



UWW Level 1 Coaches Course

Name [in capital letters] : Mr./Mrs.

Father's Name :

Date of Birth :

Name of the Unit/Board :

Permanent Address :

Present Address :

Mobile No. :

Landline No.

NIS Qualified : YES NO

Educational Qualification :

Profession Qualification :

Performance as Wrestler :

Performance as Coach :

Place:_____

Date:_____

Paste your
recent
passport size
photographer

Signature