



**ALL INDIA FOOTBALL FEDERATION (AIFF)
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 at the Academy: _____

Application Fee in form of Demand Draft:

Demand Draft number:



Declaration: I hereby confirm that I have read, understood, accepted and agree to abide by the “AIFF Academy Accreditation 2019-20 Rules & Regulations”, a copy of which was shared by AIFF on their official website <www.the-aiff.com>. I further 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 and in such circumstances, I explicitly consent and agree that the All India Football Federation (AIFF) can 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 binding. Any clarification to be sought in regard to the accreditation rules and results are to be through AIFF only. I also hereby authorise AIFF to make relevant details including but not limited to results, Academy names, registered address and contact details public, as necessary.

Authorized Signatory of the Academy: _____

Signature: _____

Date: _____

Seal/Stamp of the Academy:

Signature of Secretary of State Association: _____

Date: _____

Seal/Stamp of State Association: