

(To be submitted in original on school's letter head)

Date

To

The Principal

Guru Nanak Higher Secondary School,

Pee Pee Compound, Ranchi (Host School)

CBSE Zonal Yogasana Competition, 2024

Dear Ma'am,

I hereby certify that the following students enrolled for CBSE Zonal Yogasana, 2024 are bona-fide students of this institution and are registered for the **CBSE Zonal Yogasana Competition 2024** as per CBSE norms and age category.

S. No.	Name of the Student	Regn. No.	Age Category
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Name of the Principal

Signatures

Official Seal

(Incise the undertaking is insufficient take out multiple copies)

(To be submitted by C.M.O. of your district or any M.B.B.S. doctor with his/her seal, signature and registration number)

Date:

MEDICAL FITNESS CERTIFICATE

This is certified that all students and the accompanying staff of our school YOGASANA Team (as per attached team list) will be participating in the CBSE ZONAL YOGASANA COMPETITION 2024 to be hosted by GURU NANAK HIGHER SECONDARY SCHOOL, PEE PEE COMPUND, RANCHI from **5th – 8th September 2024** are Medically Fit to participate in the above-mentioned event. It has been certified by the Chief Medical Officer/R.M.O. or any M.B.B.S. doctor.

Signature of Team Manager

Signature of Team Coach

Signature & Seal
Medical Officer / RMO
Regn. No.

Signature & Seal
Principal/Head of School

GROUP PHOTOGRAPH AND NAMES OF THE TEAM MEMBERS

> Kindly paste a large photograph (5x7) of the Principal, Officials along with the participants.

I hereby certify that all the members shown in the photograph are bonafide members of the school. It is certified that the details mentioned above are true and correct to the best of my knowledge.

Please furnish a copy of the team registration list as per the CBSE Website.

(Signature and Stamp of Principal)

DETAILS OF THE ACCOMPANYING OFFICIALS

Affix Passport
size photograph
attested by the
Principal

Name of the Official: _____

Designation in school: _____

Accompanying the team as: Team Manager / Coach

Mobile Number: _____

Email-id _____

Signature

Affix Passport
size photograph
attested by the
Principal

Name of the Official: _____

Designation in school: _____

Accompanying the team as: Team Manager / Coach

Mobile Number: _____

Email-id _____

Signature

I hereby certify that the above mentioned officials are going to responsible for the team throughout their time during the tournament and will take all decisions on behalf of the institution.

(Signature and Stamp of Principal)

DETAILS OF THE PARTICIPANTS

Participant number : _____ of _____

Name of the Participant: _____

Gender: *Boy / Girls* Category: *Under14 / Under17 / Under19*

Event : *Team / Individual (Artistic) / Individual (Rhythmic)*

Class : _____ Admission number : _____

Date of Birth : _____ (*must be same as Aadhar & School ID*)

Board Registration number (*for class X & XII*) : _____

Name & Address of the School : _____

Affiliation number of the school : _____

**Affix Passport
size photograph
attested by the
Principal**

**Affix Photo or Photocopy of
Front Side of Participant's
Aadhar Card**

**Affix Photo or Photocopy of
Back Side of Participant's
Aadhar Card**

**Affix Photo or Photocopy of
Participant's School ID**

Alternate Contact Number in case of emergency:

*Kindly mention if the Participant has any health conditions
or allergies:* _____

(Signature and Stamp of Principal)