



The Federation of Motor Sports Clubs of India
A25, Krishna Towers, 50, Sardar Patel Road, Chennai 600113
Tel:(91)(44)22352673,64506665 Fax: 22351684
email : fmsci@vsnl.com web : www.fmsci.in

NATIONAL SPORTS FEDERATION RECOGNIZED BY THE GOVERNMENT OF INDIA

2012 : Terms & Conditions for 2W (Rally, Raid, Enduro, Hill Climb)

1. Please write in CAPITAL letters only.
2. Attach **2 STAMP SIZE PHOTOS ONLY**.
3. Xerox copy of your Civil Driving License (NO ORIGINALS PLEASE) self attested (signed), is mandatory.
4. Applicants above 50 years must submit stress test ECG report
5. Restricted License holders are allowed to participate in Group D (unmodified) only.
6. Full Competition License is a MUST for Group C,B & A
7. Seeded riders will be issued only Full Competition Licenses
8. 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.
9. 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.

2012 Competition License Fees for 2 Wheeler	
Type (2 wheeler)	Rally, Raid, Enduro, Hill Climb
Full	Rs.1100/=
Restricted	Rs.500/=

* Same fee as above will apply for Duplicate license

Fees may be subject to revision

INCOMPLETE FORMS WILL BE REJECTED



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**2012 : Application for
FMSCI 2 Wheeler Entrant /
Competition License**

Rally / Raid / Enduro / Hill Climb


First Name / Middle Name / Surname																	
Name to be printed on the License (Max 20 characters)																	
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											
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.

Signature (1)

Signature (2)

Date :

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2012 : 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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2012 : 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
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Doctor's Name	Mandatory	Signature & Seal
Registration No.		
Date :		

