



**DEPARTMENT OF COACH EDUCATION**  
**ALL INDIA FOOTBALL FEDERATION**

DETAILS OF THE PARTICIPANTS  
FOR THE AIFF 'D'/AFC'C'/'B'/'A' CERTIFICATE COURSES

PASSPORT SIZE  
PHOTO

Full Name \_\_\_\_\_  
(As in the passport)

Name to appear on the certificate: \_\_\_\_\_

Course Applied For: \_\_\_\_\_

Gender: Male  - Female  (Tick mark where applicable)

Marital Status: Married  - Unmarried  (Tick mark where applicable)

Nationality: \_\_\_\_\_

National ID (if any) or Passport No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Coaching courses/qualifications completed\*: \_\_\_\_\_

\_\_\_\_\_

Coaching Experience awarded since last License:

YEAR	CLUB	AGE GROUP	COMPETITION	POSITION(HEAD COACH/ASSISTANT COACH)

Previous Certificate No. AIFF 'D'/AFC'C'/'AFC'B'/' Other coaching courses\*: \_\_\_\_\_

Date and venue of the above courses completed\*: \_\_\_\_\_

Email ID: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Language known : \_\_\_\_\_

Representations/Playing experience\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present job, employer and coaching assignments\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Academic and other qualifications\*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference:

Name: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Email Id: \_\_\_\_\_

Date:

Signature of the Candidate

Signature and Seal of the Secretary of the State Association

(\* -Kindly add additional pages, if required)

**Note: The candidate must produce a recent fitness certificate recognized by a MBBS doctor (not older than 1 year) certifying that he/she is fit enough to perform all the requested activities during the course.**