

# Darbhanga Badminton Academy (Darbhanga)

Summer Camp ( 09-23 ) June 2026

Enrollment No. : \_\_\_\_\_

Name : \_\_\_\_\_

Father's / Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

(Sports Details)

Playing level: Beginner/Intermediate/Advanced

Experience (in years): \_\_\_\_\_

(Academic Info.)

School/College: \_\_\_\_\_

Class/Year: \_\_\_\_\_

(Document Submitted)

Aadhar Card/School Id/2Photos

Affix your photo  
here.

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Mobile (Student's No.): \_\_\_\_\_

Mobile (Parent's No.): \_\_\_\_\_

## DECLARATION BY THE APPLICANT

I hereby declare that the information furnished in this form is true to the best of my knowledge and belief. I understand that my candidature is liable to be cancelled by the institute if any information given above is found incorrect or misleading as well as in case of offence made by me.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_