



ALL NEPAL FOOTBALL ASSOCIATION

ANFA House, Satdobato, Lalitpur
Phone No. 5201060/62 Fax No. 5201059
Website: www.the-anfa.com

MARTYR'S MEMORIAL 'C' DIVISION LEAGUE QUALIFIERS 2079

TEAM ENTRY CONFIRMATION FORM

NAME OF THE TEAM/CLUB:.....

ADDRESS:

REGISTRATION NO.:..... REGD. YEAR:.....

PAN NO.:..... BANK A/C DETAILS:.....

EMAIL:..... PHONE NO:.....

PRESIDENT'S NAME:.....

MOBILE NO.:..... EMAIL:.....

GENERAL SECRETARY'S NAME:.....

MOBILE NO.:..... EMAIL:.....

DECLARATION: I/WE HEREBY DECLARE THAT THE ABOVE MENTIONED INFORMATION IS CORRECT AS PER MY/OUR KNOWLEDGE AND THE DOCUMENTS SUBMITTED ARE VALID. I/WE CONFIRM FOR THE PARTICIPATION OF THE TEAM.

.....
GENERAL SECRETARY'S SIGNATURE

.....
TEAM'S STAMP

.....
PRESIDENT'S SIGNATURE

.....
APPROVED BY
GENERAL SECRETARY, ANFA

DATE:.....



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PLAYER'S REGISTRATION FORM

NAME OF THE TEAM/CLUB:.....



RECENTLY TAKEN PHOTO
(PASSPORT SIZE)

PLAYER'S NAME:

ADDRESS (PERMANENT):

ADDRESS (CURRENT):

DATE OF BIRTH:B.S.A.D.

MOBILE NO:..... EMAIL:.....

BLOOD GROUP: CITIZENSHIP/PASSPORT NO.:

PLAYING SINCE: TEAM PLAYED FROM:.....

<i>RIGHT</i>	<i>LEFT</i>

DECLARATION: I/WE HEREBY DECLARE THAT THE ABOVE MENTIONED INFORMATION IS CORRECT AS PER MY/OUR KNOWLEDGE AND THE DOCUMENTS SUBMITTED ARE VALID.

.....
PLAYER'S SIGNATURE

.....
TEAM'S STAMP

.....
TEAM MANAGER'S SIGNATURE

.....
APPROVED BY
GENERAL SECRETARY, ANFA

.....
DATE:.....



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OFFICIAL'S REGISTRATION FORM

NAME OF THE TEAM/CLUB:.....



OFFICIAL'S NAME:

OFFICIAL'S ROLE:

ADDRESS (PERMANENT):

ADDRESS (CURRENT):

MOBILE NO:..... EMAIL:.....

BLOOD GROUP: CITIZENSHIP/PASSPORT NO.:

<i>RIGHT</i>	<i>LEFT</i>

DECLARATION: I/WE HEREBY DECLARE THAT THE ABOVE MENTIONED INFORMATION IS CORRECT AS PER MY/OUR KNOWLEDGE AND THE DOCUMENTS SUBMITTED ARE VALID.

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PLAYER'S SIGNATURE

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TEAM'S STAMP

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TEAM MANAGER'S SIGNATURE

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APPROVED BY
GENERAL SECRETARY, ANFA

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DATE:.....