

Registration N	lo						

## **DHANBAD CRICKET ASSOCIATION**

Randhir Prasad Verma Stadium, Golf Ground, Dhanbad - 826001

## Mission 2028

## PLAYER REGISTRATION FORM

(Please read the instructions carefully before filling the form)

Photograph to be pasted

				Play	er																					
Fire	st N	ame	<del>)</del>								_				_		_				_				1	]
N 4:		NI-																								
IVIIC	ddle	iva 	me								Т				Τ		$\top$				$\top$		$\top$		Т	]
Las	st N	_ ame	 }																							]
Ge	ende	er			N	lale				F	ema	ale						<b>'</b>	•	'	1	1	1	1	1	J
Date of Birth (dd/mm/yyyy)																										
			Birth losp																							
Vill	age																									
Cit	y or	Dis	trict																							
Sta	ate																									
Birth certificate Date of Issue (dd/mm/yyyy)  * Birth Registration Certificate Number  Date of Issue (dd/mm/yyyy)																	spo er yo	r <b>t</b> our p	pass	por	t nu	mbe	ər			
															[	Date	e of	expi	ry (d	dd/n	nm/	уууу	/)			
ate	ot I	SSU	e (d	ia/m	ım/y	ууу	) 							F	AN	Ca	rd N	umk	oer							
_∟ Pla	ce o	of Is	sue	:						1	J	A	Aadhar Card Number													
Place of Issue												I														

First Name  Middle Name  Last Name  First Name  Middle Name  Last Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State  Country  Pincode	6	Mot	her's	s Na	me																				
Last Name First Name First Name Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State		Firs	t Na	me																					7
Last Name First Name First Name Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State																									
Last Name First Name First Name Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State		Mid	طام ۱۸	Jon																					J
Father's Name First Name  Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address  Address Line 1  Address Line 2  City  State		IVIIG	ale i	vaii	e																				
Father's Name First Name  Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address  Address Line 1  Address Line 2  City  State																									
First Name  Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State		Last	t Na	me							_												1		7
First Name  Middle Name  Last Name  Emergency Contact Person's details Name the person who contact in case of emergenry  Email Address  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State																									
Emergency Contact Person's details Name the person who contact in case of emergenry    Email Address	7				me					<u> </u>				I	l		I	I	l	I	1	I		l	1
Emergency Contact Person's details Name the person who contact in case of emergenry    Email Address																									
Emergency Contact Person's details Name the person who contact in case of emergenry    Email Address																									
8 Emergency Contact Person's details Name the person who contact in case of emergenry  9 Email Address  10 Mobile Number  9 1  9 1  9 1  Player's Blood Group:		Mid	dle l	Nam	е					1									Π			Ι			]
8 Emergency Contact Person's details Name the person who contact in case of emergenry  9 Email Address  10 Mobile Number  9 1 9 1 9 1 Player's Blood Group:  12 Permanent Address Address Line 1  Address Line 2  City  State																									
Name the person who contact in case of emergenry    Email Address		Last	t Na	me																					7
Name the person who contact in case of emergenry    Email Address																									
Name the person who contact in case of emergenry    Email Address	8	Eme	erae	ncv	Con	tact	Pers	on's	deta	ils												<u> </u>			]
Mobile Number  9 1  9 1  9 1  Player's Blood Group :											of er	ner	geni	<b>У</b>									,		
Mobile Number  9 1  9 1  9 1  Player's Blood Group :																									
Mobile Number  9 1  9 1  9 1  Player's Blood Group :	9	Ema	ail A	ddre	ess	1																			
9 1 9 1 Player's Blood Group :																									
9 1 9 1 Player's Blood Group :  Permanent Address Address Line 1  Address Line 2  City  State	10	Mal	L hilo	Nun	hor	<u>                                       </u>																			
9 1  Player's Blood Group:  Permanent Address Address Line 1  Address Line 2  City  State	10			Null	ibei																				
Player's Blood Group :		9	1																						
Permanent Address Address Line 1  Address Line 2  City  State		9	1																						
Permanent Address Address Line 1  Address Line 2  City  State																									
Address Line 1  Address Line 2  City  State	11	Pla	ayer	's B	lood	l Gro	oup :																		
City State	12						SS																		
City State																									
State		Ac	ddre	ss L	ine 2	2																			
State																									
		Cit	y																						
Country Pincode		Sta	ate																	I					
Country Pincode					1																				
Country Pincode																									
		Co	untr	У												Г	F	Pinco	ode						

13	Pro Se	ofici elect	i <b>en</b> d t an	y or	ne c	ptic	Select a		В	atsma	n		Bowler						All-rounder								
14	Batting Select any one option Select any one option Select any one option																		*	* Wicket Keeper							
	Right Hand Opener Lower-o														ord	er				Yes							
	Left Hand Middle-order																		Ν	lo							
15	Se		t ar	•	hand	d bol		seled	ct any	Right H y one op Fast M Leg Sp	tion fi	rom t	he lis		our a	ast	right		d bov	/ler,	_ F		Ne	ediu		rom th	e list
16	Na	me	_				of C	oac	_ :hin	g Can	ıp/S	cho	ol/C	lub					ı								
17	Pla	ice	*	Sig	natı	ure	of F	Pare	nt										*Sig	na	ture	e of	the	Pla	yer		
18	<b>Da</b> (do		m/y	ууу	)																						

## **Important Instructions**

- 1. Form shall be filled in Capital Letter by Black/Blue Point pen only.
- 2. Player borne between 1st September, 2001 to 1st September, 2014 are only eligible.
- 3. Player must be resident of Dhanbad/Jharkhand.
- 4. Photocopy of birth certificate, Aadhar Card, School/College bonafide certificate must be attached.
- 5. Original School Mark sheets (Mandatory) from the previous three (03) years (school mark sheets of academic.
- 6. Current Original School Bonafide Certificate (Mandatory) signed by the principal on the letterhead of that concerned school/college mentioning admission number, date of admission, date of birth in school/college records and the academic class
- •7. Player shall be required to produce all the original documents as and when directed by the Association.
  - B. Last date of submission of registration form is 25th April, 2025.
- 9. Selection for first phase of Mission 2028 shall start from 10th May, 2025.
- 10. Registration fee for unregistered player: Rs 500/-.