



The Federation of Motor Sports Clubs of India

"Krishna Towers – I", VI Floor, Apt.#25
New No.50, Sardar Patel Road, Chennai 600 113
Tel : (91) (44) 22352673, 22355304, 64506665 Fax : (91) (44) 22351684
email : fmsci@vsnl.com web : www.fmsci.in

NATIONAL SPORTS FEDERATION RECOGNIZED BY THE GOVERNMENT OF INDIA

2009 : TERMS & CONDITIONS

1. Forms can be typed in or hand-written. Please use CAPITAL letters with space between words.
2. If typed in, use << TAB >> key after every entry ; in particular the date field at the bottom which will ensure that the common data like name, date of birth, sex, blood group etc. is automatically filled up in the subsequent forms.
3. Attach **2 stamp size photographs** for EACH DISCIPLINE applied for eg.. 4 photographs would be needed if you apply for rally and racing license.
4. If you are 18 years or above, Xerox copy of your Civil Driving License (NO ORIGINALS PLEASE) duly authenticated by an FMSCI club or Notary Public is required for all Discipline.
5. Rallying / Raid or public road events, license is issued only to riders having Civil Driving License.
6. For other non public road events, the minimum age is 15 years, to be completed in the year of application and the application must be endorsed by a recognized team / FMSCI Member Club for issue of license
7. One event licenses are valid only for Closed Invitation & Open events. The Appendix "A" & "B" is not required. Indemnity form is a MUST.
8. Restricted License holders are allowed to participate in Group D (unmodified) only.
9. Full Competition License is a MUST for Group C,B & A for events above Open status
10. Seeded riders will be issued only Full Competition Licenses
11. Full competition license is issued only to those who have participated in atleast 3 events for the discipline of license applied for. Proof of the same is to be submitted by applicant.
12. Demand draft in favour of "The Federation of Motor Sports Clubs of India", payable at Chennai towards license fees. All licenses are valid till 31st Dec of each year.

Type (2 Wheeler)	Racing Drag	Rally Raid	Dirt Track Autocross	MX, SX, SuperMoto, Hill Climbs, Enduro
Restricted	400/=	400/=	400/=	400/=
Full	1,000/=	1,000/=	1,000/=	1,000/=
One Event 'D' *	100/=			
One Event 'ABC' *	200/=			
Team Entrant	10,000/=			

Duplicate license : Same as above

* Applicable only for Closed Invitation / Open Events

INCOMPLETE FORMS WILL BE REJECTED



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2009 : Application for FMSCI 2 Wheeler Entrant / Competition License

<input type="checkbox"/> Road Racing / Drag	<input type="checkbox"/> Rallying / Raid
<input type="checkbox"/> Dirt Track / Autocross	<input type="checkbox"/> Motocross / Supercross / SuperMoto / Hill Climbs / Enduro

First Name / Middle Name / Surname															
Date of Birth				Blood Group				Allergy				Sex			
Country of Passport				Civil Driving License No.				Expiry Date							
Address for communication															
City				Pin Code											
Telephone (off)				Telephone (Res)				Mobile							
email															
Type	<input type="checkbox"/> 2W Restricted	<input type="checkbox"/> 2W Full	<input type="checkbox"/> One Event (D)	<input type="checkbox"/> One Event (ABC)											
Name of contact person in case of emergency															
Relationship								Mobile							
Phone (s)															

I have read and acquainted myself with the National Competition Rules (NCR) 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 NCR 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, FMSCI competition license and Medical Certificate on demand to any FMSCI official authorised to call for the same.

Date :

Signature of the Applicant



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2009 : APPENDIX "A" - MEDICAL HISTORY

Name						
Sex		Blood Group		Date of Birth		

No		Yes	Details
<input type="checkbox"/>	Loss of consciousness for any reason, dizziness or headache	<input type="checkbox"/>	
<input type="checkbox"/>	Eye problems (except glasses)	<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	<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"/>	

- I have not been banned, on medical grounds, from taking part in any other sport
- I do not take drugs and do not abuse alcohol
- 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
- I declare that the information that I have given is the truth
- I agree to the information on the Medical Examination form being sent to the Doctor of FMSCI

Note : The act of producing this certificate at a motorsport event 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. Possession of the Medical Certificate signed by a Registered Medical Practitioner is obligatory for competitors to take part in motorsport events conducted under the National Competition Rules of the FMSCI and must be produced for inspection to an appropriate official on demand.

Date :

Signature of the applicant



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2009 : APPENDIX "B" - MEDICAL HISTORY


Competitors Name							
Sex		Blood Group		Date of Birth			

Normal		Abnormal	Details
<input type="checkbox"/>	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"/>	
Nervous System			
<input type="checkbox"/>	Central	<input type="checkbox"/>	
<input type="checkbox"/>	Peripheral	<input type="checkbox"/>	
Ear, nose & throat, in particular vestibule cochlear apparatus			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	
Locomotor System			
<input type="checkbox"/>	Arm - Right	<input type="checkbox"/>	
<input type="checkbox"/>	Arm - Left	<input type="checkbox"/>	
<input type="checkbox"/>	Leg - Right	<input type="checkbox"/>	
<input type="checkbox"/>	Leg - Left	<input type="checkbox"/>	
<input type="checkbox"/>	Spine	<input type="checkbox"/>	
<input type="checkbox"/>	Abdomen (Hernia)	<input type="checkbox"/>	
Urine			
<input type="checkbox"/>	Albumen	<input type="checkbox"/>	
<input type="checkbox"/>	Glucose	<input type="checkbox"/>	
Eyes - Distant Vision - Without correction			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	
Eyes - Distant Vision - With correction			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	

I, the undersigned certify that in respect of motorsport, this person		
<input type="checkbox"/> IS FIT TO TAKE PART	<input type="checkbox"/> IS NOT FIT TO TAKE PART	<input type="checkbox"/> BE EXAMINED BY FMSCI MEDICAL PANEL

Doctor's Name	Mandatory
Registration No.	
Date :	
Signature & Seal	

Member of : << Federation Internationale de l' Automobile, Paris >> << Federation Internationale de Motocyclisme, Geneva >> << Indian Olympic Association >>

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2009 : Indemnity form for all applicants

The following indemnity must be completed by the parent or legal guardian of applicants under 18 years of age, by the applicant if above 18 years and by the Corporate / Legal Entity.

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 FIM, 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 contained on this form is, 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 National Competition Rules of the FMSCI or any regulations laid down by 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 :

Place :

Signature of the applicant _____
(if the applicant is 18 years and above)

Signature of the Parent / Legal Guardian _____
(if the applicant is below 18 years)