



Organization Name: - \_\_\_\_\_  
Official Address: - \_\_\_\_\_  
Date: - \_\_\_\_\_

S.No.	Name	D.O.B	Gender	Department	Contact no.	Email Id	Photograph (with Signature)

This is to certify that all the players mentioned in this entry form are employees at \_\_\_\_\_ and are hereby authorized to participate in ICCL (Indian Corporate Cricket League).

**Signature of Director**

**Signature of Team Captain**