



CYCLING SELECTION TRIAL – PARTICIPANT FORM

Event Name: SAI NCOE Imphal Cycling Selection Trial

Venue: Sports Authority of India, Takyel, Imphal, Manipur

PERSONAL INFORMATION

Full Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth (DD/MM/YYYY): _____ Age: _____

Gender (☐ Male ☐ Female ☐ Other): _____

Contact Number: _____

Email Address: _____

Residential Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____



ACHIEVEMENT

Do you have any achievement in the cycling event? (☐ Yes ☐ No)

If Yes, please specify: _____

MEDICAL INFORMATION

Do you have any medical conditions we should be aware of? (☐ Yes ☐ No)

If Yes, please specify: _____

Are you currently on any medication? (☐ Yes ☐ No)

If Yes, list medication: _____

DECLARATION

I hereby declare that all information provided is true and correct to the best of my knowledge. I understand that participation in the Cycling Selection Trial is voluntary and at my own risk. I agree to abide by all the rules and instructions provided by the organizers.

Signature of Participant

Date: _____