



**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 2020-21 Rules & Regulations”, a copy of which was shared by AIFF on their official website <[www.the-aiff.com](http://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, Club/Academy name, 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: