

UNDERTAKING DOPE DECLARATION FORM

I, _____ representing _____ participating in _____ kg weight category in **IWLF National Youth (Boys & Girls), Junior (Men & Women) and Senior (Men & Women) Weightlifting Championships-2024-25 held at Nagrota Bagwan (Himachal Pradesh) from 6-13 October 2024** hereby declare and certify on oath that **I am aware of names of banned drugs under LATEST WADA / NADA code and state with full responsibility that I have not consumed any banned substance and that I am absolutely free from banned drugs.**

In case of my positive dope test at the above Championships I shall solely be responsible for the same and shall be liable for all consequences arising out of my positive dope test as provided in the Anti-Doping Rules / Policy of Indian Weightlifting Federation and National Anti-Doping Agency.

It is my personal duty to ensure that no Prohibited Substance enters my body. I am responsible for any Prohibited Substance or its Metabolites or Markers found to be present in my sample. Accordingly, it is not necessary that intent, fault, negligence or knowing Use on my part be demonstrated in order to establish an anti-doping violation.

I certify that I understand the contents of this undertaking which has been explained to me by my Coach / Manager / Secretary of my State Association in the language known to me.

Name (in CAPITAL letters)	
Father's Name	
Address	
IWLF ID Card No. & Khelo India ID No.	
Mobile no.	
Email id	

Aadhar Card no.

Signature of Athlete:.....

(Enclose copy)

State / Unit:

Certified by COACH:-

I. _____, coach of above athlete agree to abide by rules and regulations of Anti-Doping Policy of Indian Weightlifting Federation / National Anti-Doping Agency and is aware of the consequences of use of banned drug(s) by my above trainee. I support and abide by the sanctions imposed on me by Indian Weightlifting Federation / National Anti-Doping Agency in case of above athlete being testing positive.

Countersigned:

Name of Coach:

Mobile no.

Aadhar Card No. **(Enclose copy)**

Verified & Certified by STATE ASSOCIATION / DEPARTMENTAL BOARD:-

I hereby certify that information provided in this Undertaking / Dope Declaration form is true and correct. I will be responsible for any discrepancy found in this form and actions thereof.

I undertake to pay the administrative dope penalty charges as per Anti-Doping Policy of Indian Weightlifting Federation within 30 days and accept the suspension of the State Association / forfeiture of participation in any future Championship(s) as an affiliate Unit / as individual lifter till such time this financial outstanding is cleared.

Name of Secretary: _____

.....
[Signature]

State / Unit / Department

Dated:

With seal

**Enclose copy of Aadhar card of Athlete & Coach,
ADEL certificate of Athlete & Coach**

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