

**FORMAT**

**BIJU PATNAIK SPORTS AWARD FOR BEST SPORTS  
TECHNICAL OFFICIAL/ SUPPORT STAFF OF THE YEAR**

**APPLICATION FOR THE YEAR –2022**

Affix three copies  
of recent passport  
size colour  
photographs

1	Name (in block letters)	<table border="1" style="width: 100%;"><tr><td style="width: 33%; height: 25px;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr><tr><td style="text-align: center;">FIRST NAME</td><td style="text-align: center;">MIDDLE NAME</td><td style="text-align: center;">SURNAME</td></tr></table>						FIRST NAME	MIDDLE NAME	SURNAME														
FIRST NAME	MIDDLE NAME	SURNAME																						
2	Address	<p><b>Present address</b></p> <p>(a) At: (b) Post: (c) Via: (d) Dist.: (e) Pin Code: (f) Mobile No.-</p> <p><b><u>Permanent *</u></b></p> <p>(a) At: (b) Post: (c) Via: (d) Dist.: (e) Pin Code: (f) Mobile No.-</p> <p style="text-align: center;"><i>* If the present and permanent address are same, please mention as 'same as above'</i></p>																						
3	Father's name																							
4	Mother's name																							
5	Date of Birth	<table border="1" style="width: 100%;"><tr><td style="width: 33%; height: 25px;"></td><td style="width: 33%;"></td><td style="width: 33%;"></td></tr><tr><td style="text-align: center;">DD</td><td style="text-align: center;">MM</td><td style="text-align: center;">YYYY</td></tr></table>						DD	MM	YYYY														
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6	Sex	(Put '✓' mark in the appropriate box)																						
		<table border="1" style="display: inline-table;"><tr><td style="width: 40px; text-align: center;"><b>Male</b></td><td style="width: 40px; text-align: center;"><input type="checkbox"/></td></tr></table>	<b>Male</b>	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 40px; text-align: center;"><b>Female</b></td><td style="width: 40px; text-align: center;"><input type="checkbox"/></td></tr></table>	<b>Female</b>	<input type="checkbox"/>																	
<b>Male</b>	<input type="checkbox"/>																							
<b>Female</b>	<input type="checkbox"/>																							
7	Are you a resident of Odisha? (Put '✓' mark in the appropriate box)	<table border="1" style="display: inline-table;"><tr><td style="width: 40px; text-align: center;"><b>Yes</b></td><td style="width: 40px; text-align: center;"><input type="checkbox"/></td></tr></table>	<b>Yes</b>	<input type="checkbox"/>	<table border="1" style="display: inline-table;"><tr><td style="width: 40px; text-align: center;"><b>No</b></td><td style="width: 40px; text-align: center;"><input type="checkbox"/></td></tr></table>	<b>No</b>	<input type="checkbox"/>																	
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<b>No</b>	<input type="checkbox"/>																							
8	Present occupation:																							
9	Educational qualification	Highest educational qualification: Name of the institution attended: Year of passing:																						
9	Technical qualification	Give the details of your technical qualification (Attach self-attested copies of the documents) (if required, please attach more sheets)																						
		<table border="1" style="width: 100%;"><thead><tr><th style="width: 15%;">Sl. No.</th><th style="width: 35%;">Particulars of the qualification</th><th style="width: 35%;">Name of the institution/ authority</th><th style="width: 15%;">Date of acquisition of qualification</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Sl. No.	Particulars of the qualification	Name of the institution/ authority	Date of acquisition of qualification																		
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10	Details of the contribution of the applicant in the field of officiating/ discharging duty of technical official/support staff (if required, please attach more sheets)					
	Sl. No.	Name of the competition of national and international importance	Venue	Period	Position in which performed duty	Overall result of the competition
11	Any other relevant information you wish to highlight:					
12	Whether the applicant has ever been convicted by any Court of Law or any criminal case is pending against the applicant? (Put '✓' mark in the appropriate box)					
		<b>Yes</b>		<b>No</b>		
13	Particulars of the recommending authority					
	Signature and seal					
	Place-					
	Date-					
<b><u>Declaration</u></b>						
I do hereby declare that the above information given by me are true and correct to the best of my knowledge and belief						
						Signature of the applicant
Date:						
Place:						

**NB: DETAILS NEED TO BE FURNISHED IN SEPARATE SHEETS/ATTACH PHOTOCOPY OF ID CARD**