**Logo, company name

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**BADMINTON UMPIRES ACCREDITATION COURSE – 2021**

**VIA ZOOM**

**(Conducted by the Sri Lanka Badminton Association)**

1. Name of Applicant: - Mr./Miss./Mrs./ ………………………………………………………

2. Address :- a) Office ………………………………………………………

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b) Residence ………………………………………………………

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3. Telephone :- a) Office ………………………………………………………

b) Residence ………………………………………………………

c) E - Mail ………………………………………………………

4. Date of Birth : - ………………………………………………………

5. N.I.C. No : - ………………………………………………………

6. Name of the Member Association : - ……………….……………………………………..

7. Badminton playing (State details in brief)

Experience : - ………………………………………………………

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8. Badminton Umpiring (State details in brief)

Experience : - ………………………………………………………

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9. As an Umpire, any other sports qualification: - ………………………………………………………

…………………………….

**Signature of Applicant**

***Note: For further details please contact Chairman/Technical Committee, Sri Lanka Badminton on (0112 686 264)***