**2017 : 4W NATIONAL RACE**

**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.
* Must also possess an Individual Entrant License or Team Entrant License to enter a race
* Incomplete forms will be rejected
* FIRST TIME APPLICANT : CERTIFICATE FROM AN FMSCI ACCREDITED RACING ACADEMY IS A MUST

**18 years and above**

One Passport Size Photograph (white background)

Requisite License Fees

Xerox copy of Civil Driving License (self attested – Signed). Do not send Original CDL

**14 years and below 18 years at the time of application**

One Passport Size Photograph (white background)

Requisite License Fees

Xerox copy of Birth Certificate / Passport (Self attested – Signed). Do not send originals

Seal and signature of FMSCI Member Club on the first page of the application form

**Payment Terms:**

Fees : Rs.2500/=

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

|  |  |
| --- | --- |
| **2017: Application for  FMSCI 4 Wheeler Competition License** | **4W NATIONAL  RACING DRIVER** |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)** | | |  | | |
| **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, 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 : |

**2017 Appendix “A” – Medical History (TO BE FILLED BY THE APPLICANT)**

|  |  |
| --- | --- |
| Competitor |  |

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

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 |

**2017 Appendix “B” – Medical History (TO BE FILLED BY AN ALLOPATHY DOCTOR ONLY )**

The following general principles apply in passing a competitor as fit to race / rally despite a physical disability. He must not have more than one main disability. If his hand or arms are affected he must still have effective use of both hands in steering. He must not be a diabetic, or suffer from any of the conditions requiring treatment for the maintenance of physical stability. Applications with impaired or no vision in one eye may be allowed to race provided that they had this disability for not less than five years and have satisfactory judgement of speeds and distance. In addition, vision in the remaining eye must reach a standard of not less than 6/6 corrected by the wearing of glasses if necessary. Should a Doctor not approve an applicant, on no account should he sign the Declaration below. But instead send this form to the FMSCI with his observations, recommending whether or not the FMSCI Medical Panel should examine the applicant. Any fee charged for completion of this certificate or the examinations associated with it is the responsibility of the applicant NOT the FMSCI.

|  |  |
| --- | --- |
| Competitor |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Normal** | **Abnormal** | **Details (if not normal)** |
| Cardio-vascular system |  |  |  |
| Blood Pressure |  |  |  |
| Pulse |  |  |  |
| Respiratory system |  |  |  |
| **Nervous System** | | | |
| Central |  |  |  |
| Peripheral |  |  |  |
| **Ear, Nose & Throat, in particular vestibule cochlear** | | | |
| Right |  |  |  |
| Left |  |  |  |
| **Locomotor System** | | | |
| Right Arm |  |  |  |
| Left Arm |  |  |  |
| Right Leg |  |  |  |
| Left Leg |  |  |  |
| Spine |  |  |  |
| Abdomen (Hernia) |  |  |  |
| **Urine** | | | |
| Albumen |  |  |  |
| Glucose |  |  |  |
| **Eyes – Distant Vision – With / Without Correction** | | | |
| Right |  |  |  |
| Left |  |  |  |
| **Color Vision (for Red, Yellow and Blue)** | | | |
| Right |  |  |  |
| Left |  |  |  |

I, the undersigned certify that in respect of motorsport, this competitor

is fit to take part  is NOT fit to take part  be examined by FMSCI Medical Panel

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Doctors Name |  | | | Seal & Signature |
| Qualification |  | Date |  |
| Medical Council of India (MCI) No. |  | | |

**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,CIK, 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 save 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 not withstanding 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 : | Signature of the Applicant if Applicant is 18 years and above  Signature of the Parent / Legal Guardian if the Applicant is below 18 years |
| Place : |