



Regional / National Abilympics Delegation Form

This application form together with the Registration fee must be sent to National Abilympic Association of India office by

To be filled by Office:
No.
Date of Receipt / / 20

1. All contestants should be 15 years and above as on

2. Please type or use block letters only.

Name of the Organization

Mailing Address:

.....

City..... State..... Pin Code

Telephone No.: Fax

E-mail:

Name of Delegation Leader :

Total No. of delegation members

Number of : Contestants Officials Escorts

No. of Wheel Chair users

Registration Fee Total Rs.

- Registration fee of Rs. per contestant & Rs. - i.e. official / escort is to be paid.
- In case one contestant is participating in more than one contest, the Registration fee @ per contest has to be paid.

(Cheque /DD should be drawn in favour of payable at Payments can also be made in cash. In case of outstation cheques please add as bank charges.)

Date : / / 20
Day / Month /

Signature of Leader of the Delegation
(Stamp of the Organisation)



Regional / National Abilympics Participation Form for Delegation

Please indicate the number of contestants in individual skill contest. Maximum 3 contestants from each participating organisation can participate in one skill contest. One contestant is allowed to participate in a maximum of 2 skill contests only.

To be filled by Office:

No.

Date of Receipt / / 20

(Please type or use block letters only)

Name of the Organisation

Vocational Skills Contests

No.	Skill	No. of Contestants
V01.	ARTIFICIAL LIMB MAKING	.....
V02.	BASKET MAKING	.....
V03.	CAD - ARCHITECTURE	.....
V04.	CAD - MACHINERY	.....
V05.	COMPUTER PROGRAMMING	.....
V06.	CREATING WEB PAGES	.....
V07.	DATA PROCESSING – BASIC	.....
V08.	DATA PROCESSING - ADVANCED	.....
V09.	ENGLISH DESKTOP PUBLISHING	.....
V10.	ENGLISH TEXT PROCESSING	.....
V11.	BLOCK PRINTING ON FABRIC	.....
V12.	DRESS MAKING WOMEN- BASIC	.....
V13.	DRESS MAKING WOMEN - ADVANCED	.....
V14.	TAILORING MEN’S	.....
V15.	ELCTRONIC ASSEMBLY AND TESTING	.....
V16.	ELCTRONIC CIRCUIT CONNECTION TECHNIQUE	.....
V17.	FLORAL ARRANGEMENT	.....
V18.	FURNITURE MAKING	.....

Vocational Skills Contests

No.	Skill	No. of Contestants
V19.	JEWELLERY MAKING	.....
V20.	MECHANICAL ASSEMBLY	.....
V21.	PC ASSEMBLY	.....
V22.	PHOTOGRAPHY (USING DIGITAL CAMERA)	.....
V23.	POSTER DESIGN ON COMPUTER	.....
V24.	POSTER DESIGN ON PAPER	.....
V25.	WOOD CARVING	.....
V26.	POTTERY	.....
V27.	DENTAL TECHNIQUES	.....

Leisure & Living Skills

L01.	EMBROIDERY	.....
L02.	HAND KNITTING	.....
L03.	PAINTING (WATER COLOUR)	.....
L04.	CROCHET	.....
L05.	CHESS	.....

Total No. of Contestants :

Date : / / 200
Day / Month /

Signature of Leader of the Delegation
(Stamp of the Organisation)



Regional / National Abilympics Individual Contestant Form

This application form together with the Registration fee of Rs. 200/- per contest per contestant must reach National Abilympic Association of India Office by

To be filled by Office:

No.

Date of Receipt / / 20

1. All contestants should be 15 years and above as on

Please attach 2 passport size photographs duly signed by the contestant at the back of the photo.

2. Please type or use block letters only.

Name of the Sponsoring Organisation

Mailing Address :

City State Pin Code

Telephone No. Fax

E-mail :

Name of Contestant:

Father's Name Mother's Name

Sex : Male Female

Date of Birth: Day Month Year Age : yrs.

Residential Address:

City : State: Pin Code:

Telephone No. Mobile E-mail :

Education :

Vocational Training :

Languages Known : Hindi English Other, Specify

Are you working : Yes No If Yes : Self Employed Employed

If Self Employed, Details of Trade :

If Employed, Designation & Office Address :

City State Pin Code

Type of Disability: Locomotor Speech Hearing Visual MR

Mobility aids being used: Wheel Chair Crutches Walking stick Calipers Hearing aid Others

Skill Participating in: No. Name of Contest

(Details of Contest Categories are given in Form 2a.)

Please attach a copy of the Disability Certificate. In case of mutiple disability, please mention the dominant disability. In case of MR contestants, a certificate of IQ below 70 is required from a Clinical Psychologist.

Date : / / 20
Day / Month /

Signature of the Contestant



Regional / National Abilympics

Application Form for Contestant Only

Please indicate the contest category (categories) in which you wish to participate. Please (✓) the corresponding S. No. If you chose more than one contest category, please mark the order you prefer (1, 2, 3).

(Please type or use block letters only)

Name of the Organisation

Name of the Contestant

Vocational Skills Contests

No.	Skill	No. of Contestants
V01.	ARTIFICIAL LIMB MAKING	.....
V02.	BASKET MAKING	.....
V03.	CAD - ARCHITECTURE	.....
V04.	CAD - MACHINERY	.....
V05.	COMPUTER PROGRAMMING	.....
V06.	CREATING WEB PAGES	.....
V07.	DATA PROCESSING – BASIC	.....
V08.	DATA PROCESSING - ADVANCED	.....
V09.	ENGLISH DESKTOP PUBLISHING	.....
V10.	ENGLISH TEXT PROCESSING	.....
V11.	BLOCK PRINTING ON FABRIC	.....
V12.	DRESS MAKING WOMEN- BASIC	.....
V13.	DRESS MAKING WOMEN - ADVANCED	.....
V14.	TAILORING MEN'S	.....
V15.	ELCTRONIC ASSEMBLY AND TESTING	.....
V16.	ELCTRONIC CIRCUIT CONNECTION TECHNIQUE	.....
V17.	FLORAL ARRANGEMENT	.....
V18.	FURNITURE MAKING	.....

Vocational Skills Contests

No.	Skill	No. of Contestants
V19.	JEWELLERY MAKING	.....
V20.	MECHANICAL ASSEMBLY	.....
V21.	PC ASSEMBLY	.....
V22.	PHOTOGRAPHY (USING DIGITAL CAMERA)	.....
V23.	POSTER DESIGN ON COMPUTER	.....
V24.	POSTER DESIGN ON PAPER	.....
V25.	WOOD CARVING	.....
V26.	POTTERY	.....
V27.	DENTAL TECHNIQUES	.....

Leisure & Living Skills

L01.	EMBROIDERY	.....
L02.	HAND KNITTING	.....
L03.	PAINTING (WATER COLOUR)	.....
L04.	CROCHET	.....
L05.	CHESS	.....

Date : / / 20
Day / Month /

Signature of the Contestant



Regional / National Abilympics Registration Form for Official / Escort

This application form together with the Registration fee of Rs. 300/- must reach National Abilympic Association of India Office by

To be filled by office:

No

Date of receipt / / 20

(Please type or use block letters only)

Name of the Sponsoring Organisation

Mailing Address :

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City State Pin Code

Telephone No. Mobile Fax

E-mail :

Name of Official / Escort :

Sex : Male Female

Date of Birth: Day Month Year

Residential Address:

City : State: Pin Code:

Telephone No. E-mail :

Education :

Languages Known : Hindi English Other, Specify

In case the Official / Escort is a person with disability, please describe :

Type of Disability: Locomotor Speech Hearing Visual MR

Mobility aids being used: Wheel Chair Crutches Walking stick Calipers Hearing aid Others

Date : / / 20

Day / Month /

Signature of the Official / Escort



Regional / National Abilympics Form for Arrival & Departure

This form must reach National Abilympic Association of India Office address by

To be filled by office:
No
Date of receipt / / 200

Please fill in your travel details to enable the organisers to receive you at the Railway Station.

(Please type or use block letters only)

Name of the Organisation

Postal Address :

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City..... State Postal Code

Telephone No. (Including Country code, City / Area code) :

Fax E-mail :

Name of Delegation Leader :

Total No. of delegation members

No. of Wheel Chair users :

Arrival at : Date :/...../ 20 Time : am/pm
Day / Month //

Train No. & Name

Station From : to

Departure from : Date :/...../ 20 Time : am/pm
Day / Month

Train No. & Name Station From

Date : / / 20
Day / Month /

Signature of Leader of the Delegation
(Stamp of the Organisation)