

**‘Whereabouts Information’ of athlete for three months
(For Reinstatement Purpose)**

Personal Information:-

Name of athlete	Mr./Ms.
Date of Birth	
Permanent Address	
Mobile number	
Email address	
1. Training/Accommodation	details (One Hour Slot)*
Training location	
Accommodation location	
One Hour Slot (between 06 am to 11 pm)	<input type="checkbox"/> Training
	<input type="checkbox"/> Accommodation
	One Hour Slot ___ To ___ AM/PM
Period	dd/mm/yyyy to dd/mm/yyyy
2. In case of any change in Training/Accommodation (One Hour Slot)	
Accommodation location	
One Hour Slot (between 06 am to 11 pm)	<input type="checkbox"/> Training
	<input type="checkbox"/> Accommodation
	One Hour Slot ___ To ___ AM/PM
Period	dd/mm/yyyy to dd/mm/yyyy

(Signature of athlete)

In case of any change in training/accommodation details after the submission of your ‘Whereabouts Information’, kindly inform IWLF Office at fax or email address:-

lwlf2008@gmail.com or at Fax No. 011-25845460

**'Whereabouts Information' of athlete for three months
(For Participation during National Youth, Junior & Senior Championships)**

Personal Information:-

Name of athlete	Mr./Ms.
Date of Birth	
Employer Details (give name and address with phone number)	
Permanent Address	
Mobile number	
Email address	
Aadhar card number	
Name of Coach & Mobile no.	
Probable for participation during	
Date & Venue of the competition	
1. Training	
Training location (give complete address with pin code and phone number)	
Training Time	from _____ to _____ hours
Training days of the Week	__ Sun __ Mon __ Tue __ Wed __ Thur __ Fri __ Sat
Rest Day of the Week	
To be present for dope test between	One Hour Slot ____ To ____ AM/PM
2. Accommodation location (give complete address with pin code and phone number)	
One Hour Slot (between 06 am to 11 pm)	c Training
	c Accommodation
To be present for dope test between	One Hour Slot ____ To ____ AM/PM
Period	_____ to _____
3. In case of any change in Training/Accommodation	
Training / Accommodation location (give complete address with pin code and phone number)	
One Hour Slot (between 06 am to 11 pm)	c Training
	c Accommodation
To be present for dope test between	One Hour Slot ____ To ____ AM/PM
Period	_____ to _____

Put Seal & Signature of Secretary
State / Unit:

(Signature of athlete)