

# AFC U-13 Girls Football Tournament 2012



Send photo  
by Email

## BIODATA FORM

*For Office Use only*

Batch	
-------	--

**Please fill the form in BLOCK letters and cross the appropriate boxes.**

### 1. Course Details

Select the Course	Referee Course <input type="checkbox"/>	Coaching Course <input type="checkbox"/>
Dates of the Course		
Venue of Course		

### 2. Personal Details

Family Name						
First Name						
Popular Name						
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth		Age	
Country of Residence						
Profession / Occupation						
Nationality						

### 3. Contact Information

	Country Code	Area Code	Number
Tel no (home)			
Tel no (office)			
Mobile no			
Fax no (personal)			
Fax no (office)			
Email Address	<i>Compulsory for Future Correspondences</i>		
Email Address	Instant Messenger / Yahoo		

### 4. Mailing Address

Street, P.O. Box	
Postcode, City, State	
Country	

### 5. Passport / Other details

Passport no	
Place & Date of issue	
Expiry Date	
Nearest International Airport	
Nearest Domestic Airport	

**6. English Proficiency**

Mother Tongue							
Other Language							
English Proficiency	Speaking	Fluent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Weak	<input type="checkbox"/>
	Reading	Fluent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Weak	<input type="checkbox"/>
	Writing	Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Weak	<input type="checkbox"/>
Computer Knowledge	Advance	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Basic	<input type="checkbox"/>	

**7. Academic Qualification**

Highest Academic Qualification	Year Attained	Country

**8. Local Referee Instructor / Assessor Contact Information**

Name	Designation in MA	Email	Mobile No

**9. Guardian's Contact Information (in case of any emergency while attending an AFC Course)**

	Country Code	Area Code	Number
Tel no (home)			
Tel no (office)			
Mobile no			
Name of the person			
Relationship			

**10. Playing Experience** No  Yes  if yes, please provide the information

Team / Club / University / College	Since / to (E.g. 1967-1984)	Level	No of Years

**11. Coaching Experience** No  Yes  if yes, please provide the information

Team / Club / University / College	Since / to (E.g. 1967-1984)	Level	No of Years



**12. Refereeing Experience**    No     Yes     if yes, please provide the information

Started Refereeing in (eg: 1980)	
Current Level (eg: Class 2 Referee)	

Year/Date	Tournament	No of Matches	Level (state, district, Div-1)

**13. Measurements Size (Asian Size) - Solely for AFC record Purpose ONLY**

Height (cm)	Weight (Kg)	Tracksuit	Jersey	Polo Shirt	Short	Shoes

**NOTE: PLEASE BRING**

- 1. REFEREEING EQUIPMENT & REFEREE JERSEYS (FOR REFEREE COURSE)**
- 2. PREFERABLY BLACK COLOUR REFEREE JERSEY (FOR REFEREE COURSE)**
- 3. FOOTBALL BOOTS & TRAINING JERSEYS WITH SHORTS (FOR COACHING COURSE)**

**14. Health Condition**

Medical Status	Fit <input type="checkbox"/>	Unfit <input type="checkbox"/>
Medical History	(health condition, treatment, urgency, comments)	

I certify that the information submitted on this form as given above is true and complete.

Name and Signature of General Secretary:

Member Association's Name / Seal:

**VERY IMPORTANT NOTICE:**

Please complete the form and email to [cynthia.carvalho@the-afc.com](mailto:cynthia.carvalho@the-afc.com) together with **High Resolution** scanned image of the following:

- Passport-Size Colour Photo
- National ID Card (if unavailable then copy of Passport and if unavailable copy of the birth certificate)

**The nomination will not be accepted without the above documents**

**NB:**

The above INFORMATION is strictly confidential and only for the official use of AFC. AFC undertakes not to disclose such INFORMATION, in whole or in part, to third parties.