Validity will commence w.e.f. 1st Jan of the year of the application till 31st -December of the 3rd year.

AITA/ITN REGISTRATION FORM
ALL INDIA TENNIS ASSOCIATION

New Registration: ☐ Renew: ☐☐☐☐☐

Photograph

NAME: _____

SURNAME **MIDDLE NAME** **FIRST NAME**

Sex: **Male** ☐ **Female** ☐

Father/Husband/Guardian's Full Name: _____

Permanent Address: _____

_____ **PIN:** ☐☐☐☐☐☐

Tel Residence: _____ **Mobile:** _____

E-Mail ID: _____ **Date Of Birth:** __ __ / __ __/ __ __ __ __

Name & Address of the Academy: _____ **Contact no:** _____

Coach Name: _____

If, Coach Registered with AITA, Coach Registration No. _____

COACH SIGNATURE: _____

If not, Tel no: _____ **Email-id:** _____

DEMAND DRAFT NO: ☐☐☐☐☐☐☐ **DD Date:** _____

Bank Name & Branch: _____ _____ **Amount Rs.** ☐☐☐☐/-

Note: Please attach the Xerox copies of Municipal Birth Certificate or Certificate from School indicating DOB or Passport photocopy along with 2 Passport size photographs and Demand Draft in favor of the AITA payable at New Delhi for Rs 3000/- **Send Direct to**: All India Tennis Association, RK Khanna Tennis Stadium, Safdarjung Enclave, Africa Avenue, New Delhi –110029, Tel. No. 26176280 and Email- id: registration@aitatennis.com

DECLARATION

I hereby undertake that the information and documents supplied by me are correct, I undertake that I will produce original certificates indicating my date of birth or proof of correct age as and when required, if needed, will go for doping test; participate without any pre-conditions (only for Indian origin players) if selected to represent India for any tennis tournament, and will not play in national ranking tennis tournaments within the country, which is not AITA approved. I understand that failure in any of the above undertaking may lead to a suspension of AITA registration and a ban from participation in Tennis events in India and this cannot be challenged in any court of law.

_____ _____

Signature of Parents **Signature of Player**

Certified that I have verified the date of birth with the original and found his/her DOB correct.

Signature of the Hon. Secretary of the
State Association

Seal of the Association

(For Office Use) **Receipt No.:** _____ **Date:** _____