

**U. P. Athletics Association**

 Affiliated to U. P. Olympic Association & Athletics Federation of India

**Feedback from the Affiliated District Athletics Associations & Units**

1. Name of the Association/Unit …………………………………………………………………………….
2. Contact Details: Mobile ……………….. Email: ………………………………………….

Postal Address: …………………………………………………………………………….

 …………………………………………………………………………….

3. Registration Details: No. ………………………….Dated: ……………………………………

4. Permanent Account {PAN}: No. ………………………….Dated: ……………………………………

5. Bank Account Details: Bank Name: ………………………………. No. ……………………….

 Branch Name: ……………………………..IFSC: ….…………………

6. Last Election details: Date:……………………….. Valid upto ……………………………….

* President / Chairman: Name: ………………………………………… Mobile: ……………….

Email: …………………………………………..

* Secretary: Name: ………………………………………… Mobile: ……………….

Email: …………………………………………..

* Treasurer: Name: ………………………………………… Mobile: ……………….

Email: …………………………………………..

* Name of the Representative: Name: ………………………………………… Mobile: ……………….

(For UPAA Meetings) Email: …………………………………………..

* Chief Coach: Name: ………………………………………… Mobile: ……………….

Email: …………………………………………..

* Selection Committee Chairman: Name: ………………………………………… Mobile: ……………….

Email: …………………………………………..

* Technical Committee Chairman: Name: ………………………………………… Mobile: ……………….

Email: …………………………………………..

7. Details of Stadiums & Athletics Grounds (With name of the Stadium & condition of the Track)

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…………………………………………………………………………..(Please add separate sheet for more details)

8. Names of the Qualified Technical Officials with their credentials (ITO, NTO, FTO, FSTO etc.)

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…………………………………………………………………………..(Please add separate sheet for more names)

9. Names of the Qualified Athletics Coaches with their credentials (NIS, Level ‘1’, Level ‘2’ etc.)

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…………………………………………………………………………..(Please add separate sheet for more names)

10. Names of Award Winners with their credentials (Padma Shree, Arjuna Award, Laxman Award, Laxmi Bai Award etc.)

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…………………………………………………………………………..(Please add separate sheet for more names)

{Signatures}

**President** / Chairman SEAL **Secretary**

Name of the affiliated Unit …………………………………..……,,,,,,,,,……………………………………………………