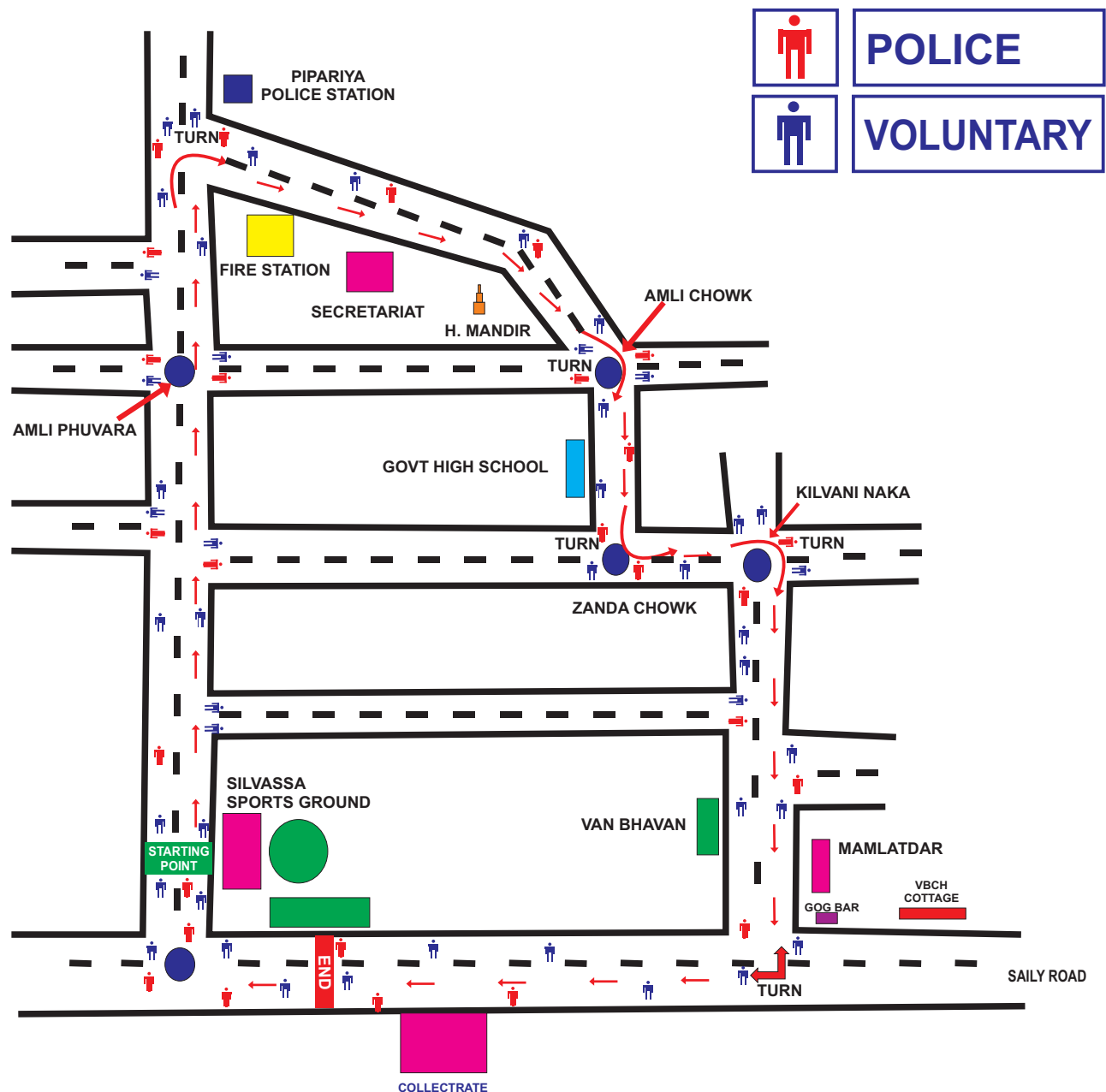


# ADMINISTRATION U. T. OF DADRA & NAGAR HAVELI SILVASSA

## RUN FOR UNITY - 2014

### LAY OUT



**Administration of  
U.T. of Dadra & Nagar Haveli  
(Collectorate)  
Silvassa**

**APPLICATION FORMAT**

To,  
The Resident Deputy Collector,  
D&NH, Silvassa.

Blood Group:- \_\_\_\_\_

- |    |                  |    |       |                           |
|----|------------------|----|-------|---------------------------|
| 1. | Name             | :- | Age:- | Yrs. (Attach Certificate) |
| 2. | Father's Name    | :- | _____ |                           |
| 3. | Mother's Name    | :- | _____ |                           |
| 4. | Name & Address   | :- | _____ |                           |
|    | of School        |    |       |                           |
| 5. | Complete Address | :- | _____ |                           |
| 6. | Contact No.      | :- | _____ |                           |

\_\_\_\_\_  
Signature of Guardian  
Mobile No. \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant

**Undertaking**

I, \_\_\_\_\_ S/o. \_\_\_\_\_ resident of \_\_\_\_\_ want to participate in the "Run for Unity – 2014" on 31<sup>st</sup> October, 2014 around 09:00 am at Sports Complex, Silvassa.

I assume that, I am medically fit to participate in Run for Unity-2014. I undertake that in case of any injury during competition, I will not hold organizer responsible. I shall be responsible for it entirely.

Date :

Signature of Participant

Place :

(Name: \_\_\_\_\_ )

Signature of Guardian

(Name: \_\_\_\_\_ )