



The Federation of Motor Sports Clubs of India

A-25, Krishna Towers, 50 Sardar Patel Road, Chennai 600113

Ph : (91) (44) 22352673 / 64506665 E: lic@fmsci.in W: www.fmsci.co.in

2017: 2W CLUBSPORT (NOT VALID FOR RALLY)

Conditions Precedent

- Please type / write in CAPITAL letters only. If you are typing please use “tab” to go next
- All licenses are valid till 31st December of year of issue
- Minimum age relaxation may be considered by the FMSCI on a case to case basis.
- Incomplete forms will be rejected
- APPLICABLE ONLY FOR CLOSED, CLOSED INVITATION & OPEN EVENTS
- Please send in the filled forms to the FMSCI address mentioned above
- Minimum 15 years at the time of application

- One Passport Size Photograph (white background)
- Requisite License Fees

Payment Terms:

Rs.250/=

CHEQUES NOT ACCEPTED.

- Demand Draft in favour of “The Federation of Motor Sports Clubs of India”, payable at Chennai
- NEFT Transfer. Account Holder : The Federation of Motor Sports Clubs of India, SB Account No.801010100003491, Bank : Bank of India, Adyar Branch, Chennai 600020, IFSC : BKID0008010.
- Screen shot of NEFT Transfer with UTR number along with the date of transfer



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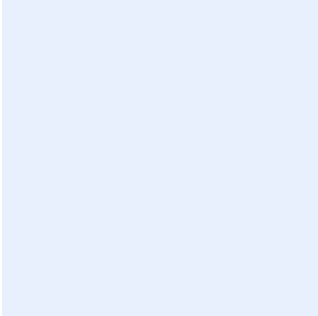
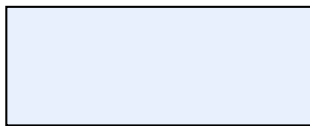
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**2017: Application for
FMSCI 2 Wheeler Entrant /
Competition License**

**2W CLUB SPORT
(NOT VALID FOR RALLY)**

First Name / Middle Name / Surname			
Date of Birth (dd/mm/yyyy)	Blood Group	Allergy	Sex
Foreigner (Y/N)	Civil Driving License No.		Expiry Date (dd/mm/yyyy)
Address for communication			
City			Pin Code
Landline Number (With STD Code)		Mobile Number	
Email			Previous FMSCI License No. (if any)
Type	<input type="checkbox"/> Restricted		<input type="checkbox"/> Full
Name of contact Person in case of emergency		Relationship	
Landline Number (With STD Code)		Mobile Number	

I have read and acquainted myself with the Sporting, Technical and other applicable Regulations of the FMSCI. I agree to submit myself without reserve, to the jurisdiction of the FMSCI in respect of its control and regulation of motor sports in India. I renounce the right to agitate, litigate or otherwise seek legal redress, until after exhausting the provisions of protests and appeals as laid down in the regulations under pain of disqualification. I agree that grant of the competition license is a privilege granted to me by the FMSCI and agree to return it to the FMSCI on demand. I hereby promise to produce my original Civil Driving License, FMSCI competition license and Medical Certificate on demand to any FMSCI official authorised to call for the same.

 Passport size photo of the Applicant	 Signature of the Applicant Date :
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2017 Appendix "A" – Medical History (TO BE FILLED BY THE APPLICANT)

Competitor	
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	No	Yes	Details to be given if not normal
Loss of consciousness for any reason, dizziness or headache	<input type="checkbox"/>	<input type="checkbox"/>	
Eye sight normal in both eyes (with spectacles if usually worn)	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Allergy to medicines or drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes (if yes, do you take insulin or oral diabetic tablets)	<input type="checkbox"/>	<input type="checkbox"/>	
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>	
Blood pressure disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach problems (ulcer, etc)	<input type="checkbox"/>	<input type="checkbox"/>	
Uro-genital problems	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Mental or nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Problems with arms or legs including muscle cramp or joint stiffness	<input type="checkbox"/>	<input type="checkbox"/>	
Blood disorder with tendency to bleeding	<input type="checkbox"/>	<input type="checkbox"/>	
Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take medicine or drugs regularly ?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been rejected, or accepted at increased premium for life insurance on medical grounds ?	<input type="checkbox"/>	<input type="checkbox"/>	

- a. I have not been banned, on medical grounds, from taking part in any other sport
- b. I do not take drugs and do not abuse alcohol
- c. In case of an injury I give permission to the Medical Staff to release any relevant information to the Clerk of the Course and the FMSCI
- d. I declare that the information that I have given is the truth
- e. I agree to the information on the Medical Examination form being sent to the Doctor of FMSCI

Note : The act of submitting this certificate for a motorsport license is deemed to be a formal declaration by its holder that he / she, since its issue, has suffered no illness or injury which might be liable to affect its validity.

Date :

Signature of the Applicant



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2017 INDEMNITY FORM (TO BE FILLED BY ALL APPLICANTS)

Applicant above 18 years must sign this form

Applicant below 18 years : Parent / Legal Guardian must sign this form

In consideration of The Federation of Motor Sports Clubs of India (FMSCI) at my request as I do hereby acknowledge the granting of a Competition Licence to

Name of the Competitor	
Name of the Parent / Legal Guardian (if applicant is below 18 years)	
Relationship with competitor	


This is to certify that I, the undersigned, submit this application for an FMSCI Competition Licence. I hereby agree to indemnify the associations known as the FIA, FIM, FMSCI, its affiliated clubs, all sponsors and all or any members, officials or assistants of any of the above named and/or known organisations against injury or accident to myself or damage to my equipment, whether in practice or competition. I undertake to be bound by the rules issued by the FMSCI now and in the future and to any Supplementary Regulations which apply. I further certify that the competitor is medically fit to take part in motorsport events.

I certify that the information / enclosures submitted with the application form, to the best of my knowledge and belief, true, complete and correct in every particular. I agree that any Competition Licence issued is the exclusive property of the FMSCI. Only the FMSCI, as the National Sports Federation of the Government of India, has the power to grant or withdraw it and to settle any disputes that may arise from its use. By signing this form, I certify that I, shall not participate in any event deemed unauthorised by the FMSCI with this license. Finally, I hereby acknowledge that I am fully conversant with the risk and dangers of motor sports in general which I assume hereby.

I DO HEREBY FURTHER AGREE to keep safe harmless and keep indemnified the Central and State Governments, the organisers and their respective officials, representatives, sponsors, employees, agents and all persons assisting them in this event from and against all actions, claims, cost, expenses and demands –

(a) Arising out of any failure to observe the Sporting, Technical and other applicable regulations of the FMSCI or any conditions or amendments thereto or the provision of the Supplementary Regulations of any event for which the Applicant may enter or be entered.

(b) In respect of death, injury, loss of or damage to any property if any or otherwise howsoever and notwithstanding that the same may have been contributed to or occasioned by the negligence of the organisers and their officials, agents, representative, employees and all other persons assisting them in this event.

Date :	
Place :	Signature of the Applicant if Applicant is 18 years and above Signature of the Parent / Legal Guardian if the Applicant is below 18 years