



**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 4W (National Racing)**

- 1) Please write in CAPITAL letters ONLY
- 2) Please attach **2 STAMP SIZE PHOTOS**.
- 3) If you are 18 years and above, Self attested (signed) Xerox copy of your Civil Driving License is mandatory
- 4) Racing license may be issued if the applicant has completed his 14<sup>th</sup> birthday at the time of applying and is certified by FMSCI member club after observing him drive
- 5) For all applicants below 18 years of age, proof of age (Xerox of birth certificate / passport etc) is mandatory
- 6) Driver & individual OR team entrant license is a must
- 7) Payments should be made by Demand Draft in favour of "The Federation of Motor Sports Clubs of India" or "FMSCI", payable at Chennai.
- 8) All licenses are valid only upto 31<sup>st</sup> December of the year of issue

| <b>2012 NATIONAL Racing Drivers License Only</b><br>( Valid for Circuit Racing, Karting, Drag Race, Gymkhana & Autocross.) |              |            |
|--|--------------|------------|
| <b>RACING</b>  | <b>Grade</b> |            |
|  | C            | Rs.2,000/= |
|  |              |            |
|  |              |            |





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**2012 FMSCI 4W Medical Certificate for Motor Sports Events (Appendix "A")**  
(to be completed by the Applicant)

Possession of the medical certificate signed by a Registered Medical Practitioner is obligatory for drivers taking part in Races and Road Events conducted under the rules of the FMSCI and it must be produced on demand for inspection by an appropriate official.

|             |  |                    |  |                      |  |  |
|-------------|--|--------------------|--|----------------------|--|--|
| <b>Name</b> |  |                    |  |                      |  |  |
| <b>Sex</b>  |  | <b>Blood Group</b> |  | <b>Date of Birth</b> |  |  |

|                                    |  |  |
|------------------------------------|--|--|
| <b>Name of your Regular Doctor</b> |  |  |
| <b>Address of your Doctor</b>      |  |  |

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>Have you been rejected for life insurance or accepted only at increased premium, on medical grounds?</b> | <b>Yes</b>               | <b>No</b>                |
|   | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                          |                          |
|---|--------------------------|--------------------------|
| <b>Have you been treated for – do you now have – or have you ever had any of the following?</b> |                          |                          |
| <b>Nervous breakdown, mental disease or disorder</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Head injury with unconsciousness or concussion</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Heart disease or disorder</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>High Blood Pressure</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Diabetes (If yes, do you take insulin or oral diabetic tablets)</b>                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Dizziness, fainting spells, epilepsy fits or blackouts</b>                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Have you had any disease, injury or operation to either eye</b>                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Is your eyesight normal in both eyes (with spectacles if usually worn)</b>                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Allergies if any</b>   | <input type="checkbox"/> | <input type="checkbox"/> |

I certify that the above statements are true and accurate and I authorize hospital or medical practitioner to furnish information relative to my medical condition to the FMSCI.

Date :

Signature :



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**2012 FMSCI 4W Medical Certificate for Motor Sports Events (Appendix "B")**  
 (to be completed by the Examining Doctor)

The following general principles apply in passing a driver 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. If it is legs, he must have effective use of one leg and foot. 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 application NOT the FMSCI.

|  |                                 |                                |          |                          |                          |
|--|---------------------------------|--------------------------------|----------|--------------------------|--------------------------|
| <b>Name of the Applicant</b>   |                                 |                                |          |                          |                          |
| <b>Doctor Name &amp; Qualification</b>   |                                 |                                |          |                          |                          |
| <b>Registered Practitioners No.</b>  |                                 |                                |          |                          |                          |
| <b>Address</b>   |                                 |                                |          |                          |                          |
|  |                                 |                                |          |                          |                          |
|  |                                 |                                |          | <b>Yes</b>               | <b>No</b>                |
| Are you the regular medical attendant of the applicant ?   |                                 |                                |          | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there any abnormality of the heart or cardiovascular system ?   |                                 |                                |          | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the applicant free controlled movement of both upper and lower limbs ?   |                                 |                                |          | <input type="checkbox"/> | <input type="checkbox"/> |
| Right Arm  | Yes<br><input type="checkbox"/> | No<br><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"/> |
| Eyes vision – with / without spectacles  | Right eye                       |                                | Left eye |                          |                          |
| Field of vision  | Right eye                       |                                | Left eye |                          |                          |
| Pupil reaction to L & A  | Right eye                       |                                | Left eye |                          |                          |
| Color vision (For Red, Yellow & Blue)  | Right eye                       |                                | Left eye |                          |                          |
| Is there evidence of a physical or mental condition past or present which could, in your opinion debar the applicant from motor racing ? |                                 |                                |          | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                       |
|--|-----------------------|
| <p>This is to certify that I have today examined the applicant in accordance with the requirement of this form and declare that in my opinion he / she is fit to drive a car in road events and circuit races.</p> <p>Date : _____ Doctor's Signature : _____</p> <p>The act of producing this Certificate at a Race Meeting / Rally is deemed to be a formal declaration by its holder that he / she, since its issue, has not suffered an illness or injury that might be liable to affect its validity.</p> | <p>Doctor's stamp</p> |
|--|-----------------------|



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**2012 FMSCI 4W INDEMNITY FORM FOR ALL APPLICANTS  
 (NATIONAL RACING)**

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.

**License Application Indemnity**

In consideration of The Federation of Motor Sports Clubs of India at my request as I do hereby acknowledge the granting of a Competition License in the grade as applied to

|                    |  |
|--------------------|--|
| Name of Competitor |  |
| Date of Birth      |  |

|   |
|---|
| I,<br>_____   |
| (Full name of Applicant (if 18 years or above), otherwise Parent / Legal Guardian / Legal Entity) |
| Address   |

This is to certify that I, the undersigned, submit this application for an FMSCI Competition License. I hereby agree to indemnify the associations known as the FIA, CIK, FMSCI (The Federation of Motor Sports Clubs of India), its affiliated clubs, all sponsors and all or any members, officials or assistants of any of the above named and/or known organizations 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, to the International Sporting Code of the FIA and to any Supplementary Regulations which apply. 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 License issued is the exclusive property of the FMSCI. Only the FMSCI, the CIK or the FIA, 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, have not participated and shall not participate in any event deemed unauthorized by the FMSCI. 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 organizers 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 International Sporting Code of the FIA, or any regulations laid down by The Federation of Motor Sports Clubs of India 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 organizers and their officials, agents, representative, employees and all other persons assisting them in this event.

|  |  |
|--|--|
| Signature of the Applicant ( <b>above 18 years</b> / Corporate / Legal Entity) | Signature of Parent / Legal Guardian / Sponsor, if applicant is <b>under 18 years of age</b> |
|  |  |



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**2012 FMSCI 4W APPLICATION FOR GRADING OF LICENSE (National Racing)**

Name :

| <b>Results of Events</b>                         |             |                    |                                    |
|--|-------------|--------------------|------------------------------------|
| <b>Events</b>                                    | <b>Year</b> | <b>Description</b> | <b>General Classification Only</b> |
| <b>International Events</b>                      |             |                    |                                    |
|  |             |                    |                                    |
|  |             |                    |                                    |
|  |             |                    |                                    |
| <b>National Events</b>                           |             |                    |                                    |
|  |             |                    |                                    |
|  |             |                    |                                    |
|  |             |                    |                                    |
| <b>Other Events<br/>(Give details of status)</b> |             |                    |                                    |
|  |             |                    |                                    |
|  |             |                    |                                    |
|  |             |                    |                                    |

I hereby acknowledge that the information given above is certified by me as correct.

Date :

Signature