



Sports Authority of India

Jawaharlal Nehru Stadium Complex
(East Gate) Lodhi Road
New Delhi - 110003

Institute Database Form

The objective of this form is to create a database of Elite Training Institutes and Academies that provide the basis for future collaboration between the Institute & Sports Authority of India for training of athletes, coaches and teams.

Basic Information

Name of the Institute	
Communication Address	
Contact No.	
Email ID	
Affiliation, if any	

Institute Profile

Sports disciplines associated with the institute	Primary: Secondary:
Facility	Indoor: Yes <input type="checkbox"/> No <input type="checkbox"/> Outdoor: Yes <input type="checkbox"/> No <input type="checkbox"/>
Coaches associated	Attach Résumé of the elite coaches associated with Institute's primary sports that may be engaged with the visiting team
Player Awareness Programme	New Technology: Yes <input type="checkbox"/> No <input type="checkbox"/> Doping: Yes <input type="checkbox"/> No <input type="checkbox"/> Performance Management: Yes <input type="checkbox"/> No <input type="checkbox"/> Periodisation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cost (Please mention the facilities included in the cost)	Daily: Weekly: Monthly:

Facilities

Accommodation	Dormitory(with AC/Heater):	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Dormitory(without AC/Heater):	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Single-Bedded Room (with AC/Heater):	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Single-Bedded Room (without AC/Heater):	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Double-Bedded Room (with AC/Heater):	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Double-Bedded Room (without AC/Heater):	Male <input type="checkbox"/> Female <input type="checkbox"/>
Sports Science/Fitness Facilities	Physiotherapist: Yes <input type="checkbox"/> No <input type="checkbox"/>	Psychologist: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Biomechanics: Yes <input type="checkbox"/> No <input type="checkbox"/>	Masseur: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Fitness Trainer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Nutritionist: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Video Analyst: Yes <input type="checkbox"/> No <input type="checkbox"/>	Performance Analyst: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Gymnasium: Yes <input type="checkbox"/> No <input type="checkbox"/>	GTMT Expert: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Recovery Facilities Yes <input type="checkbox"/> No <input type="checkbox"/>	
Profiles of GTMT Expert/ Physiotherapist/Psychologist/Fitness Trainer/Masseur/Nutritionist	Attach PDF/WORD file of the above mentioned profiles that may be engaged with the visiting team.	
Training and Safety Equipment (attach list separately along with make and model)	Training Equipment:	
	Safety Equipment:	
	Sports Science Equipment:	
Food	Vegetarian: Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Vegetarian: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recreational Facilities	Swimming Pool: Yes <input type="checkbox"/> No <input type="checkbox"/> Spa: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Any Other Facilities_____	

Performance profile of the Institute/Academy

List of Prominent Athletes who are/were training at the institute (Past and Current)

Discipline	Name of the Athlete

Any Other information relevant to the Institute/Academy
