



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 4W National Rally License

- 1) Please write in CAPITAL letters ONLY
- 2) Please attach **2 STAMP SIZE PHOTOS**.
- 3) Self attested (signed) Xerox copy of your Civil Driving License is mandatory
- 4) Driver & individual OR team entrant license is a must
- 5) Payments should be made by Demand Draft in favour of "The Federation of Motor Sports Clubs of India" or "FMSCI", payable at Chennai.
- 6) All licenses are valid only upto 31st December of the year of issue

Driver / Co-Driver	Grade	National
RALLYING (valid for all road events)	C	Rs.2,000/= ** Fees may Subject to Revision



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 FMSCI 4W Competition License Application Form
(NATIONAL RALLY)**

<input type="checkbox"/> Rally Driver	<input type="checkbox"/> Grade C
<input type="checkbox"/> Rally Co-Driver	

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																	

Name of contact person in case of emergency	
Relationship	Mobile
Phone (s)	

Date :

--	--	--

Applicants Signature Applicants Signature Applicants Signature



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 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.

Name							
Sex		Blood Group		Date of Birth			

Name of your Regular Doctor							
Address of your Doctor							

	Yes	No
Have you been rejected for life insurance or accepted only at increased premium, on medical grounds?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been treated for – do you now have – or have you ever had any of the following?		
Nervous breakdown, mental disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
Head injury with unconsciousness or concussion	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or disorder	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (If yes, do you take insulin or oral diabetic tablets)	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness, fainting spells, epilepsy fits or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any disease, injury or operation to either eye	<input type="checkbox"/>	<input type="checkbox"/>
Is your eyesight normal in both eyes (with spectacles if usually worn)	<input type="checkbox"/>	<input type="checkbox"/>
Allergies if any	<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 :



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 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.

Name of the Applicant					
Doctor Name & Qualification					
Registered Practitioners No.					
Address					
Are you the regular medical attendant of the applicant ?				Yes	No
				<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 <input type="checkbox"/>	No <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>
--	-----------------------



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 FMSCI 4W INDEMNITY FORM FOR ALL APPLICANTS (National Rally)

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, _____ (Full name of Applicant)
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 save 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 (above 18 years / Corporate / Legal Entity)
--



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 FMSCI 4W APPLICATION FOR GRADING OF LICENSE (National Rally)

Name :

Results of Events			
Events	Year	Description	General Classification Only
International Events			
National Events			
Other Events (Give details of status)			

For Rallies DO NOT GIVE CLASS POSITION – only general classification counts for the grading of the license. I hereby acknowledge that the information given above is certified by me as correct.

Date :

Signature