



Annexure

JOB APPLICATION FORM (COACH & SUPPORT STAFF)

PERSONAL INFORMATION											
ROLE APPLIED FOR											
NAME (as per passport)	FIRST										
	MIDDLE										
	LAST										
DATE OF BIRTH	D	D	/	M	M	/	Y	Y	Y	Y	
PASSPORT NO.											
PASSPORT EXPIRY DATE	D	D	/	M	M	/	Y	Y	Y	Y	
MOB. NO. (with Country Code)	1.	P	R	I	M	A	R	Y			
	2.	A	L	T	E	R	N	A	T	E	
EMAIL ID.	1.	PRIMARY									
	2.	ALTERNATE									
PERMANENT ADDRESS	HOUSE NO., STREET, AREA										
	CITY										
	STATE										
	COUNTRY										
	P	I	N	/	Z	I	P		C	O	D
COMMUNICATION ADDRESS	HOUSE NO., STREET, AREA										
	CITY										
	STATE										
	COUNTRY										
	P	I	N	/	Z	I	P		C	O	D



EDUCATION QUALIFICATIONS										
COURSE/DEGREE	DOMAIN		INSTITUTE/UNIVERSITY				YEAR OF COMPLETION	MARKS/%AGE/CGPA/GRADE		
EG. Bachelor in Science	Sports Coaching									
EG. M.Sc.	Physiotherapy									
ADDITIONAL CERTIFICATIONS (IF ANY)										
COURSE/CERTIFICATE	DOMAIN		CERTIFYING AGENCY				YEAR OF COMPLETION	MARKS/%AGE/CGPA/GRADE		
EG. IAAF LEVEL IV	ATHLETICS		IAAF							
EG. ASCA LEVEL I	S&C		Australian Strength & Conditioning Association							
PRESENT EMPLOYER DETAILS (To be filled only if employed by or working for an entity)										
ORGANISATION										
DESIGNATION										
DATE OF JOINING	D	D	/	M	M	/	Y	Y	Y	Y
REMUNERATION	MONTHLY GROSS									
EMPLOYMENT TYPE	<input type="checkbox"/> FULL TIME			<input type="checkbox"/> ON CONTRACT			<input type="checkbox"/> CONSULTANT			



PREVIOUS EMPLOYMENT HISTORY										
(To be filled only where employed by or working for an entity)										
ORGANISATION	DESIGNATION	TIME PERIOD			TYPE	REFERENCE				
1.		FROM			<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION PH. NO EMAIL				
		M	M	/			Y	Y	Y	Y
		TO								
		M	M	/			Y	Y	Y	Y
2.		FROM			<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION PH. NO EMAIL				
		M	M	/			Y	Y	Y	Y
		TO								
		M	M	/			Y	Y	Y	Y
3.		FROM			<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION PH. NO EMAIL				
		M	M	/			Y	Y	Y	Y
		TO								
		M	M	/			Y	Y	Y	Y
4.		FROM			<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION PH. NO EMAIL				
		M	M	/			Y	Y	Y	Y
		TO								
		M	M	/			Y	Y	Y	Y
5.		FROM			<input type="checkbox"/> FULL TIME <input type="checkbox"/> ON CONTRACT <input type="checkbox"/> CONSULTANT	NAME DESIGNATION PH. NO EMAIL				
		M	M	/			Y	Y	Y	Y
		TO								
		M	M	/			Y	Y	Y	Y

Please attach additional sheets if there are more details to be mentioned.



MAJOR PLAYERS WORKED WITH									
PLAYER & SPORT	WORKED AS	TIME PERIOD						MAJOR ACHIEVEMENTS OF PLAYER DURING TENURE	
1.	<input type="checkbox"/> PERSONAL COACH/ SUPPORT STAFF	FROM							
		M	M	/	Y	Y	Y		Y
	<input type="checkbox"/> CAMP/ACADEMY/SQUAD COACH/ SUPPORT STAFF	TO							
		M	M	/	Y	Y	Y		Y
2.	<input type="checkbox"/> PERSONAL COACH	FROM							
		M	M	/	Y	Y	Y		Y
	<input type="checkbox"/> CAMP/ACADEMY/SQUAD COACH/ SUPPORT STAFF	TO							
		M	M	/	Y	Y	Y		Y
3.	<input type="checkbox"/> PERSONAL COACH	FROM							
		M	M	/	Y	Y	Y		Y
	<input type="checkbox"/> CAMP/ACADEMY/SQUAD COACH/ SUPPORT STAFF	TO							
		M	M	/	Y	Y	Y		Y
4.	<input type="checkbox"/> PERSONAL COACH	FROM							
		M	M	/	Y	Y	Y		Y
	<input type="checkbox"/> CAMP/ACADEMY/SQUAD COACH/ SUPPORT STAFF	TO							
		M	M	/	Y	Y	Y		Y
5.	<input type="checkbox"/> PERSONAL COACH	FROM							
		M	M	/	Y	Y	Y		Y
	<input type="checkbox"/> CAMP/ACADEMY/SQUAD COACH/ SUPPORT STAFF	TO							
		M	M	/	Y	Y	Y		Y
6.	<input type="checkbox"/> PERSONAL COACH	FROM							
		M	M	/	Y	Y	Y		Y
	<input type="checkbox"/> CAMP/ACADEMY/SQUAD COACH/ SUPPORT STAFF	TO							
		M	M	/	Y	Y	Y		Y

Please attach additional sheets if there are more details to be mentioned.



AWARDS, CITATION AND RECOGNITION

DETAILS	YEAR	AWARDING BODY/AGENCY
1.		
2.		
3.		
4.		
5.		

RESEARCH STUDIES UNDERTAKEN

TOPIC	DETAILS AND IMPACT	PUBLISHING JOURNAL (if applicable)
1.		
2.		
3.		
4.		
5.		

STATEMENT OF PURPOSE

(the candidate may elaborate on why he/she is applying for this role and the nature of impact he/she intends to create in her capacity)



CANDIDATE DECLARATION

I hereby confirm that the details shared above are true. I agree to submit further proof of the details mentioned above, if requested by the TOPS Secretariat.

(Candidate signature and date)

FOR OFFICIAL USE ONLY

DOCUMENTS CHECKLIST (To be verified by National Sports Federation and Sports Authority of India)	
LIST OF DOCUMENTS TO BE SUBMITTED BY THE CANDIDATE	PROOF OF EDUCATIONAL QUALIFICATIONS, CERTIFICATIONS, AWARDS
	PROOF OF ALL EMPLOYMENT
	COPY OF PASSPORT
	2 PASSPORT SIZE PHOTOS

Verified by,

National Sports Federation:

Name:

Designation:

Date:

Signature:

Verified by on behalf of SAI,

Name:

Designation:

Date:

Signature: