

	<p align="center">The Federation of Motor Sports Clubs of India "Krishna Towers – I", VI Floor, Apt.#25 New No.50, Sardar Patel Road, Chennai 600 113 Tel : (91) (44) 22352673, 22355304, 64506665 Fax : (91) (44) 22351684 email : fmsci@vsnl.com web : www.fmsci.org</p>	
<p align="center">NATIONAL SPORTS FEDERATION RECOGNIZED BY THE GOVERNMENT OF INDIA</p>		
	<p align="center">Member : Federation Internationale de Motocyclisme & Indian Olympic Association</p>	

**INSTRUCTIONS FOR COMPLETION OF
 FMSCI TWO WHEELER LICENCE APPLICATION FORMS**

1. In the Application Form, write your name in CAPITAL letters using one box for one letter, leaving one box blank between First, Middle and Surname or initials.
 Example : VIJAY V SHARMA

First Name / Middle Name / Surname																			
V	I	J	A	Y		V		S	H	A	R	M	A						


2. All applications must be duly filled up, signed and dated
3. Please attach Medical Forms – Appendix “A” to be completed by the applicant and Appendix “B” – to be completed by a registered medical practitioner with his Signature and Seal. This is not required for One Event License.
4. Please attach **2 stamp size photographs** with your name written at the back
5. Xerox copy of your Civil Driving License duly authenticated by an FMSCI club or Notary Public (Do not send originals)
6. Demand draft towards license fee in favour of “The Federation of Motor Sports Clubs of India”, payable at Chennai
7. Fees are as follows :

Type of License	2 Wheeler
Restricted License	Rs.250-00
Full License	Rs.750-00
Team Entrant License	Rs.10,000-00
One Event License	Rs.50-00

Duplicate license : same as above

8. New applicants are eligible for Restricted License only. In case new applicant requires a Full License, his application form must be endorsed with FMSCI club recommendation and seal.
9. **ALL APPLICANTS MUST FILL IN THE INDEMNITY FORM WITHOUT WHICH THE LICENSE WILL NOT BE ISSUED.**

INCOMPLETE FORMS WILL BE REJECTED

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Application for FMSCI 2 Wheeler Entrant / Competition License
 (To be completed by the applicant in CAPITAL letters only)

First Name / Middle Name / Surname																					
Date of Birth				Blood Group				Allergy													
Country of Passport				Civil Driving License No.								Expiry Date									
Address for communication																					
City				Pin Code																	
Telephone (off)				Telephone (Res)				Mobile													
email																					
Type	<input type="checkbox"/> 2W Restricted				<input type="checkbox"/> 2W Full				<input type="checkbox"/> 2W One Event												
Name of contact person in case of emergency																					
Phone				Fax																	
email				Mobile																	

I have read and acquainted myself with the National Competition Rules (NCR) of the FMSCI. I agree to submit myself without reserve, to the jurisdiction of the FMSCI in respect of its control and regulation of motor sports in India. I renounce the right to agitate, litigate or otherwise seek legal redress, until after exhausting the provisions of protests and appeals as laid down in the NCR under pain of disqualification. I agree that grant of the competition license is a privilege granted to me by the FMSCI and agree to return it to the FMSCI on demand. I hereby promise to produce my original Civil Driving License, FMSCI competition license and Medical Certificate on demand to any FMSCI official authorised to call for the same.

Date :

Signature of the applicant

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APPENDIX "A" - MEDICAL HISTORY

(To be completed by Competitor in CAPITAL letters)

Name						
Sex		Blood Group		Date of Birth		

No		Yes	Details
<input type="checkbox"/>	Loss of consciousness for any reason, dizziness or headache	<input type="checkbox"/>	
<input type="checkbox"/>	Eye problems (except glasses)	<input type="checkbox"/>	
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	
<input type="checkbox"/>	Allergy to medicines or drugs	<input type="checkbox"/>	
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	
<input type="checkbox"/>	Heart problems	<input type="checkbox"/>	
<input type="checkbox"/>	Blood pressure disorder	<input type="checkbox"/>	
<input type="checkbox"/>	Stomach problems (ulcer, etc)	<input type="checkbox"/>	
<input type="checkbox"/>	Uro-genital problems	<input type="checkbox"/>	
<input type="checkbox"/>	Epilepsy or convulsions	<input type="checkbox"/>	
<input type="checkbox"/>	Mental or nervous disorder	<input type="checkbox"/>	
<input type="checkbox"/>	Problems with arms or legs including muscle cramp or joint stiffness	<input type="checkbox"/>	
<input type="checkbox"/>	Blood disorder with tendency to bleeding	<input type="checkbox"/>	
<input type="checkbox"/>	Operations	<input type="checkbox"/>	
<input type="checkbox"/>	Do you take medicine or drugs regularly ?	<input type="checkbox"/>	
<input type="checkbox"/>	Have you been rejected, or accepted at increased premium for life insurance on medical grounds ?	<input type="checkbox"/>	

- a. I have not been banned, on medical grounds, from taking part in any other sport
- b. I do not take drugs and do not abuse alcohol
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the Clerk of the Course and the FMSCI
- d. I declare that the information that I have given is the truth
- e. I agree to the information on the Medical Examination form being sent to the Doctor of FMSCI

Note : The act of producing this certificate at a motorsport event is deemed to be a formal declaration by its holder that he / she, since its issue, has suffered no illness or injury which might be liable to affect its validity. Possession of the Medical Certificate signed by a Registered Medical Practitioner is obligatory for competitors to take part in motorsport events conducted under the National Competition Rules of the FMSCI and must be produced for inspection to an appropriate official on demand.

Date

Signature of the applicant

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APPENDIX "B" - MEDICAL HISTORY
(To be completed by Doctor in CAPITAL letters)

Competitors Name							
Sex		Blood Group		Date of Birth			

Normal		Abnormal	Details
<input type="checkbox"/>	Cardio-vascular system	<input type="checkbox"/>	
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	
<input type="checkbox"/>	Pulse	<input type="checkbox"/>	
<input type="checkbox"/>	Respiratory system	<input type="checkbox"/>	
Nervous System			
<input type="checkbox"/>	Central	<input type="checkbox"/>	
<input type="checkbox"/>	Peripheral	<input type="checkbox"/>	
Ear, nose & throat, in particular vestibule cochlear apparatus			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	
Locomotor System			
<input type="checkbox"/>	Arm - Right	<input type="checkbox"/>	
<input type="checkbox"/>	Arm - Left	<input type="checkbox"/>	
<input type="checkbox"/>	Leg - Right	<input type="checkbox"/>	
<input type="checkbox"/>	Leg - Left	<input type="checkbox"/>	
<input type="checkbox"/>	Spine	<input type="checkbox"/>	
<input type="checkbox"/>	Abdomen (Hernia)	<input type="checkbox"/>	
Urine			
<input type="checkbox"/>	Albumen	<input type="checkbox"/>	
<input type="checkbox"/>	Glucose	<input type="checkbox"/>	
Eyes - Distant Vision - Without correction			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	
Eyes - Distant Vision - With correction			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	

I, the undersigned certify that in respect of motorsport, this person		
<input type="checkbox"/> IS FIT TO TAKE PART	<input type="checkbox"/> IS NOT FIT TO TAKE PART	<input type="checkbox"/> BE EXAMINED BY FMSCI MEDICAL PANEL

Doctor's Name : _____

Date : _____

Signature & Seal

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Indemnity form for all applicants

The following indemnity must be completed by the parent or legal guardian of applicants under 18 years of age, by the applicant if above 18 years and by the Corporate / Legal Entity.

In consideration of The Federation of Motor Sports Clubs of India (FMSCI) at my request as I do hereby acknowledge the granting of a Competition Licence to

Name of the Competitor :

Name of the Parent / Guardian :
(if applicant is below 18 years)

This is to certify that I, the undersigned, submit this application for an FMSCI Competition Licence. I hereby agree to indemnify the associations known as the FIM, FMSCI, its affiliated clubs, all sponsors and all or any members, officials or assistants of any of the above named and/or known organisations against injury or accident to myself or damage to my equipment, whether in practice or competition. I undertake to be bound by the rules issued by the FMSCI now and in the future and to any Supplementary Regulations which apply. I further certify that the competitor is medically fit to take part in motorsport events.

I certify that the information contained on this form is, to the best of my knowledge and belief, true, complete and correct in every particular. I agree that any Competition Licence issued is the exclusive property of the FMSCI. Only the FMSCI, as the National Sports Federation of the Government of India, has the power to grant or withdraw it and to settle any disputes that may arise from its use. By signing this form, I certify that I, shall not participate in any event deemed unauthorised by the FMSCI with this license. Finally, I hereby acknowledge that I am fully conversant with the risk and dangers of motor sports in general which I assume hereby.

I DO HEREBY FURTHER AGREE to keep safe harmless and keep indemnified the Central and State Governments, the organisers and their respective officials, representatives, sponsors, employees, agents and all persons assisting them in this event from and against all actions, claims, cost, expenses and demands –

(a) Arising out of any failure to observe the National Competition Rules of the FMSCI or any regulations laid down by the FMSCI or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.

(b) In respect of death, injury, loss of or damage to any property if any or otherwise howsoever and not withstanding that the same may have been contributed to or occasioned by the negligence of the organisers and their officials, agents, representative, employees and all other persons assisting them in this event.

Date : _____

Place : _____

Signature of the applicant _____
(if the applicant is 18 years and above)

Signature of the Parent / Legal Guardian _____
(if the applicant is below 18 years)