

**CBSE CLUSTER TABLE TENNIS COMPETITION 2025-26**  
**Registration Form**

(1<sup>st</sup> August, 2025 to 5<sup>th</sup> August, 2025)

Name of the School : \_\_\_\_\_ State : \_\_\_\_\_ Affiliation No: \_\_\_\_\_

Gender : - Boys/Girls

S No	Name of the Student	Class	Adm. No.	Gender	D.O.B.	CBSE Reg. No.	Aadhar No.	Father's Name & Mother's Name	Age	Event	Photo Duly attested by Principal
1											
2											

**Note : - Please take a photocopy of the form for every age group**

Date : - \_\_\_\_\_

Signature and Stamp of Principal

School Seal

**Annexure - A**  
**CERTIFICATE**

Certified that the above listed players are bonafide students of our school and eligible as per the Rules Circulated by CBSE for participation in Cluster Table Tennis Tournament 2025-2026. The date of birth and class of study recorded against each is correct as per School Records.

Date: \_\_\_\_\_

Signature and Stamp of Principal

**Detail of Officials accompanying the Table Tennis Team (Maximum two)**

Name of the Coach	Photograph attested by the Principal
Name of Team Manager	Photograph attested by the Principal

**Certified that the details mentioned above are true and correct to the best of my knowledge.**

**Date : -----**

**Signature of the Principal**

**ANNEXURE – B**

**CBSE CLUSTER TABLE TENNIS COMPETITION 2025-26**

**ENTRY FORM (On School Letter Head)**

**1. Name of the Principal:** \_\_\_\_\_

**2. School Address:** \_\_\_\_\_

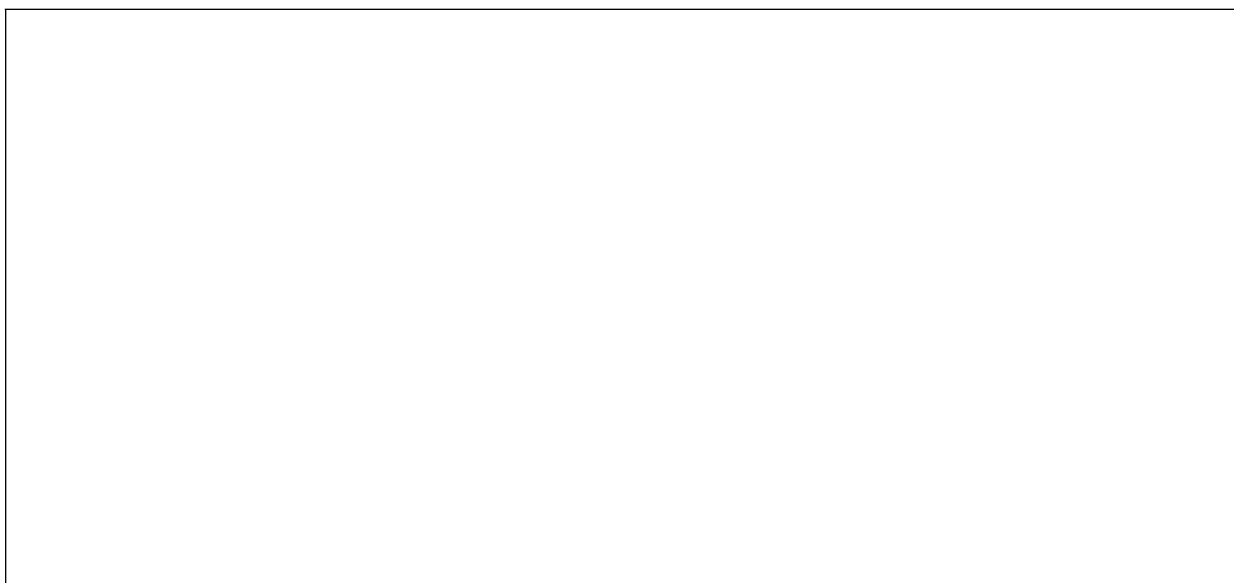
**3. Contact Number:** \_\_\_\_\_

**4. E-mail ID:** \_\_\_\_\_

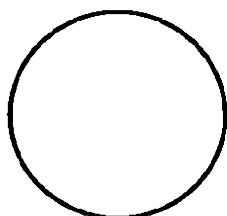
**5. Website:** \_\_\_\_\_

**6. Number of Participants:** \_\_\_\_\_

**Group Photo with Principal to be affixed here, attested by the Principal**



**School Round Seal**



**Signature of the Principal**

**Please note: - To be filled in capital letters  
Conditions apply**

## ANNEXURE–C

### IDENTITY CARD

Each school must issue Identity card to every player of its school, **issued during registration of Student in CBSE Sports and must be duly attested by School Principal.**

The Identity cards must be surrendered to the respective organizers at the time of the reporting / registration.

On the last day of the competition, the identity cards may be returned to all the respective players that qualify to participate in the Cluster Table Tennis Tournament, after having countersigned by the organizers of the CBSE CLUSTER-II TABLE TENNIS COMPETITION 2025-26

#### **CBSE CLUSTER-II TABLE TENNIS COMPETITIONS 2025-26**

PHOTO OF THE  
STUDENT/PLAYER

Signature of the  
Principal & school  
seal on the  
photograph

**Name of the Student:**

**CBSE player No.:** \_\_\_\_\_

**(Signature & school seal on the photo graph in such a way that half is on the photo & half outside the photo)**

**Counter Signature of the Organizers of CBSE CLUSTER-II TABLE TENNIS COMPETITION 2025 with seal**

**School:**

**Address:**

**ANNEXURE “D”**

**Proforma of letter for sending consent of Participation to the Organizing School**

(On School Letterhead)

To  
The Principal

Organizing School CBSE Cluster  
Table Tennis Championship/Meet

Subject: Consent of participation - CBSE Cluster Table Tennis Championship / Meet. Dear

Madam/Sir

This is to confirm that our school would be participating in the CBSE Cluster Table Tennis Championship 2025-26/Meet being organized by your school.

We shall be forwarding you the detailed entry Proforma so as to reach you at least a week before the commencement of the competition.

Team Coach and Manager's Name & Contact Details

Thanking you

Yours faithfully

Principal Mob No-



# Krishna Public School International

Slice-I Sector-27, Atal Nagar, Nava Raipur (C.G.) - 492015  
CBSE CLUSTER-II TABLE TENNIS COMPETITION 2025-26  
(1<sup>st</sup> AUGUST TO 5<sup>th</sup> AUGUST, 2025)  
TRAVEL ITINERARY

A) Name of the School: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone No. : \_\_\_\_\_

Fax No. : \_\_\_\_\_

Email ID, if any: \_\_\_\_\_

## B) Team Details:

Name of Team Manager : \_\_\_\_\_

Contact No. of Team Manager : \_\_\_\_\_

Approximate No. of Participants: \_\_\_\_\_

## C) Arrival Details:

Arrival at Raipur Junction on date : \_\_\_\_\_ Time : \_\_\_\_\_

By Train (mention the Train No & Name) : \_\_\_\_\_ Coach no. : \_\_\_\_\_

By Bus (mention the details) : \_\_\_\_\_

Conveyance required from Railway Station./Bus Stand to School : YES / NO

## D) Departure Details:

Departure from Raipur on date: \_\_\_\_\_

By Train (mention the Train No & Name): \_\_\_\_\_ Time: \_\_\_\_\_

By Bus (mention the details): \_\_\_\_\_ Time: \_\_\_\_\_

Signature of the Principal

School Seal