



Karnataka State Lawn Tennis Association

CUBBON PARK, BANGALORE-560 001
PHONE : 2286 1010 / 3636 / 9797 Fax : 080-2286 0099
E-mail : ksltatennis@gmail.com

COACHING PROGRAMME ADMISSION FORM

1. Name of the Trainee _____

2. Date of Birth _____ Age _____

3. Name of Father _____ Name of Mother _____

Occupation _____ Occupation _____

Off. Address : _____ Off. Address : _____

Tel. Nos. _____ Tel. Nos. _____

4. Residential Address : _____

Tel. No. _____

5. No. of years playing _____ Place where : _____

6. Name of School / College : _____

7. **Please fill up clearly :** _____

Cheque No. _____ Date : _____ Amount Rs. _____

Name of the Bank _____ Branch _____

Name of the Trainee in Block Letters _____



2 Photos

Signature of the trainee

Signature of Parent / Guardian

(For Office use only)

Receipt No.

Date :

Rs. :

NIRANJAN RAMESH
Chief Coach