

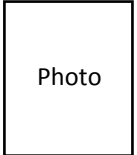


TRADITIONAL LATHI SPORTS FEDERATION-INDIA

Head Off.: A-51, Street No. 5, Jagatpuri Extension, Delhi-110093
Contact No.: 9911306413 | 9540867919 | 9920075123, www.lathifederation.com

REFEREE SEMINAR FORM

No.: _____ / 2021-22



Personal Details :

Name : _____

First

Father's Name

Surname

Date of Birth : _____ Age : _____ Sex : _____

Address : _____

City : _____ District : _____ State : _____

Contact No.: _____

E-Mail ID.: _____

Name of State Association : _____

Size of T-shirt : S M L XL XXL XXXL

(put a \sqrt tick mark in appropriate box)

Sign. of Applicant

State Stamp

Name of State President / Secretary	<u>FOR OFFICE USE ONLY</u>	
	Fees :	
Sign. of State President / Secretary :	Received By :	

Date : 1st - 4th October 2021

Venue : Dr. Ambedkar Bhawan Ground, New Delhi.