

**IBSA COACHING CAMP AND SEMINAR ON BLIND SPORTS, FOOTBALL,  
POWERLIFTING AND KABADDI CHAMPIONSHIPS – 2015  
(05<sup>TH</sup> JANUARY 2015 TO 10<sup>TH</sup> JANUARY 2015)**

**Nomination/Entries**

The nominations/entries for participation in the Coaching Camp, Football Tournament, Powerlifting Championship, Kabaddi Tournament and Judo Championship should be as follows: -

- (a) **Coaching Camp and Seminar (05<sup>th</sup> – 10<sup>th</sup> January 2015)**  
(i) Sports teacher/coach (male or female) – one  
(ii) Athlete (B-1 category) – one (male or Female)  
(Two persons only)
- (b) **9<sup>th</sup> National Football Tournament for the Blind(05<sup>th</sup> – 10<sup>th</sup> January 2015) (5 a side)**  
(i) Mid-field players (B-1 category only) - 6 (six) (including two extras)  
(ii) Goal Keeper (B-2/B-3 category) 2 (two) (including one standby)  
(iii) Coach - one  
(iv) Team Manager - one  
(Total members – 10 (ten))
- (c) **6<sup>th</sup> National Powerlifting Championship for the Blind (10<sup>th</sup> January 2015)**  
Only 2 (two) Powerlifters are to be sponsored for the Championship.
- (c) **3<sup>rd</sup> IBSA National Kabaddi Tournament for the Blind (05<sup>th</sup> – 10<sup>th</sup> January 2015)**  
(i) Players (B-1) category - 7 (including 3 reserve players)  
(ii) Players (B-2) category – 5 (including 1 reserve player)  
(iii) Coach – 1  
(iv) Manager – 1 (Total Members – 14 (fourteen))
- (d) **1<sup>st</sup> IBSA Judo Championships for the Blind (06<sup>th</sup> – 07<sup>th</sup> January 2015)**  
Only 2 (two) Judokas are to be sponsored for the championship.
- (d) **Arrival & Departure**  
(a) Arrival – Sunday 04<sup>th</sup> January 2015 (Nearest Railway Station is Hazrat Nizamuddin)  
(b) Departure – Sunday, 11<sup>th</sup> January 2015

The above nominations are required to be made in the enclosed proforme. Medical Certificates in respect of the members of Football/Kabaddi/Powerlifting & Judo teams may also be forwarded along with arrival/departure details. In case an athlete is already classified by International Blind Sports Federation, a copy of the same be attached.

**Outstation participants will be provided free boarding and lodging at the Blind Relief Association premises in dormitory type accommodation from Sunday, 4<sup>th</sup> January 2015 to Sunday, 11<sup>th</sup> January 2015. To and fro ordinary second class rail/bus fare, from the shortest route at concessional rate will be reimbursed.**

**Meeting of Managers and Coaches will be held at 6 P.M. on Sunday, 04<sup>th</sup> January 2015**

**Nominations/Entries should reach IBSA office latest by 10<sup>th</sup> December 2014.**

**REGISTRATION FORM**

**9<sup>TH</sup> IBSA NATIONAL FOOTBALL TOURNAMENT (MEN ONLY)**  
**05<sup>th</sup> JANUARY 2015 TO 10<sup>TH</sup> JANUARY 2015**

1. Name of the Institution : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Tele No \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

2. Details of the Field Players

<u>Name</u>	<u>Father's Name</u>	<u>Category</u>
(i) _____	_____	B1
(ii) _____	_____	B1
(iii) _____	_____	B1
(iv) _____	_____	B1
(v) _____	_____	B1
(vi) _____	_____	B1

Goal Keeper (B2/B3)

(vii) \_\_\_\_\_

(viii) \_\_\_\_\_

Coach

(i) \_\_\_\_\_

Manager

(i) \_\_\_\_\_

3. Details of Arrival/Departure

Date of Arrival \_\_\_\_\_ Train No & Name \_\_\_\_\_

Alighting Station \_\_\_\_\_ Time of arrival: \_\_\_\_\_

(H. Nizamuddin is the nearest Railway Station)

Date of Departure \_\_\_\_\_ Train No & Name \_\_\_\_\_

Departure Station \_\_\_\_\_ (H. Nizamuddin/New Delhi/Delhi Jn.)

- (i) Certified that the field players and Goal Keepers sponsored by us are medically fit.
- (ii) Medical certificates from an ophthalmologist from a Registered Hospital are enclosed in respect of all the field players and goalkeepers in the team.
- (iii) Certified that the information given above is correct.

(Authorized Signatory)  
With seal

**Note:** Not more than 10 (ten) persons per team are eligible to participate in the Tournament.

**REGISTRATION FORM**

**IBSA COACHING CAMP & SEMINAR FOR SPORTS TEACHERS/COACHES AND  
BLIND ATHLETES (B-1 CATEGORY ONLY) (BOTH MALE/FEMALE)  
05<sup>TH</sup> JANUARY 2015 TO 10<sup>TH</sup> JANUARY 2015**

1. Name of the Institution : \_\_\_\_\_  
Address : \_\_\_\_\_  
Tele No \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_
2. Details of the sponsored sports teacher/coach: -
- (a) Name : \_\_\_\_\_
- (b) Sex : Male or Female
- (c) Father's Name : \_\_\_\_\_
- (d) Date of birth : \_\_\_\_\_
- (e) Qualification: (i) Educational : \_\_\_\_\_  
(ii) Sports related : \_\_\_\_\_
- (f) How long he/she is working in the institution : \_\_\_\_\_
3. Details of sponsored Athlete (B-1 category totally Blind only)
- (a) Name : \_\_\_\_\_
- (b) Father's Name : \_\_\_\_\_
- (c) Sex : Male or Female
4. Details of Arrival/Departure: -
- (a) Date of Arrival \_\_\_\_\_ Train No & Name \_\_\_\_\_  
Alighting Station \_\_\_\_\_ Time of Arrival: \_\_\_\_\_  
(H. Nizamuddin is the nearest Railway Station)
- (b) Date of Departure \_\_\_\_\_ Train No & Name \_\_\_\_\_  
Departure Station \_\_\_\_\_ (H. Nizamuddin/New Delhi/Delhi Jn.)

(Authorized Signatory)  
With seal

**Note:** Only two participants (One coach and one B-1 athlete) per institution are allowed to participate in the Coaching Camp.

**REGISTRATION FORM**

**6<sup>TH</sup> IBSA NATIONAL POWERLIFTING CHAMPIONSHIP (MEN ONLY)**  
**10<sup>TH</sup> JANUARY 2015**

1. Name of the Institution : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tele No \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

2. Details of the sponsored Powerlifter:

(a) Name : \_\_\_\_\_  
(c) Father's Name : \_\_\_\_\_  
(d) Date of birth : \_\_\_\_\_  
(e) Weight : \_\_\_\_\_  
(f) Category : B1/B2/B3

3. Details of Arrival/Departure: -

(a) Date of Arrival \_\_\_\_\_ Train No & Name \_\_\_\_\_  
Alighting Station \_\_\_\_\_ Time of Arrival: \_\_\_\_\_  
(H. Nizamuddin is the nearest Railway Station)

(b) Date of Departure \_\_\_\_\_ Train No & Name \_\_\_\_\_  
Departure Station \_\_\_\_\_ (H. Nizamuddin/New Delhi/Delhi Jn.)

(i) Certified that the player/s sponsored by us are medically fit.  
(ii) Medical certificates from an ophthalmologist from a Registered Hospital are enclosed in respect of all the players.  
(iii) Certified that the information given above is correct.

(Authorized Signatory)  
With seal

Note: Only Two participants per institution are allowed to take part in the championships

**REGISTRATION FORM**

**3<sup>RD</sup> IBSA NATIONAL KABADDI TOURNAMENT (MEN ONLY)**  
**05<sup>TH</sup> JANUARY 2015 TO 10<sup>TH</sup> JANUARY 2015**

1. Name of the Institution : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Tele No \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

2. Details of the Players

<u>Name</u>	<u>Father's Name</u>	<u>Category</u>
(i) _____	_____	B1
(ii) _____	_____	B1
(iii) _____	_____	B1
(iv) _____	_____	B1
(v) _____	_____	B1
(vi) _____	_____	B1
(vii) _____	_____	B1
(viii) _____	_____	B2
(ix) _____	_____	B2
(x) _____	_____	B2
(xi) _____	_____	B2
(xii) _____	_____	B2

Coach

(i) \_\_\_\_\_

Manager

(i) \_\_\_\_\_

3. Details of Arrival/Departure

Date of Arrival \_\_\_\_\_ Train No & Name \_\_\_\_\_

Alighting Station \_\_\_\_\_ Time of Arrival \_\_\_\_\_

(H. Nizamuddin is the nearest Railway Station)

Date of Departure \_\_\_\_\_ Train No & Name \_\_\_\_\_

Departure Station \_\_\_\_\_ (H. Nizamuddin/New Delhi/Delhi Jn.)

- (i) Certified that all the players sponsored by us are medically fit..
- (ii) Medical certificates from an ophthalmologist from a Registered Hospital are enclosed in respect of all the players.
- (iii) Certified that the information given above is correct.

(Authorized Signatory)

With seal

**Note:** 1. Not more than 14 (fourteen) persons per team are eligible to participate in the Tournament.  
2. Keeping in view the suggestions made after 2<sup>nd</sup> IBSA National Kabaddi held in 2012, following amendments have been carried out.

- (a) Weight – Up to 80 Kg, Category of Players - B – 1 & B – 2 only.
- (b) Team - **12 Players consisting of 7 players of B-1 category & 5 players of B-2 category**
- (c) 7 Players will take the ground at a time.- **7 Players shall consist of 4 players of B-1 & 3 Players of B-2 category**

**Note** - Presence of atleast 6 players is compulsory in the team to start play. Out of 6 players, 4 players must be of B-1 and 2 players of B-2 category

**MEDICAL CERTIFICATE**

Affix Photographs  
duly attested by the  
ophthalmologist

- 1. Name of the Competitor : \_\_\_\_\_
- 2. Father's Name : \_\_\_\_\_
- 3. Vision in left eye with cause of blindness : \_\_\_\_\_
- 4. Vision in right eye with cause of blindness : \_\_\_\_\_
- 5. Visual Category (Status of the competitor) : \_\_\_\_\_  
(B-1, B-2 and B-3 mention the status)

6. Definition: -

- (a) **B-1 Category (Totally Blind).** No light perception in either eye up to light perception but inability to recognize the shape of a hand at any distance or in any direction.
- (b) **B-2 Category (Partially Blind).** From ability to recognize the shape of a hand up to visual acuity of 2/60 and/or visual field less than 5 degree.
- (c) **B-3 Category (Partially Blind).** From visual acuity of above 2/60 up to visual acuity 6/60 and/or visual field of more than 5 degree and less than 20 degree.

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

Signature of \_\_\_\_\_  
Ophthalmologist  
(Seal/Stamp with Regn. number)

## REGISTRATION FORM

### 1<sup>ST</sup> IBSA NATIONAL JUDO CHAMPIONSHIP (MEN ONLY) 6<sup>TH</sup> AND 7<sup>TH</sup> JANUARY 2015

1. Name of the Institution : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Tele No \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

2. Details of the sponsored Judoka :

(a) Name : \_\_\_\_\_  
(c) Father's Name : \_\_\_\_\_  
(d) Date of birth : \_\_\_\_\_  
(e) Weight : \_\_\_\_\_  
(f) Category : B1/B2/B3

3. Details of Arrival/Departure: -

(a) Date of Arrival \_\_\_\_\_ Train No & Name \_\_\_\_\_  
Alighting Station \_\_\_\_\_ Time of Arrival: \_\_\_\_\_  
(H. Nizamuddin is the nearest Railway Station)

(b) Date of Departure \_\_\_\_\_ Train No & Name \_\_\_\_\_  
Departure Station \_\_\_\_\_ (H. Nizamuddin/New Delhi/Delhi Jn.)

(i) Certified that the player/s sponsored by us are medically fit.  
(ii) Medical certificates from an ophthalmologist from a Registered Hospital are enclosed in respect of all the players.  
(iii) Certified that the information given above is correct.

(Authorized Signatory)  
With seal

**Note:** 1. **Only Two participants per institution are allowed to take part in the championships.**

2. **Weight Category**

(a) Up to 50 Kg.	(e) Up to 73 Kg.
(b) Up to 55 Kg.	(f) Up to 81 Kg.
(c) Up to 60 Kg.	(g) Up to 90 Kg.
(d) Up to 66 Kg.	