



Academy Accreditation Application Form

Application Season (Year):

Details of Academy:

Name of Academy: _____

State Affiliated under: _____

Whether Residential or Non-Residential: _____

Registered Address: _____

Academy Founded (date)

Contact Person: _____

Landline: _____

Mobile: _____

E-mail: _____

Details of Teams and Coaching Staff:

Number of Age-Group teams Supported: _____

Total number of players per age-group: _____

Number of Coaches and Support Staff and Academy: _____

Application Fee in form of Demand Draft Attached: Yes

No

Demand Draft number:



Please tick the boxes for the respective age-group leagues the Club/Academy intends to participate in the 2018/19 season.

U-13 League

U-15 League

U-18 League

Declaration: I hereby declare that the above information provided along with the submissions are true. In the event of any fudging, falsification or misrepresentation of the same, I claim sole responsibility. The All India Football Federation can thereby take any measure or action under its jurisdiction against the entity in such an event. I also accept that the results of the Accreditation are final and cannot be challenged through any civil court of law or a third party. Any clarification to be sought in regard to the accreditation rules and results are to be through AIFF only.

Head of Administration: _____

Signature: _____

Date: _____

Signature of Secretary of State Association: _____

Date: _____

Seal/Stamp of State Association: