



KARNATAKA STATE BASKETBALL ASSOCIATION



Healthcare Support Requisition Form

Sri Kanteerava Stadium, Bangalore-560001.

Contact: Office +91 94818 05795



ID Card No:

Application No:

Name		Gender	
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DOB		Height		Weight	
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Studying/Working		Phone(s)	
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E-Mail Id:	
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Club	
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Residential Address	
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Details of Medical Situation	
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Details of Financial support sought from KSBBA	
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Any Issues/Concerns/Conflicts	
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Declaration by the Player

1. I hereby declare that I am submitting the medical situation details true to my knowledge as being genuine.
2. I am aware that the decision to support this financial support is subject to conditions.
3. If KSBBA decides to provide financial support to my request, I will ensure that I provide progress details from time to time. I will also submit copies of medical expenses as a proof of treatment.

Signature of Player	
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Date:	
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