



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 : 4W CLUBSPORT

Conditions Precedent

- Please type / write in CAPITAL letters only. If you are typing please use “tab” to go next
- Valid for events upto and including Open Status Only
- Only driver needs to take, optional for navigators
- Only FMSCI license holders are covered by insurance
- All licenses are valid till 31st December of year of issue.
- Incomplete forms will be rejected

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

Payment Terms:

Fees : Rs.400/=

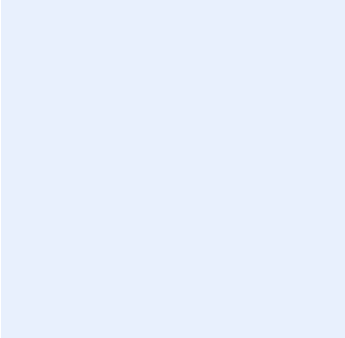

CHEQUES NOT ACCEPTED.

- 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 CLUBSPORT
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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.

 <p>Passport Size Photo of the Applicant</p>	 <p>Signature of the Applicant</p> <p>Date :</p>
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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



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

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.				



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2017 INDEMNITY FORM (TO BE FILLED BY ALL APPLICANTS)

Applicant above 18 years 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	
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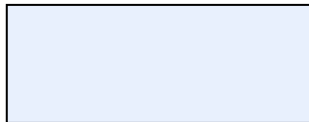
This is to certify that I, the undersigned, submit this application for an FMSCI Competition Licence. I hereby agree to indemnify the associations known as the FIA, FIM,CIK, FMSCI, its affiliated clubs, all sponsors and all or any members, officials or assistants of any of the above named and/or known 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 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 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
Place :	