

WEST BENGAL STATE COUNCIL FOR SCHOOL GAMES AND SPORTS

Details of Students Correction Form

Name of the Discipline

Name of the District

Age Group

Venue :

Date :

Sl No.	Registration No.	Name	Father's Name	Name of the School	Date of Birth	Others
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Signature of the Manager with Mobile No.

Correction Amount = Rs. 0.00 X = .00

(in Words :

Signature of the Observer