



HAND TO HAND FIGHTING SPORT FEDERATION OF INDIA

AFFILIATED TO : ASIAN HAND TO HAND FIGHTING SPORT FEDERATION - AHSF
MEMBER : HAND TO HAND FIGHTING SPORT INTERNATIONAL FEDERATION - HSIF
RECOGNISED BY : FIT INDIA (MINISTRY OF YOUTH AFFAIRS AND SPORT) GOVT. OF INDIA
REGD. BY : TRUST ACT.: 90/2022, NITI AAYOG, MSME

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h2h.indiahq@gmail.com www.h2hfightindia.com



HSFI REFEREE / JUDGE REGISTRATION FORM

PLACE _____ DATE ____/____/____

Photo

NAME OF STATE ASSOCIATION

APPLICANT DATA

NAME OF APPLICANT

FATHER NAME

Gender

Date of Birth

Mobile Number

Record book No.

Email

DECLARATION

- I. I _____ Age _____ S/O _____
Declare that the particulars given above are true to the best of the best of my knowledge and belief
- II. I also declare that I shall abide by the rules and regulations and the latest amendments and decisions of the HSFI /State and National Tournaments/Championships.
- III. I also declare that I will not participate in any un-authorized tournament/ Championship
- IV. I opt for _____ state Hand to Hand Fighting Sport Association for participating in all Hand to Hand Fighting Sport activities.

Date : _____ Signature _____

Note: Application to be submitting along with a Fee of 3000 Rs/. All payments should be paid by Demand Draft/ transfer in favoring Hand to Hand Fighting Sport Federation of India payable at PUNE for migration from one Affiliated Unit/ State association to another, the NO OBJECTION Certificate of the former Affiliated Units is to be obtained before getting registered with the new Association

Recommendation from State Hand to Hand Fighting Sport Association

President/Secretary Signature and Seal

Note: Bring this Application original with you at registration. Submit it before 15 days to Hand to Hand Fighting Sport Federation of India's Office at Pune

Email: h2h.hqindia@gmail.com

OFFICE USE ONLY:

PREVIOUS GRADE

NEXT UP GRADE

TOTAL PAYMENT

Registration conditions for these HSFI COACH briefing will be published in the relevant Bulletins.

Venue _____

Date: _____

Signature Of Examiner

Designation