

Serial No. _____

(to be filled by NHPC)



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APPLICATION FORM

NHPC SPORTS SCHOLARSHIP SCHEME FOR UPCOMING SPORTS PERSONS

Name of Sport applied for	
Specialization in sport, if any	

1. Name of the Candidate (Please give full name) (IN CAPITAL LETTER)

2. Father/Guardian/Husband's Name
(strike off which is not applicable)

3. Present Address (IN CAPITAL LETTER)
(Village, Town, Post Office, District, State,
Pin code)

4. Date of Birth

D	D	M	M	Y	Y	Y	Y

(In figures and words.)

Year Month Day

5. Age
(As on the 1st Dec of 2022)

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Please enclose self-attested photocopy of birth certificate issued by the corporation/ municipality/ panchayat where the player was born with signature and seal of the Competent Authority OR self-attested photocopy of 10th Class certificate OR self-attested photocopy of PAN Card OR self-attested photocopy of Aadhaar Card.

6. Telephone Number

• Landline with STD Code (if any)

• Mobile Number (mandatory)

• E-mail ID (mandatory)

9.2 At International Level (from January 2021 onwards) (attach extra sheet if required)

Event	Date	Venue	Organizer	Position/Rank	Score

9.3 Current Sub Juniors / Juniors National Ranking: _____
(If applicable)

9.4 Name of State represented: _____
(If applicable)

(Please give details of the score and position/rank for all tournaments of National/International level in which participated. Attested photocopies of relevant documents as mentioned at point 9.1, 9.2, 9.3 & 9.4 must be enclosed). The attestation should be done by a gazetted officer. In respect of team games, outstanding individual performance should be highlighted.

10. Do you belong to any Project affected family of NHPC Projects? If Yes, Submit a certificate from the respective NHPC Project certifying that you belong to Project Affected Family of that respective project.

Indicate Yes/No :

If Yes, please give the Name & address of the Project for which you belong to PAF category.	
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11. Academic Record (starting from High School/Hr. Secondary)

Examination	Board/ University	Year	Subjects	Division/ Distinction	Remarks

Signature of the Applicant

Applicant Name

Date:

Recommended by Head/Principal of Institution/School where the applicant is studying/
Secretary of the State Federation/ National Federation of the concerned sport.

Signature:

Name:

Designation:

Seal: