



TRIPURA CRICKET ASSOCIATION

(Member of the Board of Control for Cricket in India)

Post Office Chowmuhani, Agartala, Tripura (W), Pin: 799001

Participation Form for Video Analyst Course 2023

Name	:	_____
Fathers Name	:	_____
Mothers Name	:	_____
Date of Birth	:	_____
Gender	:	_____
Present Address	:	_____ _____ _____
Phone Number	:	_____
WhatsApp Number	:	_____
Email Id	:	_____
Educational Qualification	:	_____
Computer knowledge	:	_____
BCCI Matches Played for Tripura (if any)	:	_____
Other Curriculum	:	_____

I, hereby declare that information furnished above is true and correct in every respect and in case any information is found incorrect even partially the candidature shall be liable to be rejected.

Date: _____

Signature of the Participant

Place: _____

Name: _____

NB: This form must be fully filled up by the candidate and should be submitted to the TCA Head office along with the requisite document mentioned in the Press Release vide letter number F.29/TCA/AGT/PR/22-23/6231.