ALL NEPAL FOOTBALL ASSOCIATION

NATIONAL FUTSAL TEAM SELECTION FORM

Mangsir 8 to 12, 2082(November 24 to 28, 2025)

Photo

Name in Block

GENDER : ☐MALE ☐FEMALE

ADDRESS: _____

DATE OF BIRTH: BS: _____ AD: _____

PLAYING POSITION: ☐GK ☐ FIXO ☐ALA ☐PIVOT

MOBILE NO: _____

EMAIL ADDRESS: _____

CITIZENSHIP NO/PASSPORT NO: _____

PARENT'S NAME: _____

PARENT'S CONTACT NO: _____

CURRENT CLUB/TEAM : _____

PREVIOUS EXPERIENCE/TOURNAMENT:_____

HEIGHT/WEIGHT: HT. in cm _____ WT._____ in kg

ATTACHED COPY: ☐Passport ☐ Citizenship

☐I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that this form is for the SAFF Futsal Championship Player Selection and that any false information or dishonesty may result in rejection of my application.

Signature: _____ Date: _____

Mail ID: abinash@the-anfa.com