



**The Federation of Motor Sports Clubs of India**  
A-25, Krishna Towers, 50, Sardar Patel Road, Chennai 600113  
Tel:(91)(44)22352673,64506665 Fax: 22351684  
email : admin@fmsci.in web : www.fmsci.co.in

**2014 : Terms & Conditions for 2W (Road Racing / Drag)**

1. Please write in CAPITAL letters only.
2. Attach **2 STAMP SIZE PHOTOS**
3. If you are 18 years or above, Xerox copy of your Civil Driving License (NO ORIGINALS PLEASE) self attested (signed), is mandatory for all Disciplines.
4. For Road Racing / Drag, the minimum age is 13 years (in the year of application) for Group D upto 130 cc and Moped Class only. For all other classes, the minimum age is 15 years (in the year of application). Applicants must be endorsed by FMSCI recognized team / FMSCI Member Club for issue of license.
5. Applications from applicants under 18 years must be endorsed by a recognized team / FMSCI Member Club for issue of license.
6. For all applicants below 18 years of age, Proof of Age (Xerox of Birth Certificate, Passport etc) is mandatory.
7. Applicants above 50 years must submit stress test (TMT) & ECG report
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
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 speed events.(with proof of the same) OR to applicants recommended by recognized team / FMSCI Member Club with endorsement / seal.
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 31<sup>st</sup> Dec of each year.

<b>2014 Competition License Fees for 2 Wheeler</b>	
Type (2 wheeler)	Racing / Drag
Full	Rs.1100/=
Restricted	Rs.500/=

**Fees may be subject to revision**

\* Same fee as above will apply for Duplicate license

**INCOMPLETE FORMS WILL BE REJECTED**



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**2014 : Application for  
FMSCI 2 Wheeler Entrant /  
Competition License**

**Road Racing / Drag**

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											
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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**2014 : APPENDIX "A" - MEDICAL HISTORY**

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

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"/>	

- 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 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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**2014 : APPENDIX "B" - MEDICAL HISTORY**

<b>Competitors Name</b>							
<b>Sex</b>		<b>Blood Group</b>		<b>Date of Birth</b>			

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"/>	
<b>Nervous System</b>			
<input type="checkbox"/>	Central	<input type="checkbox"/>	
<input type="checkbox"/>	Peripheral	<input type="checkbox"/>	
<b>Ear, nose &amp; throat, in particular vestibule cochlear apparatus</b>			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	
<b>Locomotor System</b>			
<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"/>	
<b>Urine</b>			
<input type="checkbox"/>	Albumen	<input type="checkbox"/>	
<input type="checkbox"/>	Glucose	<input type="checkbox"/>	
<b>Eyes - Distant Vision - Without correction</b>			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	
<b>Eyes - Distant Vision - With correction</b>			
<input type="checkbox"/>	Right	<input type="checkbox"/>	
<input type="checkbox"/>	Left	<input type="checkbox"/>	

<b>I, the undersigned certify that in respect of motorsport, this person</b>		
<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	<b>Mandatory</b>	<b>Signature &amp; Seal</b>
Registration No.		
Date :		



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## 2014 : Indemnity form for all applicants (Road Racing / Drag)

- Applicant above 18 years must sign this form
- Applicants under 18 years : Parents / Legal Guardian 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	
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 / 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 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)