

Form Serial No:

Registration No:

COACHES TRAINING PROGRAM

UNDER THE WABC INTRODUCTORY COURSE SYLLABUS



AFFILIATED TO
FIBA - BASKETBALL FEDERATION OF INDIA - BFI
INDIAN OLYMPIC ASSOCIATION
GOA OLYMPIC ASSOCIATION
MINISTRY OF SPORTS AND YOUTH AFFAIRS

**GOA
BASKETBALL
ASSOCIATION**

REGISTRATION FORM

PLEASE WRITE LEGIBLY IN ENGLISH AND ALL CAPITALS

5 Weekend **C**oaching
certification
course

Name (in full):

Address:

Detailed 'Postal' Address:

City:

Pincode:

PHOTO

Date of Birth:

Age:

Sex: M

F

N

(tick the appropriate)

Spoken Language(s):

Contact No: 0832 -

Mobile No:

Email ID:

Alt. Mobile No:

ID NO:

Basketball Playing Profile:

Short description as a player

Basketball Coaching Profile:

Short description of Coaching Experience or Interest

Documents to be Attached:

1. Birth Certificate
2. Proof of Identity with Photo: Licence, Aadhar Card, Pan Card, etc.

I declare that the above information is filled by me and is true to my best knowledge. I understand that the information will be kept in the GBA Coaching Records and will be utilised in matters related to Basketball Coaching in the state.

Member's Signature