Date of Issue (dd/mm/yyyy)

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Place of Issue

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- **PAN Card**

Enter your PAN card Number

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- **Aadhar Card**

Enter your Aadhar card Number

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- **Sibling Information**

Brothers / Sisters (Step brothers / sisters not be included)

Name

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- **Passport**

Enter your passport number

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Date of expiry (dd/mm/yyyy)

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- *** SSC Certificate**

Enter your SSC certificate number

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Date of Issue (dd/mm/yyyy)

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- **Dental Age**(To be completed by a family Doctor/ Physiotherapist)

3rd Molar Erupted

☐ Yes ☐ No

Space behind 2nd Molar

☐ Yes ☐ No

- **Doctor / Physiotherapist Name**

Name

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- **Signature**

Please sign inside the box given below

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- *** Registration Number**

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DECLARATION

Guardian/Parent/Player

(Parent/Guardian will have to sign on behalf of the player if they are below 18 years of age.)

We hereby accept the JSCA Age Verification Protocol and give our consent for the player to undergo one (01) x-ray of the wrist and hand for U-16 and if necessary x-ray of hip joint in the U-19 age group. The details of the above protocol have been explained to me.

- **Signature : Guardian / Parent/ Player**
Please sign inside the box given below

* Name: Guardian / Parent/ Player

[illegible]

- **Permanent Address**

Address Line 1

[illegible]

Address Line 2

[illegible]

City

[illegible]

State

[illegible]

Country

[illegible]

Pincode

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- **Residential Address** Please fill this section, only if it is different from the above

Address Line 1

[illegible]

Address Line 2

[illegible]

City

[illegible]

State

[illegible]

Country

[illegible]

Pincode

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- **Email Address**

All email communication will be communicated to this address only

[illegible]

- **Mobile Number**

9	1
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- Landline Number

[illegible]

- **Mother's Name**

First Name

[illegible]

Middle Name

[illegible]

Last Name

[illegible]

- **Mother's Date of Birth**

- **Father's Name**

First Name

[illegible]

Middle Name

[illegible]

Last Name

[illegible]

- **Father's Date of Birth**

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- **Parent's Date of Marriage**

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- Emergency Contact Person's details

Name the person who we can contact in case of emergency

[illegible]

- **Contact Number**

9	1
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- **Email Address**

All email communication will be communicated to this address only

[illegible]

- **Player's Blood Group**

* **Select Type**

	0
	+ve

* Select Category

A
-ve

 B

AB

- **Proficiency**
Select any one option ☐ Batsman ☐ Bowler ☐ All-rounder
- **Batting**
Select any one option
 - ☐ Right Hand
 - ☐ Left Hand
- *** Batting Order**
Select any one option
 - ☐ Opener
 - ☐ Middle-order
 - ☐ Lower-order
- *** Wicket Keeper**
 - ☐ Yes
 - ☐ No
- **Bowler**
Select any one option
 - ☐ Right Hand
 - ☐ Left Hand
- If you are a right hand bowler, select any one option from the list If you are a right hand bowler, select any one option from the list
 - ☐ Fast
 - ☐ Off Spin
 - ☐ Fast Medium
 - ☐ Leg Spin
 - ☐ Fast
 - ☐ Orthodox
 - ☐ Fast Medium
 - ☐ Chinaman
- **Place**
-
- **Date**
(dd/mm/yyyy)

***Signature of the Player**

FOR USE OF CLUB/SCHOOL/CAMP/DISTRICT

CERTIFIED that the applicant is registered with our Association for the year and period as stated overleaf.
Recommended that he/she be registered with the Jharkhand State Cricket association _____.

Name of the Association / Camp / Club / School / District: _____

Place:

Signature of the Honorary Secretary

Date:

Stamp / Seal of the Association

Note:

Before signing the registration form, Honorary Secretary of the _____ should verify the details filled in by the players and verify the Original birth Certificate / Birth Registration Certificate / school Leaving Certificate.